

# **IPAS/IPPS**

## **Independent Inspection Report**

<b>Centre:</b>	<b>Linden House</b>
<b>Inspector:</b>	<b>Shane Mac Loughlin</b>
<b>Date of Inspection:</b>	<b>20/3/21</b>
<b>Time of Arrival &amp; Departure:</b>	<b>10-12.30pm</b>

*Part 1*  
*General Information on Services*

**Independent Inspection Report**

*Centre:* **Linden House**

*Date of Inspection:* **20/3/21**

**1. CENTRE DETAILS**

Name and address of Centre	<b>Linden House, New road, Killarney, Co. Kerry</b>
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Contractor	<b>Thomas Duggan</b>
Manager	<b>Gerrie Kotze</b>
Who deputises for manager in his/her absence?	<b>Give Job Title only Deputy manager</b>

Telephone Number	<b>064 6631379</b>
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Current Contracted Capacity	<b>85</b>
Current Occupancy (today)	<b>66</b>
Current Centre Profile (e.g., singles, families etc.)	<b>Single male</b>

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	<b>x</b>
Menu Cycle	<b>x</b>
Staffing Lists as follows:	
1. Full list of staff employed at the centre (indicating Names, Titles, Roles, etc.,)	<b>x</b>
2. Indicate who is on duty at time of inspection (today)	<b>x</b>
3. a separate list of Designated Liaison Persons (child protection)	<b>n/a</b>

### 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	<b>Night porter 6pm-8am</b>
Is security provided by external company? (Y/N)	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
If yes, give name of company:	
Does the centre have CCTV? (Y/N)	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Is a list of emergency numbers available in the Manager's office?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Does the list include the following numbers? (Y/N) Local Garda station 24 hr number Local hospital Local fire station Duty Social Work Team Out of hours GP Service IPAS/IPPS out of hours number	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  If no, give details:
Are first aid kits available? (Y/N)	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Where and how many?	1 in kitchen
Who is responsible for first aid restocking?	Job title <b>only</b> (not name) of person responsible: <b>Manager</b>
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?	<b>oil</b>
Do residents have control of the heating in their own bedroom?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
If no, what arrangements are in place?	<b>Timed thermostat with booster</b>
What are the heating 'ON' times?	<b>On thermostat</b>

### 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?	<b>Yes on one to one basis.</b>

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

Are residents issued with key for their bedroom?(Yes/No)	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Are residents issued with key for main door? (Yes/No)	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
If no, give details	
Are there procedures to allow residents to receive visitors? (Give details)	<b>Yes in day room once signed in with reception first.</b>
Outline visiting times :	<b>9-9</b>
In what areas are visitors allowed in the centre?	<b>day room</b>

Any other relevant information:	
Is there a facility for storage of residents' valuables*? (Give details.) (* Storage is at resident's own risk)	<b>In bedrooms</b>
What toiletries are provided to residents on arrival?	<b>Toothpaste, soap, toilet rolls &amp; shampoo</b>
What arrangements are in place to replenish these items?	<b>Ask at reception</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>Day diary book in reception</b>	

## 8 CHILD PROTECTION

Are measures in place to inform staff and visitors of RIA's Child Protection Policy? (Give details)	<b>No children are resident. Manager did undergo Tusla training</b>
Are visitors asked to sign a declaration agreeing to adhere to the child protection policy?	<b>n/a</b>
Where is declaration held?	
Is there a sign in book for visitors? Where?	<b>Yes - reception</b>
Are there notices on public display giving name and contact details of Designated Liaison Person? Where?	<b>No but Manager has received Tusla training</b>
Have Designated Liaison Persons received HSE training?	<b>yes</b>
Are notices prominently displayed regarding parental supervision of children? Where?	<b>no</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>5/3/2018</b>

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

Are residents consulted regarding menu / dietary requests? (Give details.)	<b>RESIDENTS KITCHEN AND SHOP SYSTEM NOW IN PLACE</b>
Provide details opposite: Which of the following are provided for school children's packed lunches: <ul style="list-style-type: none"> <li>• Sandwich? What sandwich fillings are available: Cheese? Ham? Chicken? Tuna? Jam? Other?</li> <li>• Drinks? Juice? Water?</li> <li>• Yogurt?</li> <li>• Fruit?</li> <li>• Other</li> </ul>	n/a  Please also provide details of the system for distribution of school lunches:
Is infant formula kept out of public view?	n/a
What arrangements are in place for distribution of infant formula?	n/a

## 11 ARRANGEMENTS FOR REFRESHMENTS / MEALS OUTSIDE NORMAL MEAL TIMES

Are tea / coffee / drinking water / Snacks etc. available outside mealtimes?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> <b>Note: Residents kitchen NOW COMPLETED.</b>
What food/snacks are available after hours or when kitchen is closed?	<b>Residents have their own food and fridge storage facilities</b>
Where are the snacks located and how are they accessed?	n/a
Are meals available for residents who arrive late? (Give details.)	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> <b>Once prior notification to manager</b>
Are meals available for new arrivals? (Give details)	<b>Yes – meals prepared and left for reheating once prior notification given to manager.</b>
Are packed lunches available for residents travelling to Dublin on official business? (Give details)	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> <b>Residents have their own food and fridge storage facilities</b>
<b>If the inspection takes place during Ramadan this section must be completed.</b> What arrangements are in place to facilitate residents observing a fast during Ramadan?	n/a

## 12 FACILITIES FOR FEEDING BABIES

<b>Are the following available?</b>	Section does not apply
Access to drinking water (for breastfeeding mothers / for preparation of infant formula)	n/a
Sterilisers	n/a
Kettles	n/a
Fridge (for bottles of EBM* / formula) *Expressed Breast Milk	n/a
Bottle Warmer	n/a
Microwave	n/a
Are these facilities available 24 hours a day	n/a
Is there a dedicated room provided?	n/a

Where?	
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### 13 INDOOR FACILITIES

<b>Are the following available to residents?</b>	Yes/No	
Computers with Internet access	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
WIFI	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
DVD player	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Computer Games	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Snooker Table	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Pool Table	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Table Tennis Table	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Board Games	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Newspapers	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Books	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Toys / games for children	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Other		
Give details of any other arrangement or other comments:		

### 14 TRANSPORT ARRANGEMENTS

Is there a bus service provided? (Yes/No):	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Where does the service go to?	<b>Linden House is in Town Centre</b>
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>TV Saorview also SkySports has been ordered and awaiting installation.</b>
Are residents allowed to erect satellite dishes?	<b>no</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>Available to staff</b>
What procedures are in place for the exchange of towels and bed linen at the centre?	<b>Request from manager.</b>
What procedures are in place for ironing boards and irons?	<b>Available from reception</b>
How is washing powder / tablets supplied?	<b>From reception</b>

Are there specific arrangements for access to the laundry (give details):	<b>Open 24/7</b>
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**17 CLEANING (General Arrangements)**

Are there cleaning materials and equipment provided by management for residents?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
What cleaning equipment is available to residents?	<b>When requested brushes, mops, vacuum.</b>
What is the procedure for residents to access vacuum cleaners, brushes & other cleaning equipment?	<b>Request of reception.</b>
What arrangements are in place if rooms are not cleaned sufficiently by residents?	<b>Cleaning staff clean rooms weekly.</b>



## *PART 2*

### *Room by Room Inspection*

#### Independent Inspection

*Centre: Linden House, Killarney*

*Date of Inspection: 20/3/21*

## Section A- Administration / Communal areas

### 17 Have you seen the following?

		Location of display
Up to date House Rules	x	Reception lobby
Complaint Forms	x	Reception lobby
Accident/ Incident procedure	x	Reception lobby

HSE Breastfeeding Posters (if applicable)	<input type="checkbox"/>	n/a
Designated Liaison Person details (Child Protection)	<input type="checkbox"/>	Nemanja Babic
Supervision of children notice	<input type="checkbox"/>	n/a
Gym Notices (Child Safety – if applicable)	<input type="checkbox"/>	n/a
IOM Voluntary Return Posters	<input type="checkbox"/>	Reception lobby

### 18 Staff Awareness

Did you see the IPAS/IPPS Code of Practice*?	x
Are all staff aware of IPAS/IPPS Code & House Rules?	x
How are staff made aware of IPAS/IPPS Code & House Rules? <b>Training on hire with Manager.</b>	

*\*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>
26/7/19	Pat Lyons electrical	All working
19/3/21	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
<b>26/2/21</b>	<b>A&amp;D</b>	<b>x</b>			
<b>8/12/21</b>	<b>A&amp;D</b>	<b>x</b>			
<b>19/3/21</b>	<b>Internal</b>	<b>x</b>			

#### 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
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<b>30/11/20</b>	<b>MFS</b>	<b>x</b>			
<b>19/3/21</b>	<b>Internal</b>	<b>x</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
<b>19/3/21</b>	<b>Internal</b>	<b>x</b>			
<b>18/3/21</b>	<b>internal</b>	<b>x</b>			

**19e FIRE DRILL PROCEDURE INSPECTION SCHEDULE**

Date & Time	Numbers of staff involved in drill	No. of residents present / evacuated **	Evacuation Time	Comments
<b>22/6/20 3pm</b>	<b>3 staff</b>	<b>31</b>	<b>5 mins</b>	<b>Went well</b>
<b>20/12/20</b>	<b>3 staff</b>	<b>34</b>	<b>5 mins</b>	<b>ok</b>

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

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

Job Description	Course	Instructor	Duration	Date
<b>All staff</b>	<b>Firs safety</b>	<b>C O Leary</b>	<b>½ day</b>	<b>8/1/18</b>

**19g FIRE ASSEMBLY POINTS**

Where are the Fire Assembly Points located?	<b>Carpark to left of main door</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? <i>Include locations</i>	<b>No smoking in centre</b>
Comments:	

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

(in corridors &amp; common areas)

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

## Administration Area:

### Reception: inside the front door

Is the area generally clean? <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> 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 <input type="checkbox"/> No <input checked="" type="checkbox"/>
If yes please detail:	

### Have you seen the following?

		Location of display
Up to date House Rules	<input checked="" type="checkbox"/>	reception
Complaint Forms	<input checked="" type="checkbox"/>	Managers folder
Accident/ Incident procedure	<input checked="" type="checkbox"/>	In safety statement

HSE Breastfeeding Posters (if applicable)	<input type="checkbox"/>	n/a
Designated Liaison Person details (Child Protection)	<input type="checkbox"/>	not posted - no children in centre
Supervision of children notice	<input type="checkbox"/>	n/a
Gym Notices (Child Safety – if applicable)	<input type="checkbox"/>	n/a

IOM Voluntary Return Posters	<input checked="" type="checkbox"/>	reception
Anti Human-Trafficking Posters	<input checked="" type="checkbox"/>	reception
'NO to Violence & Harassment' Posters	<input checked="" type="checkbox"/>	reception

### Social Room / Tea Station (State Location): in dining room

What facilities are provided? <b>Full residents kitchen with supplies from on-line shop in Millstreet</b>
Is the area generally clean? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
If no please give details:
<i>Visual Check:</i> Have you noticed any issues requiring attention? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
If yes please detail:

### Pre-school Room: section not applicable

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

**DINING AREA:**

**Please outline the meal times: As all residents now cook for themselves this section is not applicable.**

	From	To
<b>Breakfast</b>		
<b>Lunch</b>		
<b>Dinner</b>		

Which is the main meal of the day:	
Is menu cycle available?	

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

<b>Breakfast</b>	
<b>Lunch</b>	
<b>Dinner</b>	

Is menu cycle on display?	
Does menu cycle correspond with options available?	
If no, ask manager for explanation and provide details:	
Which meal was sampled?	
Please describe the meal in detail (e.g. was it hot / cold, bland / spicy etc.)	
Was there a vegetarian option? (note salad and vegetables <u>alone</u> are not considered as vegetarian option)	
Give details of this option:	
Were there ethnic dishes available?	
Give details of this option:	
Was fresh foods available for Infants? (as per HSE Infant Feeding Guidelines)	
In your opinion, does the food on offer appear to provide a good variety?	
Did inspection take place during Ramadan?	
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?	
Is there enough seating for residents present to sit down and eat their lunch?	
Comments:	

## KITCHEN AREA: Food Safety Critical Requirements

Commercial kitchen has been replaced with 6 cooking stations which are now in full use by residents who cook all their own meals with their own foods which they purchase from the on-line shop in Carrick-on-Suir.

### FOOD SAFETY

Has the premises been inspected by an Environmental Health Officer?	Yes
Date of Visit?	18/1/16
Comments: No issues	

Has a HACCP system been implemented?	<b>n/a – all staff cook for themselves</b>
Who designed the HACCP system?	
Who is responsible for reviewing the system?	
How frequently is the system reviewed?	

### HACCP Records:

Pest Control - no activity noted last visit 10/3/21 prevent-a -pest
Induction and Ongoing Staff Training: N/A
Time & Temperature Records: current and up to date
Hygiene Audits: current and up to date
List of Approved Suppliers: current and up to date
Cleaning Schedules: current and up to date
Procedures for accepting deliveries: CCP point and flowchart in place
General Comments: very well run kitchen with detailed traceability and records

## HACCP and Kitchen Evaluation

### General:

Is the kitchen commercial or domestic?	6 x domestic cookers and cooking stations
What equipment is in place?	6 cookers, walk in dry goods store, upright freezer x 2 and walk-in fridge,
In what condition is the equipment?	Needs tidying from where commercial appliances removed also would benefit from floor re-tiling
Comments:	

## STRUCTURAL HYGIENE

### Kitchen:

Is the refuse area suitably located?	Yes adjacent to kitchen
Is the area tidy?	Yes
Are all bins covered?	Yes
Are signs displayed at all entrances in relation to access to kitchen for non kitchen staff?	Yes
Are white coats, shoe covers and hats available for non kitchen staff?	Yes
Comment of the structural hygiene of the kitchen (i.e floors/walls/ceilings/doors/windows/work surfaces/ventilation, etc)	Needs tidying from where commercial appliances removed also would benefit from floor re-tiling
Are suitable hand washing and drying facilities provided?	<b>Yes</b>
General Comments:	

### Dry Goods:

Suitably equipped? <i>Shelving/containers etc</i>	<b>Clean and suitable storage</b>
Condition and suitability of facilities:	excellent condition and appropriate in size
What evidence is there of stock rotation?	<b>Yes</b>



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**Refrigerated Storage:**

What type of refrigerated storage is provided?	<b>Free standing freezer and fridges</b>
Comment on the condition and suitability of the refrigerated storage: All in excellent condition , kept neat and free form ice build up etc.	
Are thermostats provided and in working order?	<b>Yes</b>
Are food items date stamped?	<b>Yes</b>
Are samples of dishes being kept?	<b>No</b>

**Other:**

Is there appropriate storage for cleaning agents and chemicals?	<b>Yes – off the kitchen</b>
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**OPERERATIONAL HYGIENE**

Do residents use the main kitchen?	<b>Yes</b>
Is that use supervised to ensure safe & hygienic practices are observed?	<b>Not necessary as 6 cooking stations are for residents use. With 2<sup>nd</sup> kitchenette for apts 33-35</b>
By whom is it supervised?	

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

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

Condition and suitability of serving equipment and utensils:
All very clean and appropriate to food type

What procedures are in place for unused/unserved food at the end of service?
Goes into food compost

Comments:
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### STAFF FACILITIES AND HYGIENE

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

Are all areas clean and well maintained?	Yes
Are suitable hand washing & drying facilities provided?	Yes
Is storage provided for personal belongings?	Yes
Are showers provided? <i>Indicate cleanliness &amp; suitability</i>	Not used

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

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

**23 PUBLIC TOILET (State Location): off main reception**

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

**24 COMMUNAL ROOM (State Location):large reception room to the left when entering building**

<b>Storage area:</b>		
Is the walkway through the area clear?	Yes <b>X</b>	No <input type="checkbox"/>
Are the exit signs clearly marked?	Yes <b>X</b>	No <input type="checkbox"/>
<b>General Seating Area</b>		
Is the seating in good condition?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
What is the area generally used for?	Pool table and general socialising	
<b>Computer room:</b>		
Is the area generally clean?	Yes <b>x</b>	No <input type="checkbox"/>
<i>Visual Check:</i> Have you noticed any issues requiring attention?	Yes <input type="checkbox"/>	No <b>X</b>

If yes please detail:
<b>Any other comments?</b> If yes please detail:

### **OUTDOOR GROUNDS / FACILITIES**

Please rate the following:

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

### **LAUNDRY ROOM**

	<b>Washing Machines</b>	<b>Dryers</b>
Number	<b>7</b>	<b>6</b>
Do they appear to be in working order? <b>Yes - new laundry room at rear of centre</b>		
Comments:		

### **CORRIDOR (State Location): all**

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: +				

### **STAIRWAY (State Location): main stairs**

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 x (e.g., fire exit signs, hazards, lighting, notices, décor, etc.)				
If yes please detail: <b>Carpet frayed on main stairs</b>				

# Bedrooms:

## **CLEANING (General Arrangements)**

How often are bedrooms inspected?	twice weekly <input type="checkbox"/> Weekly <input checked="" type="checkbox"/>
Who cleans the bedrooms?	Staff <input checked="" type="checkbox"/> Residents <input checked="" type="checkbox"/>
How often do staff clean the bedrooms?	Weekly <input checked="" type="checkbox"/> fortnightly <input type="checkbox"/> Monthly <input type="checkbox"/> Other <input type="checkbox"/>
Are there cleaning materials and equipment provided by management for residents?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
What cleaning equipment is available to residents?	Mops, Brushes, detergents & vacuum
What arrangements are in place if rooms are not cleaned sufficiently by residents?	Assisted by house keeping

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

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

<b>ROOM NUMBER 3</b>				
Room Profile:		Room Capacity:		Room Occupancy:
<b>single</b>		<b>1</b>		<b>1</b>
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice

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

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

<b>ROOM NUMBER 5a</b>				
Room Profile:		Room Capacity:		Room Occupancy:
<b>Shared</b>		<b>2</b>		<b>1</b>
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<b>X</b>	<input type="checkbox"/>	<b>X</b>	<b>X</b>	<b>X</b>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<b>X</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <b>X</b>	No * <input type="checkbox"/>
If *, please give details:				

<b>ROOM NUMBER 6a</b>				
Room Profile:		Room Capacity:		Room Occupancy:
<b>shared</b>		<b>2</b>		<b>1</b>
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<b>X</b>	<b>X</b>	<input type="checkbox"/>	<b>X</b>	<b>X</b>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	<b>X</b>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <b>x</b>	No* <input type="checkbox"/>
<b>If *, please give details:</b>				

ROOM NUMBER 7a				
Room Profile:		Room Capacity:		Room Occupancy:
shared		4		3
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
X	X	<input type="checkbox"/>	X	X
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	X	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes x	No* <input type="checkbox"/>
If *, please give details:				

ROOM NUMBER 5				
Room Profile:		Room Capacity:		Room Occupancy:
single		1		1
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
X	X	<input type="checkbox"/>	X	X
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	X	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes x	No* <input type="checkbox"/>
If *, please give details:				

ROOM NUMBER 6				
Room Profile:		Room Capacity:		Room Occupancy:
single		1		1
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
X	X	<input type="checkbox"/>	X	X
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	X	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes x	No* <input type="checkbox"/>
If *, please give details:				

ROOM NUMBER 7				
Room Profile:		Room Capacity:		Room Occupancy:
shared		2		1
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice

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

<b>ROOM NUMBER 8</b>				
Room Profile:		Room Capacity:		Room Occupancy:
<b>shared</b>		<b>3</b>		<b>3</b>
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<b>X</b>	<b>X</b>	<input type="checkbox"/>	<b>X</b>	<b>X</b>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	<b>X</b>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <b>x</b>	No* <input type="checkbox"/>
<b>If *, please give details:</b>				

<b>ROOM NUMBER 9</b>				
Room Profile:		Room Capacity:		Room Occupancy:
<b>shared</b>		<b>3</b>		<b>0</b>
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<b>X</b>	<b>X</b>	<input type="checkbox"/>	<b>X</b>	<b>X</b>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	<b>X</b>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <b>x</b>	No* <input type="checkbox"/>
<b>If *, please give details:</b>				

<b>ROOM NUMBER 10</b>				
Room Profile:		Room Capacity:		Room Occupancy:
<b>shared</b>		<b>2</b>		<b>1</b>
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<b>X</b>	<b>X</b>	<input type="checkbox"/>	<b>X</b>	<b>X</b>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	<b>X</b>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <b>x</b>	No* <input type="checkbox"/>



**If \*, please give details:**

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

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

<b>ROOM NUMBER 13</b>				
Room Profile:		Room Capacity:		Room Occupancy:
<b>shared</b>		<b>2</b>		<b>2</b>
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<b>X</b>	<b>X</b>	<input type="checkbox"/>	<b>X</b>	<b>X</b>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	<b>X</b>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order? Yes <input checked="" type="checkbox"/> No* <input type="checkbox"/>				
<b>If *, please give details:</b>				

<b>ROOM NUMBER 14</b>				
Room Profile:		Room Capacity:		Room Occupancy:
<b>shared</b>		<b>2</b>		<b>2</b>

TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
X	X	<input type="checkbox"/>	X	X
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	X	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order? yes				
<b>If *, please give details:</b>				

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

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

<b>ROOM NUMBER 17</b>				
Room Profile:		Room Capacity:	Room Occupancy:	
shared		3	2	
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
X	X	<input type="checkbox"/>	X	X
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	X	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order? Yes x No* <input type="checkbox"/>				

If \*, please give details: smoke detector covered

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

<b>ROOM NUMBER 19</b>				
Room Profile:		Room Capacity:		Room Occupancy:
shared		3		2
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
X	X	<input type="checkbox"/>	X	X
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	X	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order? Yes x No* <input type="checkbox"/>				
If *, please give details: smoke detector covered				

<b>ROOM NUMBER 20</b>				
Room Profile:		Room Capacity:		Room Occupancy:
single		1		1
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
X	X	<input type="checkbox"/>	X	X
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	X	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order? Yes x No* <input type="checkbox"/>				
If *, please give details:				

<b>ROOM NUMBER 21</b>				
Room Profile:		Room Capacity:		Room Occupancy:

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

<b>ROOM NUMBER 22</b>					
Room Profile:		Room Capacity:		Room Occupancy:	
<b>shared</b>		<b>3</b>		<b>2</b>	
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice	
X	X	<input type="checkbox"/>	X	X	
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *	
	<input type="checkbox"/>	X	<input type="checkbox"/>	<input type="checkbox"/>	
Is everything in working order?			Yes	X	No* <input type="checkbox"/>
<b>If *, please give details:</b>					

<b>ROOM NUMBER 23</b>					
Room Profile:		Room Capacity:		Room Occupancy:	
<b>shared</b>		<b>4</b>		<b>3</b>	
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice	
X	X	<input type="checkbox"/>	X	X	
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *	
	<input type="checkbox"/>	X	<input type="checkbox"/>	<input type="checkbox"/>	
Is everything in working order?			Yes	X	No* <input type="checkbox"/>
<b>If *, please give details:</b>					

<b>ROOM NUMBER 24</b>					
Room Profile:		Room Capacity:		Room Occupancy:	
<b>shared</b>		<b>2</b>		<b>2</b>	
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice	
X	X	<input type="checkbox"/>	X	X	
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *	
	<input type="checkbox"/>	X	<input type="checkbox"/>	<input type="checkbox"/>	

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

<b>ROOM NUMBER 28</b>				
Room Profile:		Room Capacity:		Room Occupancy:
<b>shared</b>		<b>3</b>		<b>2</b>
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<b>X</b>	<input type="checkbox"/>	<b>X</b>	<b>X</b>	<b>X</b>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	<b>X</b>	<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 29</b>				
Room Profile:		Room Capacity:		Room Occupancy:
<b>shared</b>		<b>3</b>		<b>2</b>
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<b>X</b>	<input type="checkbox"/>	<b>X</b>	<b>X</b>	<b>X</b>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	<b>X</b>	<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 33</b>				
Room Profile:		Room Capacity:		Room Occupancy:
<b>shared</b>		<b>3</b>		<b>3</b>
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<b>X</b>	<input type="checkbox"/>	<b>X</b>	<b>X</b>	<b>X</b>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	<b>X</b>	<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 34</b>				
Room Profile:		Room Capacity:		Room Occupancy:
<b>shared</b>		<b>3</b>		<b>2</b>
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<b>X</b>	<input type="checkbox"/>	<b>X</b>	<b>X</b>	<b>X</b>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	<b>X</b>	<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 35</b>				
Room Profile:		Room Capacity:		Room Occupancy:
shared		3		1
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
X	<input type="checkbox"/>	X	X	X
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	X	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes X	No * <input type="checkbox"/>
If *, please give details:				

<b>ROOM NUMBER 36</b>				
Room Profile:		Room Capacity:		Room Occupancy:
shared		4		3
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
X	<input type="checkbox"/>	X	X	X
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	X	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes X	No * <input type="checkbox"/>
If *, please give details:				

<b>ROOM NUMBER 37</b>				
Room Profile:		Room Capacity:		Room Occupancy:
shared		3		2
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
X	<input type="checkbox"/>	X	X	X
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	X	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes X	No * <input type="checkbox"/>
If *, please give details:				

<b>ROOM NUMBER 38</b>				
Room Profile:		Room Capacity:		Room Occupancy:
shared		2		2
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
X	<input type="checkbox"/>	X	X	X
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	X	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes X	No * <input type="checkbox"/>

If \*, please give details:

Use this space for any comments or other information not covered in this form:

## **General Representations**

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

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

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

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**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

<b>Name of Centre:</b>	Linden House
<b>Address:</b>	New Road, Killarney, Co. Kerry
<b>Proprietor :</b>	Thomas Duggan
<b>Manager:</b>	Nemanja Babic
<b>Contact Name:</b>	Nemanja babic
<b>Capacity Per MOA (Current Occupancy):</b>	85 (66)
<b>Date of Inspection:</b>	20/3/21

Fire Safety:

At time of inspection fire panel showed 'Fault Main Building Room 4'

Food Safety:

Residents Kitchen needs tidying from where commercial appliances removed also would benefit from floor re-tiling

Bedrooms:

No issue

**Note:**

New resident's kitchen completed.

New Laundry room with 7 washers and 6 dryers at rear of building. Construction of 6 rooms extension completed at rear of building.

Residents all use on-line shop facility in Millstreet with deliveries on Monday, Tuesday, Thursday and Saturday every week.

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Rear and side yard has been secured with new gates and access control.  
It was also noted that a heightened and robust cleaning regime is in place and all staff are adhering to CV-19 protocols.

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Thank you for your email of June 2<sup>nd</sup>.

In reply.....

The fault in the fire alarm ion the day of the inspection was rectified immediately – it was caused by one resident tampering with the smoke detector.

The comments re the kitchen are noted and will be actioned

Sincerely,

Thomas Duggan