

# **IPAS/IPPS**

## **Independent Inspection Report**

<b>Centre:</b>	<b>Clonakilty Lodge</b>
<b>Inspector:</b>	<b>S Mac Loughlin</b>
<b>Date of Inspection:</b>	<b>29/03/2021</b>
<b>Time of Arrival &amp; Departure:</b>	<b>09.00-11.30</b>

*Part 1*  
*General Information on Services*

**Independent Inspection Report**

***Centre:***                      **Clonakilty Lodge**

***Date of Inspection:***    **29/3/30**

**1. CENTRE DETAILS**

Name and address of Centre	<b>Clonakilty Lodge, Clonakilty , Co Cork</b>
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Contractor	<b>D&amp;A Limited</b>
Manager	<b>Michael Plichta</b>
Who deputises for manager in his/her absence?	<b>Give Job Title only Assistant Manager</b>

Telephone Number	<b>023 8834466</b>
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Current Contracted Capacity	<b>110</b>
Current Occupancy (today)	<b>92</b>
Current Centre Profile (e.g., singles, families etc.)	<b>Families</b>

HSE Area	<b>West Cork</b>
Public Health Nurse	<b>Collette Sullivan</b>
DSP / CWO name	<b>Patricia Minihane</b>
Environmental Health Officer name	<b>Liz Tobin</b>
Local Fire Officer Name	<b>Con O Leary</b>
Local Fire Station	<b>Clonakilty</b>

Is the Centre certified by any Quality Management System (i.e. Q Mark, ISO)?:	no
If yes, please give details:	
What was the date of the last certification?	
Have you a copy of the Certification	n/a

**2. Please provide a copy of the following**

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

### 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 5pm-9am, Manager 9am-5pm</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?	
Who is responsible for first aid restocking?	<i>Job title <b>only</b> (not name) of person responsible: <b>Manager</b></i>
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>Electric</b>
Do residents have control of the heating in their own bedroom?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
If no, what arrangements are in place?	
What are the heating 'ON' times?	<b>As needed</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>on arrival given induction</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 type="checkbox"/> No <input checked="" type="checkbox"/>
If no, give details	<b>Front desk is staffed</b>
Are there procedures to allow residents to receive visitors? (Give details)	<b>yes - visitors allowed in communla areas and sign in at front desk</b>
Outline visiting times :	<b>9am to 9pm</b>

In what areas are visitors allowed in the centre?	<b>Communal Areas -not allowed in bedrooms</b>
Any other relevant information:	
Is there a facility for storage of residents' valuables*? (Give details.) (* Storage is at resident's own risk)	<b>Storage rooms available</b>
What toiletries are provided to residents on arrival?	<b>toothpaste, shampoo, soap, toilet paper</b>
What arrangements are in place to replenish these items?	<b>on request</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>Residents or staff report to manger and he logs issues for maintenance</b>	

## 8 CHILD PROTECTION

Are measures in place to inform staff and visitors of IPAS/IPPS's Child Protection Policy? (Give details)	<b>yes</b>
Are visitors asked to sign a declaration agreeing to adhere to the child protection policy?	<b>yes</b>
Where is declaration held?	<b>reception</b>
Is there a sign in book for visitors? Where?	<b>yes-reception</b>
Are there notices on public display giving name and contact details of Designated Liaison Person? Where?	<b>yes - reception</b>
Have Designated Liaison Persons received HSE training?	<b>yes</b>
Are notices prominently displayed regarding parental supervision of children? Where?	<b>yes reception and dining room</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>Last visit over 5 years ago – new kitchens have not been visited by EHO</b>

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

Are residents consulted regarding menu / dietary requests? (Give details.)	<b>Resident independent cooking facilities now in place with two dedicated kitchens for residents to prepare own meals.</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>	<b>tuna, salad, chicken. halal meats</b> <b>Water and fruit juices.</b> <b>Apples, bananas, satsuma oranges.</b>  Please also provide details of the system for distribution of school lunches: <b>Residents now prepare children's lunches</b>
Is infant formula kept out of public view?	<b>yes</b>
What arrangements are in place for distribution of infant formula?	<b>distributed weekly</b>

## 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"/>
What food/snacks are available after hours or when kitchen is closed?	<b>Residents have own food supplies from shop</b>
Where are the snacks located and how are they accessed?	<b>There is two new kitchen areas where residents have open access to cook own meals</b>
Are meals available for residents who arrive late? (Give details.)	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> <b>Chef keeps prepared meals and heated on resident arrival.</b>
Are meals available for new arrivals? (Give details)	<b>yes if outside main meal times meal is prepared beforehand by kitchen staff.</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 now have own food supplies and cooking 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>	Yes/No
Access to drinking water (for breastfeeding mothers / for preparation of infant formula)	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Sterilisers	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Kettles	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Fridge (for bottles of EBM* / formula) *Expressed Breast Milk	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

Bottle Warmer	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
Microwave	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
Are these facilities available 24 hours a day	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
Is there a dedicated room provided? Where?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>

### 13 INDOOR FACILITIES

<b><i>Are the following are available to residents?</i></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 checked="" type="checkbox"/>	No	<input type="checkbox"/>
Newspapers	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
Books	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
Toys / games for children	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
Other				
Give details of any other arrangement or other comments:				

### 14 TRANSPORT ARRANGEMENTS

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

### 15 TV SYSTEM

Is there a specific TV system in place? (give details)	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
An average, how many TV channels are provided to residents?	<b>7 but rooms also cabled for sky and most resident have sky channels</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>Residents</b>			
What procedures are in place for the exchange of towels and bed linen at the centre?	<b>linen changed on request</b>			

What procedures are in place for ironing boards and irons?	<b>available from reception</b>
How is washing powder / tablets supplied?	<b>In main office distributed weekly</b>
Are there specific arrangements for access to the laundry (give details):	<b>6.30 am to 10pm</b>

**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>Detergents, brushes, mops, vacuum</b>
What is the procedure for residents to access vacuum cleaners, brushes & other cleaning equipment?	<b>Available from reception</b>
What arrangements are in place if rooms are not cleaned sufficiently by residents?	<b>staff will assist</b>



## *PART 2*

### *Room by Room Inspection*

#### Independent Inspection

*Centre: Clonakilty Lodge*

*Date of Inspection: 29/3/21*

## Section A- Administration / Communal areas

### 17 Have you seen the following?

		Location of display
Up to date House Rules	<input checked="" type="checkbox"/>	Reception
Complaint Forms	<input checked="" type="checkbox"/>	reception
Accident/ Incident procedure	<input checked="" type="checkbox"/>	reception

HSE Breastfeeding Posters (if applicable)	<input checked="" type="checkbox"/>	reception
Designated Liaison Person details (Child Protection)	<input checked="" type="checkbox"/>	reception
Supervision of children notice	<input checked="" type="checkbox"/>	reception
Gym Notices (Child Safety – if applicable)	<input checked="" type="checkbox"/>	No gym notice on Gym Door
IOM Voluntary Return Posters	<input checked="" type="checkbox"/>	reception

### 18 Staff Awareness

Did you see the IPAS/IPPS Code of Practice*?	<input checked="" type="checkbox"/>
Are all staff aware of IPAS/IPPS Code & House Rules?	<input checked="" type="checkbox"/>
How are staff made aware of IPAS/IPPS Code & House Rules? <b>on hiring and annual refresher training</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>
3/3/21	Internal staff	ok
2/2/21	Internal Staff	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
4/1/2021	O Mahony Fire	y	none		
28/3/21	Internal Staff	y	none		

#### 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
9/2/21	MFS	<input checked="" type="checkbox"/>			

<b>28/3/21</b>	<b>Internal</b>	<input checked="" type="checkbox"/>			
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**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
5/3/21	<b>Internal</b>	<input checked="" type="checkbox"/>			
3/3/21	<b>Internal</b>	<input checked="" type="checkbox"/>			

**19e FIRE DRILL PROCEDURE INSPECTION SCHEDULE**

Date & Time	Numbers of staff involved in drill	No. of residents present / evacuated **	Evacuation Time	Comments
<b>3/12/20 15.50hr</b>	<b>3</b>	<b>77</b>	<b>7 mins</b>	
<b>10/05/19 3pm</b>	<b>3</b>	<b>24</b>	<b>6mins</b>	

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

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

Job Description	Course	Instructor	Duration	Date
<b>all staff</b>	<b>fire safety</b>	<b>OR safety Group</b>	<b>½ day</b>	<b>18/9/2019</b>

**19g FIRE ASSEMBLY POINTS**

Where are the Fire Assembly Points located?	<b>Front of Building</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>	
Comments:	

**19i FIRE EXITS, EMERGENCY LIGHTING, SMOKE ALARMS, FIRE NOTICES**  
(in corridors & 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: Main lobby

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

### Have you seen the following?

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

HSE Breastfeeding Posters (if applicable)	<input checked="" type="checkbox"/>	dining room
Designated Liaison Person details (Child Protection)	<input checked="" type="checkbox"/>	reception
Supervision of children notice	<input checked="" type="checkbox"/>	reception
Gym Notices (Child Safety – if applicable)	x	No notice posted

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): Dining room

What facilities are provided? <b>Two fully fitted resident's kitchens which allows Residents cook meals at time which suit them.</b>	
Is the area generally clean?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
If no please give details:	
Visual Check: Have you noticed any issues requiring attention?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
If yes please detail:	

### Pre-school Room:

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

Other comments:

**DINING AREA:**

Please outline the meal times:

	From	To
<b>Breakfast</b>	Deli & Shop open daily from 8am to 5 pm – Residents now prepare own meals in new resident’s kitchens.	
<b>Lunch</b>		
<b>Dinner</b>		

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

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?	<b>n/a</b>
Does menu cycle correspond with options available?	n/a
If no, ask manager for explanation and provide details:	
Which meal was sampled?	None – see note below
NOTE: New food service process is up and running very successfully. Style similar to retail deli and hot service being introduced with reduction in dining tables to encourage home cooking and meal eating by residents in their accommodation.	
Was there a vegetarian option? (note salad and vegetables <u>alone</u> are not considered as vegetarian option)	Fully stocked shop with variety of ethnic & vegetarian options and produce
Give details of this option:	<b>See above</b>
Were there ethnic dishes available?	See above
Give details of this option:	<b>See above</b>
Was fresh foods available for Infants? (as per HSE Infant Feeding Guidelines)	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
In your opinion, does the food on offer appear to provide a good variety?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Did inspection take place during Ramadan?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
If yes, please outline arrangements for provision of meals outside of normal mealtimes, (medical or other appointments, etc.):	
Is there any damaged seating or tables in dining room?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Is there enough seating for residents present to sit down and eat their lunch?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

## KITCHEN AREA: Food Safety Critical Requirements

### FOOD SAFETY

Has the premises been inspected by an Environmental Health Officer?	Not since new system put in place
Date of Visit?	31/10/13
Comments: New food service process is up and running very successfully.	

Has a HACCP system been implemented?	<b>Yes</b>
Who designed the HACCP system?	<b>Head Chef</b>
Who is responsible for reviewing the system?	<b>Head Chef and Duty Manager</b>
How frequently is the system reviewed?	<b>Monthly</b>

### HACCP Records:

Pest Control: Rentokill inspection - no activity noted
Induction and Ongoing Staff Training: on file in reception
Time & Temperature Records: all in order recorded for all mealtimes
Hygiene Audits: full log of audits
List of Approved Suppliers: as part of supplier controls
Cleaning Schedules: daily , weekly and monthly all up to date
Procedures for accepting deliveries: in place and records of temperatures and traceability maintained
General Comments:  Chicken legs re-bagged into single pieces are not being labelled with date.

## HACCP and Kitchen Evaluation

### General:

Is the kitchen commercial or domestic?	Commercial
What equipment is in place? Bain Marie in dining room, standing freezers , stand up fridges , walk in fridge , pantry, combi oven, gas hobs, deep fryers	
In what condition is the equipment? Very well maintained	
Comments:	

## STRUCTURAL HYGIENE

### Kitchen:

Is the refuse area suitably located?	Outside back of 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) very well maintained	
Are suitable hand washing and drying facilities provided?	<b>Yes</b>
General Comments:	

### Dry Goods:

Suitably equipped? <i>Shelving/containers etc</i>	<b>shop system in place</b>
Condition and suitability of facilities: good	
What evidence is there of stock rotation?	<b>Shop supplies are carefully monitored under new system</b>



**Refrigerated Storage:**

What type of refrigerated storage is provided?	<b>Chest freezers and standing fridges</b>
Comment on the condition and suitability of the refrigerated storage: Very good	
Are thermostats provided and in working order?	<b>yes</b>
Are food items date stamped?	<b>No chicken legs which are rebagged from original container/bag are not labelled</b>
Are samples of dishes being kept?	<b>Yes</b>

**Other:**

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

Do residents use the main kitchen?	<b>No</b>
Is that use supervised to ensure safe & hygienic practices are observed?	<b>n/a</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:
Very clean

What procedures are in place for unused/unserved food at the end of service?
Binned as food waste

Comments:
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### STAFF FACILITIES AND HYGIENE

Are designated staff facilities provided?	Yes
What facilities are in place?	Changing room a

Are all areas clean and well maintained?	Yes
Are suitable hand washing & drying facilities provided?	Yes
Is storage provided for personal belongings?	Yes lockers in place
Are showers provided? <i>Indicate cleanliness &amp; suitability</i>	Yes – very clean

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

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

**23 PUBLIC TOILET (State Location): Beside office**

	Number	Soap	Toilet Paper	Hand Towels / Dryers	Hot Water	Sanitary Bins
Unisex:	1	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Ladies:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Gents:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Is there a cleaning schedule displayed? Record the last time entry.					Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Is the area clean? (provide comment)						
Are all facilities working?					Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
<i>Visual Check:</i> Have you noticed any issues requiring attention?					Yes* <input type="checkbox"/>	No <input checked="" type="checkbox"/>
If No, give details:						

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

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

**OUTDOOR GROUNDS / FACILITIES**

Please rate the following:

	Very Good	Adequate	Poor*	Needs urgent attention*
Condition of exterior of centre	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Paintwork of the centre	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Maintenance standard of the grounds (e.g. grass cut, walkways clear etc.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cleanliness of the grounds (ie., evidence of rubbish etc.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Where you have rated * please provide details and comments:				
Are there any facilities available for children outdoors? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				
Comments Small playground behind mangers office				

### LAUNDRY ROOM

	Washing Machines	Dryers
Number	6	5
Do they appear to be in working order? yes		
Comments:		

### CORRIDOR (State Location): all corridors

Is the area generally clean? yes NO
If no please give details:
Visual Check: Have you noticed any issues requiring attention? no
If yes please detail:

### STAIRWAY (State Location): all stairs and steps

Is the area generally clean? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
If no please give details:
Visual Check: Have you noticed any issues requiring attention? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (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 <input type="checkbox"/>	Weekly <input type="checkbox"/>
Who cleans the bedrooms?	Staff <input type="checkbox"/>	Residents <input checked="" type="checkbox"/>
How often do staff clean the bedrooms?	Weekly <input type="checkbox"/>	fortnightly <input type="checkbox"/>
	Monthly <input type="checkbox"/>	Other <input checked="" 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?	Brushes, mops, vacuum, detergents	
What arrangements are in place if rooms are not cleaned sufficiently by residents?	staff will assist	

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

<b>ROOM NUMBER 103</b>				
Room Profile:		Room Capacity:		Room Occupancy:
Family		4		0
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details:				

<b>ROOM NUMBER 106</b>				
Room Profile:		Room Capacity:		Room Occupancy:
Family		4		3

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

<b>ROOM NUMBER 108</b>				
Room Profile:		Room Capacity:	Room Occupancy:	
Family		2	2	
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details:				

<b>ROOM NUMBER 109</b>				
Room Profile:		Room Capacity:	Room Occupancy:	
Family		4	5	
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details:				

<b>ROOM NUMBER 110</b>				
Room Profile:		Room Capacity:	Room Occupancy:	
Family		2	2	
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No* <input type="checkbox"/>

If \*, please give details:

<b>ROOM NUMBER 111</b>				
Room Profile:		Room Capacity:		Room Occupancy:
Family		2		2
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details:				

<b>ROOM NUMBER 112</b>				
Room Profile:		Room Capacity:		Room Occupancy:
Family		4		4
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details:				

<b>ROOM NUMBER 114</b>				
Room Profile:		Room Capacity:		Room Occupancy:
Family		2		2
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input type="checkbox"/>	No* <input type="checkbox"/>
If *, please give details:				

<b>ROOM NUMBER 115</b>				
Room Profile:		Room Capacity:		Room Occupancy:
Family		2		2
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

<b>ROOM NUMBER 116</b>				
Room Profile:		Room Capacity:		Room Occupancy:
<b>Family</b>		<b>5</b>		<b>0</b>
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order? Yes <input checked="" type="checkbox"/> No * <input type="checkbox"/>				
<b>If *, please give details:</b>				

<b>ROOM NUMBER 201</b>				
Room Profile:		Room Capacity:		Room Occupancy:
<b>Family</b>		<b>2</b>		<b>2</b>
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order? Yes <input type="checkbox"/>				
<b>If *, please give details:</b>				

<b>ROOM NUMBER 202</b>				
Room Profile:		Room Capacity:		Room Occupancy:
<b>Family</b>		<b>4</b>		<b>3</b>
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order? yes <input type="checkbox"/>				
<b>If *, please give details:</b>				

<b>ROOM NUMBER 203</b>				
Room Profile:		Room Capacity:		Room Occupancy:
<b>Family</b>		<b>2</b>		<b>2</b>
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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

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

<b>ROOM NUMBER 205</b>				
Room Profile:		Room Capacity:		Room Occupancy:
<b>Family</b>		<b>4</b>		<b>3</b>
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?		Yes <input type="checkbox"/>		No* <input type="checkbox"/>
If *, please give details:				

<b>ROOM NUMBER 206</b>				
Room Profile:		Room Capacity:		Room Occupancy:
<b>Family</b>		<b>2</b>		<b>2</b>
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?		Yes <input type="checkbox"/>		No * <input type="checkbox"/>
If *, please give details:				

<b>ROOM NUMBER 207</b>				
Room Profile:		Room Capacity:		Room Occupancy:
<b>Family</b>		<b>2</b>		<b>2</b>
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?		Yes <input checked="" type="checkbox"/>		No * <input type="checkbox"/>

If \*, please give details:

**ROOM NUMBER 208**

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

**ROOM NUMBER 209**

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

**ROOM NUMBER 210**

Room Profile:		Room Capacity:		Room Occupancy:	
Family		3		2	
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *	
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Is everything in working order?			Yes		
If *, please give details:					

**ROOM NUMBER 211**

Room Profile:		Room Capacity:		Room Occupancy:	
Family		5		4	
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *	
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Is everything in working order?			Yes <input type="checkbox"/>	No * <input type="checkbox"/>	

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

<b>ROOM NUMBER 214</b>				
Room Profile:		Room Capacity:		Room Occupancy:
<b>Family</b>		<b>4</b>		<b>4</b>
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
<b>If *, please give details:</b>				

<b>ROOM NUMBER 215</b>				
Room Profile:		Room Capacity:		Room Occupancy:
<b>Family</b>		<b>2</b>		<b>2</b>
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes	
<b>If *, please give details:</b>				

<b>ROOM NUMBER 216</b>				
Room Profile:		Room Capacity:		Room Occupancy:
<b>Single</b>		<b>2</b>		<b>2</b>
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes	

If \*, please give details:

**ROOM NUMBER 217**

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

**ROOM NUMBER 218**

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

**ROOM NUMBER 219**

Room Profile:		Room Capacity:		Room Occupancy:	
Family		4		1	
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Is everything in working order?			Yes <input type="checkbox"/>	No* <input type="checkbox"/>	
If *, please give details:					

**ROOM NUMBER 220**

Room Profile:		Room Capacity:		Room Occupancy:	
Family		3		2	
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Is everything in working order?			Yes		

If \*, please give details: Room very untidy. Rice cooker in room. Damp in bathroom.

**ROOM NUMBER 221**

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

**ROOM NUMBER 222**

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

**ROOM NUMBER 223**

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

**ROOM NUMBER 224**

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

If \*, please give details:

**ROOM NUMBER 225**

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

**ROOM NUMBER 226**

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

**ROOM NUMBER 227**

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

**ROOM NUMBER 228**

Room Profile:		Room Capacity:		Room Occupancy:	
Family		4		5	
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *	
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Is everything in working order?			Yes		

**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:

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

<b>Name of Centre:</b>	Clonakilty Lodge
<b>Address:</b>	Clonakilty Cork
<b>Proprietor :</b>	D&A Limited
<b>Manager:</b>	Michael Plichta
<b>Contact Name:</b>	Michael Plichta
<b>Capacity Per MOA (Current Occupancy):</b>	110 (92 )
<b>Date of Inspection:</b>	29/3/2021

### **Fire Safety:**

No issues

### **Food Safety:**

Chicken legs repackaged without being labelled (stored in shop freezer)

### **Bedrooms:**

No issues

Internet box outside room 221 needs to be securely wall mounted.

### **Other:**

There is currently program of painting and decorating throughout the centre.

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*Clonakilty Lodge Accommodation Centre*

Dunmor Road  
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Clonakiltylodge1@gmail.com

08-06-2021

Dear David,

This is a summary of what has been done since inspection on 29<sup>th</sup> March 2021.

**Food Safety:**

Chicken legs repackaged without being labelled (stored in shop freezer)

Shop staff stuck prices on chicken legs

**Bedrooms:**

No issues

Internet box outside room 221 needs to be securely wall mounted.

A new internet line is being run. Upon completion, all routers and power sockets will be wall-mounted

**Other:**

There is currently a program of painting and decorating throughout the centre.

We paint every room from which the residents have moved out

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Hope this section will be of satisfaction to you.

Your sincerely

Michael Plichta  
Clonakilty Lodge Manager

