RIA

Independent Inspection Report

Centre:	**Eyre Powell**
Inspector:	**Shane Mac Loughlin**
Date of Inspection:	**19/2/18**
Time of Arrival & Departure:	**15.00-17.30**

Part 1

General Information on Services

Independent Inspection Report

Centre: Eyre Powell Accommodation Centre

Date of Inspection: **19/2/18**

1. CENTRE DETAILS

Name and address of Centre	Eyre Powell Hotel Main St, Newbridge, Co. Kildare

Contractor	Joseph Germaine
Manager	Anne Healy
Who deputises for manager in his/her absence?	**Give Job Title only** Relief Manager

Telephone Number	045 438828

Current Contracted Capacity	**90**
Current Occupancy (today)	**82**
Current Centre Profile (e.g., singles, families etc.)	**Families, singles**

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 ☐ No ☒
If yes, please give details:	
What was the date of the last certification?	
Have you a copy of the Certification	Yes ☐ No ☒

2. Please provide a copy of the following

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

3 GENERAL SECURITY & EMERGENCY DETAILS

Is 24 hour supervision provided? (Y/N)	Yes ☒ No ☐
Give details of roster hours	**8.00am - 4.00pm, 4.00pm - 10.00pm, 10.00pm - 8.00am.**
Is security provided by external company? (Y/N)	Yes ☐ No ☒
If yes, give name of company:	
Does the centre have CCTV? (Y/N)	Yes ☒ No ☐
Is a list of emergency numbers available in the Manager's office?	Yes ☒ No ☐
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 ☒ No ☐ If no, give details:
Are first aid kits available? (Y/N)	Yes ☒ No ☐
Where and how many?	1 in reception and 1 in the kitchen
Who is responsible for first aid restocking?	*Job title **only** (not name) of person responsible:* ***Chef***
Is there a defibrillator in the centre? How many staff been trained to use it?	Yes ☐ No ☒

4 HEATING ARRANGEMENTS

What type of heating is used in the centre?	**Gas**
Do residents have control of the heating in their own bedroom?	Yes ☒ No ☐
If no, what arrangements are in place?	
What are the heating 'ON' times?	**As Required**

5 HOUSE RULES

Are residents provided with a copy of the House Rules on arrival?	Yes ☒ No ☐
How does centre management explain house rules to residents on arrival?	**Copy is given on arrival and explained**

6 ARRANGEMENTS FOR RESIDENTS & VISITORS (keys / storage / toiletries)

Are residents issued with key for their bedroom?(Yes/No)	Yes ☒ No ☐
Are residents issued with key for main door? (Yes/No)	Yes ☐ No ☒
If no, give details	**24hour cover on door**
Are there procedures to allow residents to receive visitors? (Give details)	**Yes. Sign in book in reception**
Outline visiting times :	**1000 to 2200**

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

7 ARRANGEMENTS FOR MAINTENANCE

Does the centre have a written procedure in place for residents to report maintenance issues? (Yes/No)	Yes ☒ No ☐
Is there a maintenance day book? (Yes/No)	Yes ☒ No ☐
Describe the maintenance procedure at the centre: **The maintenance book is updated every evening and issues are then addressed**	

8 CHILD PROTECTION

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

9 FOOD SAFETY

Has a HACCP system been implemented? (Yes/No)	Yes ☒ No ☐
Have the premises been inspected by an Environmental Health Officer? (Yes/No)	Yes ☒ No ☐
Date of last visit:	**No visit in past two years**

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

Are residents consulted regarding menu / dietary requests? (Give details.)	**Yes – open communications with manager and chef**
Provide details opposite: Which of the following are provided for school children's packed lunches: • Sandwich? What sandwich fillings are available: Cheese? Ham? Chicken? Tuna? Jam? Other? • Drinks? Juice? Water? • Yogurt? • Fruit? • Other	**lunches provided by kitchen**
Is infant formula kept out of public view?	**Yes**
What arrangements are in place for distribution of infant formula?	**Weekly**

11 ARRANGEMENTS FOR REFRESHMENTS / MEALS OUTSIDE NORMAL MEAL TIMES

Are tea / coffee / drinking water / Snacks etc. available outside mealtimes?	Yes ☒ No ☐
What food/snacks are available after hours or when kitchen is closed?	**Bread, biscuits, butter, milk, squash, drinking chocolate.**
Where are the snacks located and how are they accessed?	**In dining area**
Are meals available for residents who arrive late? (Give details.)	Yes ☒ No ☐ **Register at reception for all meals outside of normal hours**
Are meals available for new arrivals? (Give details)	**Yes on prior notification**
Are packed lunches available for residents travelling to Dublin on official business? (Give details)	Yes ☒ No ☐ **On prior notification**
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?	**Not during Ramadan**

12 FACILITIES FOR FEEDING BABIES

Are the following available?	Yes/No
Access to drinking water (for breastfeeding mothers / for preparation of infant formula)	Yes ☒ No ☐
Sterilisers	Yes ☐ No ☒
Kettles	Yes ☒ No ☐
Fridge (for bottles of EBM* / formula) **Expressed Breast Milk*	Yes ☒ No ☐
Bottle Warmer	Yes ☐ No ☒
Microwave	Yes ☒ No ☐
Are these facilities available 24 hours a day	Yes ☒ No ☐
Is there a dedicated room provided?	Yes ☐ No ☒

Where?	

13 INDOOR FACILITIES

Are the following are available to residents?	Yes/No
Computers with Internet access	Yes ☐ No ☒
WIFI	Yes ☒ No ☐
DVD player	Yes ☐ No ☒
Computer Games	Yes ☐ No ☒
Snooker Table	Yes ☐ No ☒
Pool Table	Yes ☒ No ☐
Table Tennis Table	Yes ☒ No ☐
Board Games	Yes ☒ No ☐
Newspapers	Yes ☐ No ☒
Books	Yes ☒ No ☐
Toys / games for children	Yes ☒ No ☐
Other	**Play area on first floor**
Give details of any other arrangement or other comments:	

14 TRANSPORT ARRANGEMENTS

Is there a bus service provided? (Yes/No):	Yes ☐ No ☒
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 ☒ No ☐
An average, how many TV channels are provided to residents?	**100**
Are residents allowed to erect satellite dishes?	**Yes**

16 LAUNDRY FACILITIES (General Arrangements)

Are Laundry facilities available in the centre? (Y/N)	Yes ☒ No ☐
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**
What procedures are in place for ironing boards and irons?	**Available In laundry**
How is washing powder / tablets supplied?	**On arrival and weekly**

Are there specific arrangements for access to the laundry (give details):	**24 hours in basement and 0800 to 2200 on first floor**

17 CLEANING (General Arrangements)

Are there cleaning materials and equipment provided by management for residents?	Yes ☒ No ☐
What cleaning equipment is available to residents?	**Bleach, cif, cloths, mop and bucket**
What is the procedure for residents to access vacuum cleaners, brushes & other cleaning equipment?	**At reception on request**
What arrangements are in place if rooms are not cleaned sufficiently by residents?	**Staff will clean**

PART 2

Room by Room Inspection

Independent Inspection

Centre: *Eyre Powell*
Date of Inspection: *19/2/18*

Section A- Administration / Communal areas

17 Have you seen the following?

		Location of display
Up to date House Rules	☒	**In reception**
Complaint Forms	☒	**In reception**
Accident/ Incident procedure	☒	**In reception**

HSE Breastfeeding Posters (if applicable)	☒	**No available**
Designated Liaison Person details (Child Protection)	☒	**In reception**
Supervision of children notice	☒	**In reception**
Gym Notices (Child Safety – if applicable)	☐	**N/A**
IOM Voluntary Return Posters	☒	**In reception**

18 Staff Awareness

Did you see the RIA Code of Practice*?	☒
Are all staff aware of RIA Code & House Rules?	☒
How are staff made aware of RIA Code & House Rules? **On employment staff members are given a copy of the RIA code and house rules. Staff sign acceptance and copies are kept in head office.**	

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

19 FIRE SAFETY

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

19a EMERGENCY LIGHTING INSPECTION SCHEDULE

Date	**Inspected By (Company Name / Position)**	**Comments**
19/2/18	Manager	ok
13/2/18	Manager	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
19/2/18	**Manager**	☒	**None**	**n/a**	**Y**
18/2/18	**Manager**	☒	**None**	**n/a**	**Y**
4/9/17	**Good Fire and Safety Ltd**	☒	**None**	**n/a**	**Y**
1/12/17	**Good Fire and Safety Ltd**	☒	**None**	**n/a**	**Y**

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
5/2/18	**Manager**	☒	**None**	**n/a**	**Y**
15/1/18	**Manager**	☒	**None**	**n/a**	**Y**
May 2017	**Code Red**	☒	**None**	**n/a**	**Y**

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
18/2/18	**Manager**	☒	**None**	**n/a**	**Y**
19/2/18	**Manager**	☒	**None**	**n/a**	**Y**

19e FIRE DRILL PROCEDURE INSPECTION SCHEDULE

Date & Time	Numbers of staff involved in drill	No. of residents present / evacuated **	Evacuation Time	Comments
20/12/17	**4**	**83/39**	**12 mins**	
26/6/17	**4**	**85/37**		

*****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?	**Back lane, rear of hotel**
Are they marked?	**Yes**
Are staff aware of locations?	**Yes**
Comments:	

19h FIRE ALARM SYSTEM

Is there a fire alarm system in place?	**Yes**
Are there smoke alarms throughout the premises, inc bedrooms?	**Yes**

Are all smoke alarms linked back to a central control panel?	**Yes**
Are there designated 'Smoking' areas? *Include locations*	**Outside of 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 ☒ No ☐
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 ☐ No ☒
If yes please detail:	

Have you seen the following?

		Location of display
Up to date House Rules	☒	**Reception**
Complaint Forms	☒	**Reception**
Accident/ Incident procedure	☒	**Reception**

HSE Breastfeeding Posters (if applicable)	☐	**Not displayed**
Designated Liaison Person details (Child Protection)	☒	**Reception**
Supervision of children notice	☒	**Reception**
Gym Notices (Child Safety – if applicable)	☒	**n/a**

IOM Voluntary Return Posters	☒	**Reception**
Anti Human-Trafficking Posters	☒	**Reception**
'NO to Violence & Harassment' Posters	☒	**Reception**

Social Room / Tea Station (State Location): Ground Floor

What facilities are provided? Dining area	
Is the area generally clean?	Yes ☒ No ☐
If no please give details:	
Visual Check: Have you noticed any issues requiring attention?	Yes ☐ No ☐
If yes please detail:	

Pre-school Room: N/A

Is the area generally clean?	Yes / No
If no please give details:	
Visual Check: Have you noticed any issues requiring attention? *(observe whether the area is colourful, has sufficient toys, changing areas, toilets in working order, etc)*	Yes ☐ No ☐

Other comments:

DINING AREA:
Please outline the meal times:

	From	To
Breakfast	0800	1000
Lunch	1300	1430
Dinner	1700	1830

Which is the main meal of the day:	Lunch ☐	Dinner ☒
Is menu cycle available?	Yes ☒	No ☐

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

Breakfast	
Lunch	
Dinner	

Is menu cycle on display?		Yes ☒	No ☐	
Does menu cycle correspond with options available?		Yes ☒	No ☐	
If no, ask manager for explanation and provide details:				
Which meal was sampled?	Dinner			
Please describe the meal in detail (e.g. was it hot / cold, bland / spicy etc.) **Lamb Biryani and Beef Stew – both sampled and tasted very nice. Food is well presented and tastes good.**				
Was there a vegetarian option? (note salad and vegetables alone are not considered as vegetarian option)	Yes ☐ No ☒ **No vegetarians at present**			
Give details of this option:				
Were there ethnic dishes available?	Yes ☒ No ☐			
Give details of this option:	**Lamb Biryani**			
Was fresh foods available for Infants? (as per HSE Infant Feeding Guidelines)	Yes ☒ No ☐			
In your opinion, does the food on offer appear to provide a good variety?	Yes ☒ No ☐			
Did inspection take place during Ramadan?	Yes ☐ No ☒			
If yes, please outline arrangements for provision of meals outside of normal mealtimes, *(medical or other appointments, etc.)*:				
Is there any damaged seating or tables in dining room?	Yes ☐ No ☒			
Is there enough seating for residents present to sit down and eat their lunch?	Yes ☒ No ☐			
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?	**yes**
Who designed the HACCP system?	**Chef**
Who is responsible for reviewing the system?	**Chef**
How frequently is the system reviewed?	**Annually**

HACCP Records:

Pest Control: yes 12/2/18 – no evidence of any activity (Moone Pest services)
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.

HACCP and Kitchen Evaluation

General:

Is the kitchen commercial or domestic?	Comercial
What equipment is in place? Cooker, fridges and freezers, bain maries	
In what condition is the equipment? Good condition	
Comments:	

STRUCTURAL HYGIENE
Kitchen:

Is the refuse area suitably located?	Situated in car park of separate building
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) Hygiene is good. No issues found	
Are suitable hand washing and drying facilities provided?	**Yes**
General Comments:	

Dry Goods:

Suitably equipped*? Shelving/containers etc*	**Storage is suitable**
Condition and suitability of facilities: Storage is suitable.	
What evidence is there of stock rotation?	**All stock is date labelled and stored according to date**

Refrigerated Storage:

What type of refrigerated storage is provided?	**Fridges and freezers**
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?	**Yes and calibrated**
Are food items date stamped?	**Yes**
Are samples of dishes being kept?	**Yes**

Other:

Is there appropriate storage for cleaning agents and chemicals?	**Yes**

OPERERATIONAL HYGIENE

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

Is the correct equipment provided? *e.g. colour coded chopping boards*
Yes

Is the necessary holding equipment provided? *e.g. bain maries, refridgerated units.*
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:

STAFF FACILITIES AND HYGIENE

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

Are all areas clean and well maintained?	Yes
Are suitable hand washing & drying facilities provided?	Yes
Is storage provided for personal belongings?	Yes
Are showers provided? *Indicate cleanliness & suitability*	Yes

Is a designated area provided for staff breaks*? If yes, is it clean/suitable/well maintained.* *If no, outline arrangements for breaks*	Use main dining room

Are uniforms provided for:	
Kitchen Staff?	Yes
Serving Staff?	Yes

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

23 PUBLIC TOILET (State Location): Reception

	Number	Soap	Toilet Paper	Hand Towels / Dryers	Hot Water	Sanitary Bins
Unisex:	**1**	☒	☒	☒	☒	☐
Ladies:		☐	☐	☐	☐	☐
Gents:		☐	☐	☐	☐	

Is there a cleaning schedule displayed? Record the last time entry.	Yes ☐ No ☒
Is the area clean? (provide comment) Clean and suitable	
Are all facilities working?	Yes ☒ No *☐
Visual Check: Have you noticed any issues requiring attention?	Yes*☐ No ☐
If No, give details:	

24 COMMUNAL ROOM (State Location): Ground floor

Storage area:

Is the walkway through the area clear? Yes ☒ No ☐
Are the exit signs clearly marked? Yes ☒ No ☐

General Seating Area
Is the seating in good condition? Yes ☒ No ☐

What is the area generally used for? General lounge, tv watchingYes ☐ No ☐

Computer room: N/A
Is the area generally clean? N/A Yes ☐ No ☐
Visual Check: Have you noticed any issues requiring attention? Yes ☐ No ☐
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	☐	☒	☐	☐
Paintwork of the centre	☐	☒	☐	☐
Maintenance standard of the grounds (e.g. grass cut, walkways clear etc.)	☐	☒	☐	☐
Cleanliness of the grounds (ie., evidence of rubbish etc.)	☐	☒	☐	☐

Where you have rated * please provide details and comments:		
Are there any facilities available for children outdoors? Yes ☐	No ☒	
Comments		

LAUNDRY ROOM Basement

	Washing Machines	Dryers
Number	**3**	**2**
Do they appear to be in working order? **yes** Comments:		

TV Room First Floor

Is the area generally clean?	Yes	☒	No	☐
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	☐	No	☒
If yes please detail:				

Residents Fridge Room Basement

Is the area generally clean?	Yes	☒	No	☐
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	☐	No	☒
If yes please detail:				

Staff Changing Room Basement

Is the area generally clean?	Yes	☒	No	☐
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	☐	No	☒
If yes please detail:				

Staff Toilet Basement

Is the area generally clean?	Yes	☒	No	☐
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	☐	No	☒
If yes please detail:				

Storeroom Basement

Is the area generally clean?	Yes	☒	No	☐
If no please give details:				

Visual Check: Have you noticed any issues requiring attention? Yes ☐ No ☒ *(e.g., fire exit signs, hazards, lighting, notices, décor, etc.)*
If yes please detail:

Bedrooms:

CLEANING (General Arrangements)

How often are bedrooms inspected?	twice weekly ☐ Fortnightly ☒
Who cleans the bedrooms?	Staff ☐ Residents ☒
How often do staff clean the bedrooms?	Weekly ☐ fortnightly ☐ Monthly ☐ Other ☒
Are there cleaning materials and equipment provided by management for residents?	Yes ☒ No ☐
What cleaning equipment is available to residents?	CIF, bleach, cloths, mop & bucket, hoover and brush
What arrangements are in place if rooms are not cleaned sufficiently by residents?	Staff will clean

STAIRWAY (State Location): To First Floor

Is the area generally clean?	Yes ☒	No ☐
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 ☐	No ☒
If yes please detail:		

Corridor (State Location): First Floor

Is the area generally clean?	Yes ☒	No ☐
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 ☐	No ☒
If yes please detail:		

ROOM NUMBER 101				
Room Profile:		Room Capacity:		Room Occupancy:
		3		**3**
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
☒	☒	☐	☒	☒

	Very Good	Adequate	Poor *	Needs urgent attention *
Cleanliness	☐	☒	☐	☐

Is everything in working order?	Yes ☒	No * ☐
If *, please give details:		

ROOM NUMBER 102				
Room Profile:		Room Capacity:		Room Occupancy:
Single		**2**		**2**
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
☒	☒	☐	☒	☒
	Very Good	Adequate	Poor *	Needs urgent attention *
Cleanliness	☐	☒	☐	☐
Is everything in working order?			Yes ☒	No * ☐
If *, please give details:				

ROOM NUMBER 103				
Room Profile:		Room Capacity:		Room Occupancy:
Single		**2**		**2**
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
☒	☒	☐	☒	☒
	Very Good	Adequate	Poor *	Needs urgent attention *
Cleanliness	☐	☒	☐	☐
Is everything in working order?			Yes ☒	No * ☐
If *, please give details:				

ROOM NUMBER 104				
Room Profile:		Room Capacity:		Room Occupancy:
Shared		**2**		**1**
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
☒	☒	☐	☒	☒
	Very Good	Adequate	Poor *	Needs urgent attention *
Cleanliness	☐	☒	☐	☐
Is everything in working order?			Yes ☒	No * ☐
If *, please give details:				

ROOM NUMBER 105				
Room Profile:		Room Capacity:		Room Occupancy:
Shared		**2**		**2**
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
☒	☒	☐	☒	☒
	Very Good	Adequate	Poor *	Needs urgent attention *
Cleanliness	☐	☒	☐	☐

Is everything in working order?	Yes ☒	No * ☐
If *, please give details:		

ROOM NUMBER 106				
Room Profile:		Room Capacity:		Room Occupancy:
Shared		**2**		**2**
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
☒	☒	☐	☒	☒
	Very Good	Adequate	Poor *	Needs urgent attention *
Cleanliness	☐	☒	☐	☐
Is everything in working order?		Yes ☒	No * ☐	
If *, please give details:				

ROOM NUMBER 107				
Room Profile:		Room Capacity:		Room Occupancy:
Single		**2**		**2**
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
☒	☒	☐	☒	☒
	Very Good	Adequate	Poor *	Needs urgent attention *
Cleanliness	☐	☒	☐	☐
Is everything in working order?		Yes ☒	No * ☐	
If *, please give details:				

ROOM NUMBER 108				
Room Profile:		Room Capacity:		Room Occupancy:
Shared		**2**		**2**
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
☒	☒	☐	☒	☒
	Very Good	Adequate	Poor *	Needs urgent attention *
Cleanliness	☐	☒	☐	☐
Is everything in working order?		Yes ☒	No * ☐	
If *, please give details: **Ensuite ceiling damp**				

ROOM NUMBER 109				
Room Profile:		Room Capacity:		Room Occupancy:
Family		**2**		**2**
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
☒	☒	☐	☒	☒
	Very Good	Adequate	Poor *	Needs urgent attention *
Cleanliness	☐	☒	☐	☐
Is everything in working order?		Yes ☐	No * ☒	
If *, please give details: **Hot plate and cooker in room**				

ROOM NUMBER 110				
Room Profile:		Room Capacity:		Room Occupancy:
Shared		**4**		**2**
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
☒	☒	☐	☒	☒
	Very Good	Adequate	Poor *	Needs urgent attention *
Cleanliness	☐	☒	☐	☐
Is everything in working order?		Yes ☒	No * ☐	
If *, please give details:				

ROOM NUMBER 111				
Room Profile:		Room Capacity:		Room Occupancy:
Shared		**4**		**3**
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
☒	☒	☐	☒	☒
	Very Good	Adequate	Poor *	Needs urgent attention *
Cleanliness	☐	☐	☒	☐
Is everything in working order?		Yes ☒	No * ☐	
If *, please give details:				

ROOM NUMBER 112				
Room Profile:		Room Capacity:		Room Occupancy:
Shared		**2**		**1**
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
☒	☒	☐	☒	☒
	Very Good	Adequate	Poor *	Needs urgent attention *
Cleanliness	☐	☒	☐	☐
Is everything in working order?		Yes ☒	No * ☐	
If *, please give details:				

ROOM NUMBER 114				
Room Profile:		Room Capacity:		Room Occupancy:
Family		**4**		**3**
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
☒	☒	☐	☒	☒

	Very Good	Adequate	Poor *	Needs urgent attention *
Cleanliness	☐	☒	☐	☐

Is everything in working order?	Yes ☒	No * ☐
If *, please give details:		

STAIRWAY (State Location): First to Second Floor

Is the area generally clean?	Yes ☒	No ☐
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 ☐	No ☒
If yes please detail**:**		

Corridor (State Location): Second Floor

Is the area generally clean?	Yes ☒	No ☐
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 ☐	No ☒
If yes please detail:		

ROOM NUMBER 201				
Room Profile:		Room Capacity:		Room Occupancy:
Family		**3**		**3**
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
☒	☒	☐	☒	☒

	Very Good	Adequate	Poor *	Needs urgent attention *
Cleanliness	☐	☒	☐	☐

Is everything in working order?	Yes ☒	No * ☐
If *, please give details:		

ROOM NUMBER 202

Room Profile:	Room Capacity:	Room Occupancy:
Family	**2**	**2**

TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
☒	☒	☐	☒	☒

	Very Good	Adequate	Poor *	Needs urgent attention *
Cleanliness	☐	☒	☐	☐

Is everything in working order? Yes ☒ No * ☐

If *, please give details:

ROOM NUMBER 203

Room Profile:	Room Capacity:	Room Occupancy:
Shared	**2**	**1**

TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
☒	☒	☐	☒	☒

	Very Good	Adequate	Poor *	Needs urgent attention *
Cleanliness	☐	☒	☐	☐

Is everything in working order? Yes ☒ No * ☐

If *, please give details: **Hotplate in room**

ROOM NUMBER 204

Room Profile:	Room Capacity:	Room Occupancy:
Shared	**2**	**2**

TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
☒	☒	☐	☒	☒

	Very Good	Adequate	Poor *	Needs urgent attention *
Cleanliness	☐	☒	☐	☐

Is everything in working order? Yes ☒ No * ☐

If *, please give details:

ROOM NUMBER 205

Room Profile:	Room Capacity:	Room Occupancy:
Single	**2**	**2**

TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
☒	☒	☐	☒	☒

	Very Good	Adequate	Poor *	Needs urgent attention *
Cleanliness	☐	☒	☐	☐

Is everything in working order? Yes ☒ No * ☐

If *, please give details: **En-suite ceiling has damp**

ROOM NUMBER 206				
Room Profile:		Room Capacity:		Room Occupancy:
Family		**2**		**2**
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
☒	☒	☐	☒	☒
	Very Good	Adequate	Poor *	Needs urgent attention *
Cleanliness	☐	☒	☐	☐
Is everything in working order?			Yes ☒	No * ☐
If *, please give details:				

ROOM NUMBER 207				
Room Profile:		Room Capacity:		Room Occupancy:
Single		**2**		**2**
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
☒	☒	☐	☒	☒
	Very Good	Adequate	Poor *	Needs urgent attention *
Cleanliness	☐	☒	☐	☐
Is everything in working order?			Yes ☒	No * ☐
If *, please give details: **smoke detector covered**				

ROOM NUMBER 208				
Room Profile:		Room Capacity:		Room Occupancy:
Single		**2**		**2**
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
☒	☒	☐	☒	☒
	Very Good	Adequate	Poor *	Needs urgent attention *
Cleanliness	☐	☒	☐	☐
Is everything in working order?			Yes ☒	No * ☐
If *, please give details:				

ROOM NUMBER 209				
Room Profile:		Room Capacity:		Room Occupancy:
Family		**3**		**3**
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
☒	☒	☐	☒	☒
	Very Good	Adequate	Poor *	Needs urgent attention *
Cleanliness	☐	☒	☐	☐
Is everything in working order?			Yes ☒	No * ☐
If *, please give details:				

ROOM NUMBER 210				
Room Profile:		Room Capacity:		Room Occupancy:
Single		**2**		**2**
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
☒	☒	☐	☒	☒
	Very Good	Adequate	Poor *	Needs urgent attention *
Cleanliness	☐	☒	☐	☐
Is everything in working order?			Yes ☒	No * ☐
If *, please give details:				

ROOM NUMBER 211				
Room Profile:		Room Capacity:		Room Occupancy:
Shared		**2**		**2**
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
☒	☒	☐	☒	☒
	Very Good	Adequate	Poor *	Needs urgent attention *
Cleanliness	☐	☒	☐	☐
Is everything in working order?			Yes ☒	No * ☐
If *, please give details:				

ROOM NUMBER 212				
Room Profile:		Room Capacity:		Room Occupancy:
Single		**2**		**2**
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
☒	☒	☐	☒	☒
	Very Good	Adequate	Poor *	Needs urgent attention *
Cleanliness	☐	☐	☒	☐
Is everything in working order?			Yes ☒	No * ☐
If *, please give details:				

ROOM NUMBER 214				
Room Profile:		Room Capacity:		Room Occupancy:
Shared		**2**		**2**
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
☒	☒	☐	☒	☒

	Very Good	Adequate	Poor *	Needs urgent attention *
Cleanliness	☐	☒	☐	☐

Is everything in working order? Yes ☒ No * ☐

If *, please give details:

ROOM NUMBER 215				
Room Profile:		Room Capacity:		Room Occupancy:
Shared		**2**		**2**
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
☒	☒	☐	☒	☒

	Very Good	Adequate	Poor *	Needs urgent attention *
Cleanliness	☐	☒	☐	☐

Is everything in working order? Yes ☒ No * ☐

If *, please give details:

ROOM NUMBER 216				
Room Profile:		Room Capacity:		Room Occupancy:
Family		**2**		**2**
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
☒	☒	☐	☒	☒

	Very Good	Adequate	Poor *	Needs urgent attention *
Cleanliness	☐	☒	☐	☐

Is everything in working order? Yes ☒ No * ☐

If *, please give details:

ROOM NUMBER 217				
Room Profile:		Room Capacity:		Room Occupancy:
Family		**4**		**4**
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
☒	☒	☐	☒	☒

	Very Good	Adequate	Poor *	Needs urgent attention *
Cleanliness	☐	☒	☐	☐
Is everything in working order?			Yes ☒	No * ☐
If *, please give details:				

STAIRWAY (State Location): To Third Floor

Is the area generally clean?	Yes	☒	No	☐
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	☐	No	☒
If yes please detail:				

Corridor (State Location): Third Floor

Is the area generally clean?	Yes	☒	No	☐
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	☐	No	☒
If yes please detail:				

ROOM NUMBER 301				
Room Profile:		Room Capacity:		Room Occupancy:
Shared		**4**		**4**
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
☒	☒	☐	☒	☒

	Very Good	Adequate	Poor *	Needs urgent attention *
Cleanliness	☐	☒	☐	☐
Is everything in working order?			Yes ☒	No * ☐
If *, please give details:				

ROOM NUMBER 302				
Room Profile:		Room Capacity:		Room Occupancy:
Family		**4**		**4**
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
☒	☒	☐	☒	☒

	Very Good	Adequate	Poor *	Needs urgent attention *
Cleanliness	☐	☒	☐	☐
Is everything in working order?			Yes ☒	No * ☐

If *, please give details:

ROOM NUMBER 303				
Room Profile:		Room Capacity:		Room Occupancy:
Shared		**4**		**4**
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
☒	☒	☐	☒	☐
	Very Good	Adequate	Poor *	Needs urgent attention *
Cleanliness	☐	☒	☐	☐
Is everything in working order?			Yes ☒	No * ☐
If *, please give details:				

ROOM NUMBER 304				
Room Profile:		Room Capacity:		Room Occupancy:
Shared		**3**		**3**
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
☒	☒	☐	☒	☒
	Very Good	Adequate	Poor *	Needs urgent attention *
Cleanliness	☐	☒	☐	☐
Is everything in working order?			Yes ☒	No * ☐
If *, please give details:				

ROOM NUMBER 305A				
Room Profile:		Room Capacity:		Room Occupancy:
		4		**4**
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
☒	☒	☐	☒	☒
	Very Good	Adequate	Poor *	Needs urgent attention *
Cleanliness	☐	☒	☐	☐
Is everything in working order?			Yes ☒	No * ☐
If *, please give details:				

ROOM NUMBER 305B				
Room Profile:		Room Capacity:		Room Occupancy:
Shared		**3**		**3**
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice

☒	☒	☐	☒	☒

	Very Good	Adequate	Poor *	Needs urgent attention *
Cleanliness	☐	☒	☐	☐

Is everything in working order?	Yes ☒ No * ☐
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:

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

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

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

Personal representations should be recorded in Part 3.

Summary Sheet

Name of Centre:	Eyre Powell
Address:	Main Street, Newbridge, Kildare
Proprietor :	J Germaine
Manager:	Anne Healy
Contact Name:	Anne Healy
Capacity Per MOA (Current Occupancy):	90 (82)
Date of Inspection:	19/2/18

Fire Safety:
Hot plates in rooms 109 & 203
Rice cooker in room 109

Food Safety:
No issues

Bedrooms:
No issues

Other issues: None

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

7th June, 2018

Dear Mr. Germaine,

QTS Limited on behalf of the Reception and Integration Agency carried out an inspection at the Eyre Powell Hotel on ***19th February, 2018***. 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 **21st June, 2018** outlining the steps you have taken/propose to take to address each of the issues raised.

Yours sincerely,

M Walker

Marie Walker
Reception and Integration Agency

RECEPTION AND INTEGRATION AGENCY, P.O. BOX 11487, DUBLIN 2
ÁISINEACHT FHÁILTE AGUS COMHTHÁITE BOSCA OIFIG PHOIST 11487, BAILE ÁTHA CLIATH 2
TELEPHONE/TEILEAFÓN: (01) 418 3200 FAX/FACSUIMHIR: (01) 418 3271 E-MAIL/RÍOMHPHOST: RIA_INBOX@JUSTICE.IE

Eyre Powell Hotel,
Newbridge,
Co. Kildare.
W12X2R9.

M/S Marie Walker,
Reception and Integration Agency.
P. O. Box 11487.
Dublin 2.

15TH June 2018.

Dear Ms Walker,

Thank you for sending me a copy of the inspection report carried out on the 19th February 2018 by T.Q.S. on behalf of R.I.A.

Please see action taken to eliminate issues noted.

Room 108 Ensuite ceiling repaired and repainted.
Room 205 Ensuite ceiling repaired and repainted.
Room 303 Fire notice replaced.
Room 207 Cover removed from smoke detector and letter of warning issued.
Room 109 Hot plate and rice cooker confiscated and warning letter issued.
Room 203 Hot plate confiscated and warning letter issued.

I hope these are to your satisfaction and we look forward to your next visit to the Eyre Powell Hotel.

Yours Sincerely,

David Kiely
Manager.