

IPPS/IPAS

Independent Inspection Report

Centre:	Ashbourne house
Inspector:	Shane Mac Loughlin
Date of Inspection:	22/2/2021
Time of Arrival & Departure:	11:00 to 15:00

Part 1

General Information on Services

Independent Inspection Report

Centre: **Ashbourne House, Cork**

Date of Inspection: **22/2/2021**

1. CENTRE DETAILS

Name and address of Centre	Ashbourne House, Glounthaune, Co Cork
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Contractor	Alan Hyde and Tadhg Murphy
Manager	Martina Collins
Who deputises for manager in his/her absence?	Give Job Title only Assistant Manager/Receptionist

Telephone Number	021 4353837
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Current Contracted Capacity	95
Current Occupancy (today)	90
Current Centre Profile (e.g., singles, families etc.)	Families/single females

HSE Area	Southern Health Board
Public Health Nurse	Catherine Lynch
DSP / CWO name	Roseann Donovan
Environmental Health Officer name	Karen Prendergast
Local Fire Officer Name	F Murray
Local Fire Station	Cork or Middleton

Is the Centre certified by any Quality Management System (i.e. Q Mark, ISO)?:	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
If yes, please give details:	EIQA
What was the date of the last certification?	
Have you a copy of the Certification	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

2. Please provide a copy of the following

	Check List
Official Register As per instruction from RIA at Kinsale Road, Register was viewed only	<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	
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 RIA 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?	Job title only (not name) of person responsible: Manager
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?	Oil and Storage Heater
Do residents have control of the heating in their own bedroom?	Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/>
If no, what arrangements are in place?	30% no timer and 70% timer
What are the heating 'ON' times?	0600 to 1000 and 1800 to 1100

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?	On arrival and in following days

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	Night porter
Are there procedures to allow residents to receive visitors? (Give details)	In common areas and they sign in and out
Outline visiting times :	1000 to 2100
In what areas are visitors allowed in the centre?	Common areas

Any other relevant information:	No
Is there a facility for storage of residents' valuables*? (Give details.) (* Storage is at resident's own risk)	No
What toiletries are provided to residents on arrival?	Toothpaste, washing powder, soap, bathroom cleaner, toilet paper
What arrangements are in place to replenish these items?	Saturday and on request

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: Room check on a weekly basis by management	

8 CHILD PROTECTION

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

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:	19/2/2021

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

Are residents consulted regarding menu / dietary requests? (Give details.)	Yes
Provide details opposite: Which of the following are provided for school children's packed lunches: <ul style="list-style-type: none"> • Sandwich? What sandwich fillings are available: Cheese? Ham? Chicken? Tuna? Jam? Other? • Drinks? Juice? Water? • Yogurt? • Fruit? • Other 	Cheese, ham, tuna, jam, yoghurt, fruit and juice Please also provide details of the system for distribution of school lunches: Parents make lunches
Is infant formula kept out of public view?	Yes, in store room
What arrangements are in place for distribution of infant formula?	Weekly and on request

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?	Biscuits, , fruit and bread and butter
Where are the snacks located and how are they accessed?	Kitchen on request
Are meals available for residents who arrive late? (Give details.)	Yes <input type="checkbox"/> No <input type="checkbox"/> Containers provided for all residents
Are meals available for new arrivals? (Give details)	Yes
Are packed lunches available for residents travelling to Dublin on official business? (Give details)	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
If the inspection takes place during Ramadan this section must be completed. What arrangements are in place to facilitate residents observing a fast during Ramadan?	N/A

12 FACILITIES FOR FEEDING BABIES

Are the following available?	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 checked="" type="checkbox"/>	No <input type="checkbox"/>
	Kitchenette area for residents	

13 INDOOR FACILITIES

<i>Are the following available to residents?</i>	Yes/No	
Computers with Internet access	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
WIFI	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
DVD player	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Computer Games	Yes <input checked="" type="checkbox"/>	No <input 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	2 sewing machines	
Give details of any other arrangement or other comments:	Gym, crèche, homework club, sewing classes	

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?	Cork
What is the frequency of the service? (List time table opposite)	Twice per week Fri and Sat Transport organised on request

15 TV SYSTEM

Is there a specific TV system in place? (give details)	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Sky
An average, how many TV channels are provided to residents?	6 for those without sky
Are residents allowed to erect satellite dishes?	Yes, on request.

16 LAUNDRY FACILITIES (General Arrangements)

Are Laundry facilities available in the centre? (Y/N)	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
If No, what service is provided?	
Who launders towels and bedlinen? (e.g., residents, staff, other, etc)	Residents or staff on request
What procedures are in place for the exchange of towels and bed linen at the centre?	Replaced when required, log kept
What procedures are in place for ironing boards and irons?	Reception
How is washing powder / tablets supplied?	Weekly on Saturday
Are there specific arrangements for access to the laundry (give details):	0700 to 2200

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?	Vacuum, bucket, brushes, mop and detergents
What is the procedure for residents to access vacuum cleaners, brushes & other cleaning equipment?	On request in reception
What arrangements are in place if rooms are not cleaned sufficiently by residents?	Staff clean rooms

PART 2

Room by Room Inspection

Independent Inspection

Centre: Ashbourne House

Date of Inspection: 22/2/2021

Section A- Administration / Communal areas

17 Have you seen the following?

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

HSE Breastfeeding Posters (if applicable)	<input checked="" type="checkbox"/>	Canteen
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"/>	On door to gym
IOM Voluntary Return Posters	<input checked="" type="checkbox"/>	Canteen

18 Staff Awareness

Did you see the IPPS/IPAS Code of Practice*?	<input checked="" type="checkbox"/>
Are all staff aware of IPPS/IPAS Code & House Rules?	<input checked="" type="checkbox"/>
How are staff made aware of IPPS/IPAS Code & House Rules? Staff given code of practice and sign for it.	

**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>
15/2/21	Assistant Manager	
21/2/21	Assistant Manager	

19b FIRE ALARM & DETECTION SYSTEM INSPECTION SCHEDULE

Date	Inspected By (Company Name / Position)	OK	Defect	Remedial Action Taken (Y/N)	Sign Off Y/N
15/2/21	Assistant Manager	<input checked="" type="checkbox"/>	None		Y
21/2/21	Assistant Manager	<input checked="" type="checkbox"/>	None		Y
28/9/20	Absolute Fire	<input checked="" type="checkbox"/>	none		Y

19c FIRE FIGHTING EQUIPMENT INSPECTION SCHEDULE

(Include all fire extinguishers, hose reels and fire blankets.)

Date	Inspected By (Company Name / Position)	OK	Defect	Remedial Action Taken (Y/N)	Sign Off Y/N

15/2/21	Assistant Manager	<input checked="" type="checkbox"/>			Y
21/2/21	Assistant Manager	<input checked="" type="checkbox"/>			Y
2/3/2020	APEX Fire	<input checked="" type="checkbox"/>			Y

19d FIRE EXIT DOORS / MEANS OF ESCAPE INSPECTION SCHEDULE

Date	Inspected By (Company Name / Position)	OK	Defect	Remedial Action Taken (Y/N)	Sign Off Y/N
15/2/21	Assistant Manager	<input checked="" type="checkbox"/>		No	Y
21/2/21	Assistant Manager	<input checked="" type="checkbox"/>		No	Y

19e FIRE DRILL PROCEDURE INSPECTION SCHEDULE

Dat/e & Time	Numbers of staff involved in drill	No. of residents present / evacuated **	Evacuation Time	Comments
12/1/21 2pm	5	89/69	6 min	No issues
16/10/20 8am	5	84/70	5 mins	

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

19f STAFF INSTRUCTION AND TRAINING (Fire Safety)

Job Description	Course	Instructor	Duration	Date
All staff	Fire safety	Able Fire	1 day	30/6/20

19g FIRE ASSEMBLY POINTS

Where are the Fire Assembly Points located?	Car Park
Are they marked?	yes
Are staff aware of locations?	yes
Comments:	

19h FIRE ALARM SYSTEM

Is there a fire alarm system in place?	Yes – new system being installed
Are there smoke alarms throughout the premises, inc bedrooms?	Yes
Are all smoke alarms linked back to a central control panel?	Yes

Are there designated 'Smoking' areas? <i>Include locations</i>	Yes Exterior of building
Comments:	

19i FIRE EXITS, EMERGENCY LIGHTING, SMOKE ALARMS, FIRE NOTICES
(in corridors & common areas)

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

Administration Area:

Reception:

Is the area generally clean? <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? <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"/>	Managers office

HSE Breastfeeding Posters (if applicable)	<input checked="" type="checkbox"/>	
Designated Liaison Person details (Child Protection)	<input checked="" type="checkbox"/>	
Supervision of children notice	<input checked="" type="checkbox"/>	
Gym Notices (Child Safety – if applicable)	<input checked="" type="checkbox"/>	

IOM Voluntary Return Posters	<input checked="" type="checkbox"/>	
Anti Human-Trafficking Posters	<input type="checkbox"/>	Not displayed
'NO to Violence & Harassment' Posters	<input checked="" type="checkbox"/>	

Social Room / Tea Station (State Location): Dining area

What facilities are provided? Tea station	
Is the area generally clean? <input type="checkbox"/>	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? <input checked="" type="checkbox"/>	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:	
<i>Visual Check:</i> Have you noticed any issues requiring attention? <input checked="" type="checkbox"/>	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
Breakfast	0700	1000
Lunch	1300	1330
Dinner	1745	1815

Which is the main meal of the day:	Lunch <input type="checkbox"/>	Dinner <input checked="" type="checkbox"/>
Is menu cycle available?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

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

Breakfast	
Lunch	
Dinner	

Is menu cycle on display?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Does menu cycle correspond with options available?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

If no, ask manager for explanation and provide details:

Which meal was sampled?	Breakfast <input type="checkbox"/>	Lunch <input checked="" type="checkbox"/>	Dinner <input type="checkbox"/>
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Please describe the meal in detail (e.g. was it hot / cold, bland / spicy etc.)

Had a full lunch consisting of Chicken and Mushroom pie with side salad. Also tasted the roast chicken goujons with chili mayonnaise which was also on the lunch menu. Food tasted really nice, goujons were nice and crispy and free from grease while chicken and mushroom pie was beautifully seasoned. All food served was at nice hot temperature and very tasty.

Was there a vegetarian option? (note salad and vegetables <u>alone</u> are not considered as vegetarian option)	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
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Give details of this option: **Mushroom pie**

Were there ethnic dishes available?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
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Give details of this option: **Selection of spices and condiments**

Was fresh foods available for Infants? (as per HSE Infant Feeding Guidelines)	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
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In your opinion, does the food on offer appear to provide a good variety?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
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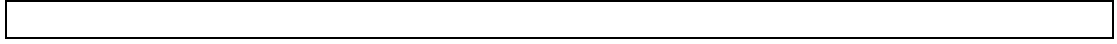
Did inspection take place during Ramadan?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
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If yes, please outline arrangements for provision of meals outside of normal mealtimes, (medical or other appointments, etc.):

Is there any damaged seating or tables in dining room?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
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Is there enough seating for residents present to sit down and eat their lunch?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
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Comments:



KITCHEN AREA: Food Safety Critical Requirements

FOOD SAFETY

Has the premises been inspected by an Environmental Health Officer?	Yes
Date of Visit?	19/2/2021
Comments: no issues of concern found	

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

HACCP Records:

Pest Control: File in place, no activity – most recent visits 29/1/2021 & 21/12/2020
Induction and Ongoing Staff Training: Yes – both level I & II HACCP certificates for kitchen staff on file
Time & Temperature Records: Up to date. Records in place for today
Hygiene Audits: up to date
List of Approved Suppliers: At food intake area
Cleaning Schedules: in place an up to date
Procedures for accepting deliveries: At food intake area
General Comments: Clean food preparation and cooking areas.

HACCP and Kitchen Evaluation

General:

Is the kitchen commercial or domestic?	Commercial
What equipment is in place? Stoves, fridges, freezers,	
In what condition is the equipment? Good condition	
Comments: Kitchen is spotless , very clean	

STRUCTURAL HYGIENE

Kitchen:

Is the refuse area suitably located?	yes
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, provided for inspection
Comment of the structural hygiene of the kitchen (i.e floors/walls/ceilings/doors/windows/work surfaces/ventilation, etc) All in good condition	
Are suitable hand washing and drying facilities provided?	Yes
General Comments:	

Dry Goods:

Suitably equipped? <i>Shelving/containers etc</i>	Yes
Condition and suitability of facilities: clean condition	
What evidence is there of stock rotation?	No out of date stock viewed

Refrigerated Storage:

What type of refrigerated storage is provided?	Meat and non meat fridges
Comment on the condition and suitability of the refrigerated storage: good segregation	
Are thermostats provided and in working order?	Yes
Are food items date stamped?	Yes
Are samples of dishes being kept?	Yes

Other:

Is there appropriate storage for cleaning agents and chemicals?	Yes
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OPERATIONAL HYGIENE

Do residents use the main kitchen?	No – however there is a separate resident’s kitchen with 3 cooking hob stations and 2 ovens. This was in use at time of inspection by residents and was in excellent condition and maintained very well.
Is that use supervised to ensure safe & hygienic practices are observed?	N/A
By whom is it supervised?	N/A

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 ok

What procedures are in place for unused/unserved food at the end of service?
Reused if possible.

Comments:

STAFF FACILITIES AND HYGIENE

Are designated staff facilities provided?	Yes
What facilities are in place?	Changing area, separate toilets, hand washing facilities

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 & suitability</i>	no

Is a designated area provided for staff breaks? <i>If yes, is it clean/suitable/well maintained. If no, outline arrangements for breaks</i>	no
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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: Clean facilities and staff	

23 PUBLIC TOILET (State Location): Ground floor

	Number	Soap	Toilet Paper	Hand Towels / Dryers	Hot Water	Sanitary Bins
Unisex:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ladies:	1	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Gents:	1	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Is there a cleaning schedule displayed?					Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Record the last time entry 28/9/18						
Is the area clean? (provide comment) Yes						
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: no issues						

24 COMMUNAL ROOM (State Location): Opposite reception

Storage area:		
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"/>
General Seating Area		
Is the seating in good condition?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
What is the area generally used for? Seating	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Computer room: N/A		
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 checked="" type="checkbox"/>
If yes please detail:		
Any other comments? If yes please detail:		

OUTDOOR GROUNDS / FACILITIES

Please rate the following:

	Very Good	Adequate	Poor*	Needs urgent attention*
Condition of exterior of centre	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Paintwork of the centre	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maintenance standard of the grounds (e.g. grass cut, walkways clear etc.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cleanliness of the grounds (ie., evidence of rubbish etc.)	<input checked="" type="checkbox"/>	<input 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 Gated area to crèche				

LAUNDRY ROOM

	Washing Machines	Dryers
Number	12	12
Do they appear to be in working order?		
Comments: one dryer is out of use		

CORRIDOR (State Location): All Corridors

Is the area generally clean?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
If no please give details:		
<i>Visual Check:</i> Have you noticed any issues requiring attention?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
If yes please detail: +		

STAIRWAY (State Location): All stairways

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"/>
<i>(e.g., fire exit signs, hazards, lighting, notices, décor, etc.)</i>		
If yes please detail:		

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 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?	Toilet and general cleaning fluids, buckets, mops and brushes	
What arrangements are in place if rooms are not cleaned sufficiently by residents?	Staff will clean	

ROOM NUMBER 1				
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 checked="" type="checkbox"/>	<input 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 2				
Room Profile:		Room Capacity:		Room Occupancy:
Family		3		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 checked="" type="checkbox"/>	<input 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 3				
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 checked="" type="checkbox"/>	<input 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 4				
Room Profile:		Room Capacity:		Room Occupancy:
Family		3		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 5				
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 checked="" type="checkbox"/>	<input 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 6				
Room Profile: Family		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 checked="" type="checkbox"/>	<input 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 7				
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 checked="" type="checkbox"/>	<input 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 8				
Room Profile:		Room Capacity:		Room Occupancy:
Family		5		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 checked="" type="checkbox"/>	<input 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 9				
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 checked="" type="checkbox"/>	<input 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 10				
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 11				
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 checked="" type="checkbox"/>	<input 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 12				
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 checked="" type="checkbox"/>	<input 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 13				
Room Profile:		Room Capacity:		Room Occupancy:
Single		1		1
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order? Yes <input checked="" type="checkbox"/> No* <input type="checkbox"/>				
If *, please give details:				

ROOM NUMBER 14				
Room Profile:		Room Capacity:		Room Occupancy:
Family		1		1

TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input checked="" type="checkbox"/>	<input 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 15				
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 16				
Room Profile:		Room Capacity:	Room Occupancy:	
Single		2	2	
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input checked="" type="checkbox"/>	<input 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 17				
Room Profile:		Room Capacity:	Room Occupancy:	
Family		3	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 18				
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 19				
Room Profile:		Room Capacity:		Room Occupancy:
Family		3		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 checked="" type="checkbox"/>	<input 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 22				
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				
If *, please give details:				

ROOM NUMBER 24				
Room Profile:		Room Capacity:		Room Occupancy:
Family		3		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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes	
If *, please give details				

ROOM NUMBER 25				
Room Profile:		Room Capacity:		Room Occupancy:
vacant		3		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 checked="" type="checkbox"/>	<input 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 26				
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 checked="" type="checkbox"/>	<input 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: ensuite ceiling needs painting				

ROOM NUMBER 27				
Room Profile:		Room Capacity:		Room Occupancy:

Family		6		6	
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 31					
Room Profile:		Room Capacity:		Room Occupancy:	
single		1		1	
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *	
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Is everything in working order yes					
If *, please give details:					

ROOM NUMBER 32					
Room Profile:		Room Capacity:		Room Occupancy:	
single		1		1	
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *	
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Is everything in working order yes					
If *, please give details:					

ROOM NUMBER 35b					
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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Is everything in working order? Yes					

If *, please give details:

ROOM NUMBER 35c

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 checked="" type="checkbox"/>	<input 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 35d

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 checked="" type="checkbox"/>	<input 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 36a+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 checked="" type="checkbox"/>	<input 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 37

Room Profile:		Room Capacity:		Room Occupancy:	
Family		5		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 checked="" type="checkbox"/>	<input 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 Gate Lodge				
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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order? No				
If *, please give details: Door handle to bathroom broken Large volumes of tinned and dry foods in storage causing clutter.				

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:

N

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

N/A

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

N/A

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

Personal representations should be recorded in Part 3.

Part 3
Sensitive Information

Independent Inspection

Centre: *Ashbourne House*
Accommodation Centre

Date of Inspection: 22/02/2021

Child Protection

THIS IS NOT A CHILD PROTECTION REFERRAL FORM

***If you observed any child protection issues while conducting the inspection, please indicate which category the incident relates to:**

Case Type	Check as appropriate
Unsupervised child	<input type="checkbox"/>
Disruptive behaviour	<input type="checkbox"/>
Inappropriate Sexual behaviour	<input type="checkbox"/>
Domestic Violence	<input type="checkbox"/>
Emotional Abuse	<input type="checkbox"/>
Physical abuse / assault	<input type="checkbox"/>
Neglect	<input type="checkbox"/>
Other (give general details below)	<input type="checkbox"/>

Details:

*** Please note that this is solely the initial perception of the inspector.**

If an inspector witnesses a child protection or welfare incident, he / she must:

- (a) Report the matter to the Designated Liaison Person in the centre, and;
- (b) Report the matter to the Child and Family Services Unit on return to the RIA Office.

Personal Representations

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

N/A

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

N/A

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

N//A

Summary Sheet

Name of Centre:	Ashbourne House
Address:	Glounthaune, Co Cork
Proprietor :	Alan Hyde and Tadhg Murphy
Manager:	Martina Collins
Contact Name:	Martina Collins
Capacity Per MOA (Current Occupancy):	95 (90)
Date of Inspection:	22/2/21

Fire Safety:

No issues – new fire proofing and alarm panel installations underway, current systems are still being maintained.

Food Safety:

No Issues

Bedrooms:

Room 26 ensuite ceiling needs painting.

The Lodge – door handle broken and large volumes of tinned and dry foods stored causing clutter

Other comments:

Extensive fire proofing and re-wiring in preparation for installation of new residents kitchens is underway however as a result of covid-19 restrictions progress has been delayed at no fault of the management.

The following bathroom and bedrooms that have been renovated in the last year
Room 1 ,5, 6, 7, 9 , 10, 14, 17, 18, 19, 22 ,23, 24, 25, 26 27, 30, 35a, 37, lodge
