

RIA

Independent Inspection Report

| | |
|---|---|
| Centre: | Accommodation Centre Hazel Hotel, Monasterevin |
| Inspector: | Emma Downey |
| Date of Inspection: | 21/12/20 |
| Time of Arrival & Departure: | 1400 to 1600 |

Part 1
General Information on Services

Independent Inspection Report

Centre: **Accommodation Centre**
Hazel Hotel, Monasterevin
Date of Inspection: **21/12/20**

1. CENTRE DETAILS

| | |
|----------------------------|----------------------------------|
| Name and address of Centre | Hazel Hotel, Monasterevin |
|----------------------------|----------------------------------|

| | |
|---|--|
| Contractor | Sean Lyons/Grahan Carry |
| Manager | Renata Mikulasova |
| Who deputises for manager in his/her absence? | Give Job Title only Assistant Manager Joe Conroy |

| | |
|------------------|------------------|
| Telephone Number | 045579601 |
|------------------|------------------|

| | |
|---|-----------------|
| Current Contracted Capacity | 143 |
| Current Occupancy (today) | 76 |
| Current Centre Profile (e.g., singles, families etc.) | Families |

| | |
|-----------------------------------|-----------------------------------|
| HSE Area | Newbridge |
| Public Health Nurse | Monasterevin health centre |
| DSP / CWO name | Terry Conroy |
| Environmental Health Officer name | Natasha Ramsey |
| Local Fire Officer Name | Celina Barret |
| Local Fire Station | Monasterevin |

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

2. Please provide a copy of the following

| | Check List |
|--|---|
| Official Register | <input checked="" type="checkbox"/> |
| Menu Cycle | <input checked="" type="checkbox"/> n/a |
| Staffing Lists as follows: | |
| 1. Full list of staff employed at the centre (indicating Names, Titles, Roles, etc.,) (At end of report) | <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 | Desk staff |
| 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"/> Yes Yes If no, give details: Yes Yes Yes Yes |
| Are first aid kits available? (Y/N) | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| Where and how many? | 2 in reception |
| Who is responsible for first aid restocking? | <i>Job title only (not name) of person responsible:</i> Porter |
| 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? | Gas |
| Do residents have control of the heating in their own bedroom? | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Through radiator |
| If no, what arrangements are in place? | |
| What are the heating 'ON' times? | On every 3 hours |

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? | Through and meetings and on one to one through porter |

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 | Reception always manned |
| Are there procedures to allow residents to receive visitors? (Give details) | Visitors until 2200, in dining area, visitors must sign in and out, children must leave by 2000 restricted due to covid |

| | |
|--|---|
| Outline visiting times : | As above |
| In what areas are visitors allowed in the centre? | Dining area |
| Any other relevant information: | |
| 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? | Pack provided on arrival, toothpaste, soap, shower gel, toilet rolls, cleaning equipment |
| What arrangements are in place to replenish these items? | 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: Log in place, viewed on day of visit. Items checked off when completed Last entry 10/06/20. Maintenance on site daily | |

8 CHILD PROTECTION

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

9 FOOD SAFETY

| | |
|---|---|
| Has a HACCP system been implemented? (Yes/No) | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| Have the premises been inspected by an Environmental Health Officer? (Yes/No) | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| Date of last visit: | 18/1/19 |

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

| | |
|---|---|
| Are residents consulted regarding menu / dietary requests? (Give details.) | Yes, meetings with residents regarding food in shop |
| 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 | Please also provide details of the system for distribution of school lunches: Lunches given by parents. |
| Is infant formula kept out of public view? | In shop |
| What arrangements are in place for distribution of infant formula? | From shop |

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? | Fridge available |
| Where are the snacks located and how are they accessed? | As above |
| Are meals available for residents who arrive late? (Give details.) | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A If advance notice given |
| Are meals available for new arrivals? (Give details) | If advance notice given |
| Are packed lunches available for residents travelling to Dublin on official business? (Give details) | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> On request |
| 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? | Not during Ramadan |

12 FACILITIES FOR FEEDING BABIES

| Are the following available? | Yes/No |
|--|--|
| Access to drinking water (for breastfeeding mothers / for preparation of infant formula) | Yes <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"/> Everything is available in the dining area |

13 INDOOR FACILITIES

| <i>Are the following available to residents?</i> | Yes/No | |
|--|---|--|
| Computers with Internet access | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| WIFI | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| DVD player | Yes <input 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 checked="" type="checkbox"/> | No <input 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 and slides | 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: | Garden with swings and play room | |

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? | Dublin and Cork. Friday bus to Mosque in Portlaoise |
| What is the frequency of the service? (List time table opposite) | Hourly |

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? | 100 + |
| Are residents allowed to erect satellite dishes? | no |

16 LAUNDRY FACILITIES (General Arrangements)

| | |
|--|---|
| Are Laundry facilities available in the centre? (Y/N) | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| If No, what service is provided? | |
| Who launders towels and bedlinen? (e.g., residents, staff, other, etc) | Residents wash own bed linen |
| What procedures are in place for the exchange of towels and bed linen at the centre? | Ask at reception |
| What procedures are in place for ironing boards and irons? | Available at reception |
| How is washing powder / tablets supplied? | Weekly at reception and on request |

| | |
|---|------------|
| Are there specific arrangements for access to the laundry (give details): | Any |
|---|------------|

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? | Bath spray, toilet cleaner, window cleaner |
| What is the procedure for residents to access vacuum cleaners, brushes & other cleaning equipment? | At reception on request |
| What arrangements are in place if rooms are not cleaned sufficiently by residents? | Staff will clean on request |

PART 2

Room by Room Inspection

Independent Inspection

Centre: *Hazel Hotel,*
Monasterevin

Date of Inspection: *21/12/20*

Section A- Administration / Communal areas

17 Have you seen the following?

| | | Location of display |
|------------------------------|-------------------------------------|---------------------|
| Up to date House Rules | <input checked="" type="checkbox"/> | None specific |
| Complaint Forms | <input checked="" type="checkbox"/> | |
| Accident/ Incident procedure | <input checked="" type="checkbox"/> | In safety statement |

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

18 Staff Awareness

| | |
|---|-------------------------------------|
| Did you see the RIA Code of Practice*? | <input checked="" type="checkbox"/> |
| Are all staff aware of RIA Code & House Rules? | <input checked="" type="checkbox"/> |
| How are staff made aware of RIA Code & House Rules? | |
| In house training | |

**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> |
|---------------|---|-----------------|
| 14/12/20 | Manager | No issues |
| 18/12/20 | Manager | No issues |
| <u>2/9/20</u> | <u>coleman</u> | No Issues |

19b FIRE ALARM & DETECTION SYSTEM INSPECTION SCHEDULE

| Date | Inspected By (Company Name / Position) | OK | Defect | Remedial Action Taken (Y/N) | Sign Off Y/N |
|----------------|---|-------------------------------------|--------|---------------------------------|-----------------|
| 14/12/20 | Manager | <input checked="" type="checkbox"/> | none | n/a | y |
| 18/12/20 | Manager | <input checked="" type="checkbox"/> | none | n/a | y |
| 14/2/20 | Sharp Group | <input checked="" type="checkbox"/> | none | n/a | y |
| <u>29/8/20</u> | <u>Sharp Group</u> | <input checked="" type="checkbox"/> | none | n/a | y |

19c FIRE FIGHTING EQUIPMENT INSPECTION SCHEDULE

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

| Date | Inspected By (Company Name / Position) | OK | Defect | Remedial Action Taken (Y/N) | Sign Off Y/N |
|------|---|--------------------------|--------|---------------------------------|-----------------|
| | Records not available but fire extinguishers marked 7/20 | <input type="checkbox"/> | | n/a | |

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 |
|----------|---|-------------------------------------|-------------|------------------------------------|-----------------|
| 19/12/20 | (night /Day porter) | <input checked="" type="checkbox"/> | none | n/a | y |
| 21/12/20 | (night /Day porter) | <input checked="" type="checkbox"/> | none | n/a | y |

19e FIRE DRILL PROCEDURE INSPECTION SCHEDULE

| Date & Time | Numbers of staff involved in drill | No. of residents present / evacuated ** | Evacuation Time | Comments |
|-----------------|---------------------------------------|---|--------------------|---|
| 17/12/19 | 7 staff | 50 present 50 evacuated | 4 min | |
| 9/7/20 | 7 staff | 50 present 47 evacuated | Min | 1 room refused, warning issues |

****Both numbers must be recorded.****19f STAFF INSTRUCTION AND TRAINING (Fire Safety)**

| Job Description | Course | Instructor | Duration | Date |
|------------------|-----------------------------|-------------------|--------------|-----------------|
| All Staff | Fire safety training | Alert Fire | 1 day | 22/03/16 |
| | | | | |
| | | | | |

19g FIRE ASSEMBLY POINTS

| | |
|---|-----------------------------|
| Where are the Fire Assembly Points located? | At front of building |
| Are they marked? | Yes |
| Are staff aware of locations? | Yes |
| Comments: | |

19h FIRE ALARM SYSTEM

| | |
|---|----------------------------------|
| Is there a fire alarm system in place? | Yes |
| Are there smoke alarms throughout the premises, inc bedrooms? | yes |
| Are all smoke alarms linked back to a central control panel? | Yes |
| Are there designated 'Smoking' areas? <i>Include locations</i> | Yes at front of building. |
| Comments: No faults on fire panel | |

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

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

Administration Area:

Reception:

| | | |
|---|---|--|
| Is the area generally clean? | Yes <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: | | |

Have you seen the following?

| | | Location of display |
|------------------------------|-------------------------------------|---------------------|
| Up to date House Rules | <input type="checkbox"/> | N/A |
| Complaint Forms | <input checked="" type="checkbox"/> | At reception |
| Accident/ Incident procedure | <input checked="" type="checkbox"/> | In safety statement |

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

| | | |
|---------------------------------------|-------------------------------------|--------------|
| IOM Voluntary Return Posters | <input type="checkbox"/> | N/A |
| Anti Human-Trafficking Posters | <input type="checkbox"/> | N/A |
| ‘NO to Violence & Harassment’ Posters | <input checked="" type="checkbox"/> | At Reception |

Social Room / Tea Station (State Location):

| | | |
|--|---|--|
| What facilities are provided? Tea and coffee station available in dining area | | |
| Is the area generally clean? | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| If no please give details: | | |
| <i>Visual Check:</i> Have you noticed any issues requiring attention? | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| If yes please detail: | | |

Pre-school Room: Two school rooms and play 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? | 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 | N/A | |
| Lunch | | |
| Dinner | | |

| | | | |
|------------------------------------|--------------------------------|---------------------------------|------------|
| Which is the main meal of the day: | Lunch <input type="checkbox"/> | Dinner <input type="checkbox"/> | N/A |
| Is menu cycle available? | Yes <input 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 type="checkbox"/> | No <input type="checkbox"/> |
| Does menu cycle correspond with options available? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| If no, ask manager for explanation and provide details: N/A | | |
| Which meal was sampled? | Breakfast <input type="checkbox"/> | Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> |
| Please describe the meal in detail (e.g. was it hot / cold, bland / spicy etc.), N/A | | |
| Was there a vegetarian option? (note salad and vegetables <u>alone</u> are not considered as vegetarian option) | Yes <input type="checkbox"/> | No <input type="checkbox"/> N/A |
| Give details of this option: | | |
| Were there ethnic dishes available? | Yes <input type="checkbox"/> | No <input type="checkbox"/> N/A |
| Give details of this option: | | |
| Was fresh foods available for Infants? (as per HSE Infant Feeding Guidelines) | Yes <input type="checkbox"/> | No <input type="checkbox"/> N/A |
| In your opinion, does the food on offer appear to provide a good variety? | Yes <input type="checkbox"/> | No <input type="checkbox"/> N/A |
| 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"/> |
| Comments: | | |

KITCHEN AREA: Food Safety Critical Requirements

FOOD SAFETY

| | |
|---|----|
| Has the premises been inspected by an Environmental Health Officer? | No |
| Date of Visit? | |
| Comments: | |

| | |
|--|--------------|
| Has a HACCP system been implemented? | Yes |
| Who designed the HACCP system? | Graham Carry |
| Who is responsible for reviewing the system? | Graham Carry |
| How frequently is the system reviewed? | Annually |

HACCP Records:

| |
|--|
| Pest Control: yes Records in place and up to date |
| Induction and Ongoing Staff Training: n/a |
| Time & Temperature Records: Daily records all up to date for residents' kitchen |
| Hygiene Audits: In place No |
| List of Approved Suppliers: N/a |
| Cleaning Schedules: schedule in place deep clean every Sunday . All cleaning records up to date |
| Procedures for accepting deliveries: N/A |
| General Comments: |

HACCP and Kitchen Evaluation Residents Kitchen 1 and 2

General:

| | |
|--|--|
| Is the kitchen commercial or domestic? | Commercial |
| What equipment is in place? | 2 residents' kitchens available |
| In what condition is the equipment? | Good condition |
| Comments: | Shop Fridge temp 3c freezer -19c and fridge 4c. Checked dates on food. Ok |

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? | n/a |
| Are white coats, shoe covers and hats available for non kitchen staff? | n/a |
| Comment of the structural hygiene of the kitchen (i.e floors/walls/ceilings/doors/windows/work surfaces/ventilation, etc) | Good hygiene, clean kitchen. |
| Are suitable hand washing and drying facilities provided? | yes |
| General Comments: | |

Dry Goods:

| | |
|---|------------------|
| Suitably equipped? <i>Shelving/containers etc</i> | n/a |
| Condition and suitability of facilities: | No Issues |
| What evidence is there of stock rotation? | n/a |

Refrigerated Storage:

| | |
|--|--|
| What type of refrigerated storage is provided? | Fridges and freezers for resident's food. |
| Comment on the condition and suitability of the refrigerated storage: storage is suitable | |
| Are thermostats provided and in working order? | Yes, |
| Are food items date stamped? | N/A |
| Are samples of dishes being kept? | N/A |

Other:

| | |
|---|------------|
| Is there appropriate storage for cleaning agents and chemicals? | Yes |
|---|------------|

OPERATIONAL HYGIENE

| | |
|--|---|
| Do residents use the main kitchen? | No own kitchen |
| Is that use supervised to ensure safe & hygienic practices are observed? | Cleaning rota in place and temperature checks of fridges |
| By whom is it supervised? | Staff |

| |
|---|
| Is the correct equipment provided? <i>e.g. colour coded chopping boards</i> |
| Yes in resident's kitchen and colour chart in place |

| |
|---|
| Is the necessary holding equipment provided? <i>e.g. bain maries, refrigerated units.</i> |
| n/a |

| |
|--|
| Condition and suitability of serving equipment and utensils: |
| n/a |

| |
|--|
| What procedures are in place for unused/unserved food at the end of service? |
| n/a |

| |
|--|
| Comments: 2 Residents kitchens and both have fridges, freezers and cookers. Lockers in fridge with own locks. One oven door broken in main kitchen. Temperature and cleaning records up to date. |
|--|

| |
|--|
| |
|--|

STAFF FACILITIES AND HYGIENE

| | |
|---|-----|
| Are designated staff facilities provided? | N/a |
| What facilities are in place? | N/A |

| | |
|---|-----|
| Are all areas clean and well maintained? | N/A |
| Are suitable hand washing & drying facilities provided? | N/A |
| Is storage provided for personal belongings? | N/A |
| Are showers provided? <i>Indicate cleanliness & suitability</i> | N/A |

| | |
|---|-----|
| Is a designated area provided for staff breaks? <i>If yes, is it clean/suitable/well maintained. If no, outline arrangements for breaks</i> | N/A |
|---|-----|

| | |
|----------------------------|-----|
| Are uniforms provided for: | |
| Kitchen Staff? | N/A |
| Serving Staff? | N/A |

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

23 PUBLIC TOILET : Reception

| | 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: | 3 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Gents: | 2 and 3 urinals | <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. | | | | | Cleaning rotas | |
| do not record month of inspection. | | | | | | |
| Is the area clean? (provide comment) yes | | | | | | |
| Are all facilities working? | | | | | Yes <input type="checkbox"/> | No * <input checked="" type="checkbox"/> |
| <i>Visual Check:</i> Have you noticed any issues requiring attention? | | | | | Yes* <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| If No, give details: One toilet not working in ladies and 3 urinals out of service in in gents | | | | | | |

24 COMMUNAL ROOM : dining area

| | | |
|--|---|--|
| 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? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Computer room: | | |
| Is the area generally clean? | 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 yes please detail: Computer in dining area | | |
| Any other comments? If yes please detail: 2 x School Rooms and 1 Play Room and 6 study rooms | | |

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 type="checkbox"/> No <input type="checkbox"/> | | | | |
| Comments swing area and play area | | | | |

LAUNDRY ROOM

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

CORRIDOR: to bedrooms

| | | |
|---|---|--|
| 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: Plaster on wall of corridor opposite room 123 flaking | | |

STAIRWAY: no stairs

| | | | |
|--|------------------------------|------------------------------|-----------------------------|
| Is the area generally clean? | No stairways | Yes <input 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 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 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? | Bathroom cleaner, toilet cleaner, window cleaner | |
| What arrangements are in place if rooms are not cleaned sufficiently by residents? | Rooms cleaned on request | |

| | | | | |
|-------------------------------------|-------------------------------------|--------------------------|---|-------------------------------------|
| ROOM NUMBER 101 | | | | |
| Room Profile: | | Room Capacity: | | Room Occupancy:2 |
| 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 102 | | | | |
| 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 103 | | | | |
| 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 104 | | | | |
| 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 105 | | | | |
| 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 106 | | | | |
| 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 107 | | | | |
| 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 108 | | | | |
| Room Profile: | | Room Capacity: | | Room Occupancy: |
| Family | | 2 | | 2 adults |
| 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 109 | | | | |
| 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 110 | | | | |
| 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 111 | | | | |
| Room Profile: | | Room Capacity: | Room Occupancy: | |
| | | 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 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 112 | | | | |
| Room Profile: | | Room Capacity: | Room Occupancy: | |
| | | 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 type="checkbox"/> | No * <input checked="" type="checkbox"/> |
| If *, please give details: Paint in bathroom requires repair | | | | |

| | | | | |
|-------------------------------------|-------------------------------------|--------------------------|---|-------------------------------------|
| ROOM NUMBER 114 candle | | | | |
| Room Profile: | | Room Capacity: | Room Occupancy: | |
| Single | | 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 115 | | |
| Room Profile: | Room Capacity: | Room Occupancy: |
| | | |

| | | | | | |
|-------------------------------------|-------------------------------------|--------------------------|---|-------------------------------------|--|
| | | | 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 116 | | | | | |
| Room Profile: | | | Room Capacity: | Room Occupancy: | |
| | | | 4 | Vacant | |
| 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 117 | | | | | |
| Room Profile: | | | Room Capacity: | Room Occupancy: | |
| Singles | | | 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 118 | | | | | |
| Room Profile: | | | Room Capacity: | Room Occupancy: | |
| | | | 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 119 |
|------------------------|

| | | | | | |
|-------------------------------------|-------------------------------------|--------------------------|---|-------------------------------------|--|
| Room Profile: | | Room Capacity: | | Room Occupancy: | |
| | | 5 | | Vacant | |
| 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 detail: | | | | | |

| | | | | | |
|-------------------------------------|-------------------------------------|--------------------------|---|-------------------------------------|--|
| ROOM NUMBER 120 | | | | | |
| 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 121 | | | | | |
| Room Profile: | | Room Capacity: | | Room Occupancy: | |
| Singles | | 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 122 | | | | | |
| Room Profile | | Room Capacity: | | Room Occupancy | |
| Singles | | 2 | | 2 | |
| TV | Ensuite | Shared Bathroom | Smoke Alarm | Fire Notice | |
| <input 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: Bathroom access tight | | | | | |

| | | | | |
|-------------------------------------|-------------------------------------|--------------------------|---|-------------------------------------|
| ROOM NUMBER 123 | | | | |
| Room Profile: | | Room Capacity: | | Room Occupancy: |
| Singles | | 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 124 | | | | |
| Room Profile: | | Room Capacity: | | Room Occupancy: |
| Singles | | 5 | | 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 125 | | | | |
| 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 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 126 | | | | |
| 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 127 | | | | |
| 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? | | | Yes <input checked="" type="checkbox"/> | No * <input type="checkbox"/> |
| If *, please give details: | | | | |

| | | | | |
|-------------------------------------|-------------------------------------|--------------------------|---|-------------------------------------|
| ROOM NUMBER 128 | | | | |
| Room Profile: | | Room Capacity: | | Room Occupancy: |
| | | 4 | | Vacant |
| 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 129 | | | | |
| Room Profile: Family | | Room Capacity: | | Room Occupancy: |
| Family | | 7 | | 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 type="checkbox"/> | No * <input checked="" type="checkbox"/> |
| If *, please give details mould in bathroom | | | | |

| | | | | |
|------------------------|---------|-------------------|-------------|-----------------|
| ROOM NUMBER 130 | | | | |
| Room Profile: | | Room Capacity: | | Room Occupancy: |
| Family | | 7 | | Vacant |
| 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 131 | | | | |
| Room Profile: | | Room Capacity: | | Room Occupancy: |
| Family | | 8 | | 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 132 | | | | |
| Room Profile: | | Room Capacity: | | Room Occupancy: |
| Family | | 5 | | Vacant |
| 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 133 | | | | |
| Room Profile: | | Room Capacity: | | Room Occupancy: |
| Family | | 8 | | 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 134 | | | |
| Room Profile: | | Room Capacity: | Room Occupancy: |
| Family | | 6 | Vacant |

| | | | | |
|-------------------------------------|-------------------------------------|--------------------------|---|-------------------------------------|
| 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 135 | | | | |
| Room Profile: | | Room Capacity: | | Room Occupancy: |
| Family | | 6 | | Vacant |
| 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 136 | | | | |
| Room Profile: | | Room Capacity: | | Room Occupancy: |
| Singles | | 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? | | | Yes <input checked="" type="checkbox"/> | No * <input type="checkbox"/> |
| If *, please give details: | | | | |

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

| |
|--|
| |
|--|

General Representations

| |
|--|
| If you were approached by any <u>residents</u> regarding general issues while in the centre please outline the details below: |
| |

| |
|---|
| If you were approached by any <u>members of staff</u> regarding general issues while in the centre please outline the details below: |
| |

| |
|--|
| If you were approached by any <u>other persons</u> regarding general issues while in the centre please outline the details below: |
| |

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

Personal representations should be recorded in Part 3.

| |
|----------------------|
| Summary Sheet |
|----------------------|

| | |
|--|-------------------|
| Name of Centre: | Hazel Hotel |
| Address: | Monasterevin |
| Proprietor : | Sean Lyons |
| Manager: | Renata Mikulasova |
| Contact Name: | Renata Mikulasova |
| Capacity Per MOA (Current Occupancy): | 143 (76) |
| Date of Inspection: | 21/12/2020 |

Fire Safety:

No issues

Food Safety:

No issues

Bedrooms:

Room 112 Paint in bathroom requires repair

Room 129 mould in bathroom

Other issues:

Plaster on wall of corridor opposite room 123 flaking

One oven door broken in main kitchen.

One toilet not working in ladies and 3 urinals out of service in in gents

OSCAR DAWN LIMITED

HAZEL HOTEL

MONASTEREVIN

CO KILDARE

TEL; 045 579601

office@oscar-dawn.ie

David Lardner
Internal Inspection Unit
International Protection Procurement Services
The Department of Children, Equality, Disability, Integration and Youth
PO box 11487

12th January 2021

Re: Inspection at the Hazel Hotel on the 21st of December 2020

Dear David

I refer to your email dated the 29th January 2021, and reply is as follows:

Fire Safety

- No issues noted, thank you

Food Safety

- No issues noted, thank you

Bedroom Issues

- Room 112: Bathroom ceiling repainted
- Room 129: Bathroom ceiling repainted

Other issues

- Wall outside 123 replastered and repainted

- Oven door replaced with new
- Toilet in ladies and urinals scheduled for repair when restrictions have eased and contractors are available
- House rule are on display at reception and all residents informed of house rules on arrival as part of their induction

I hope the above is to your satisfaction, please contact me if you have any queries

Yours sincerely

Graham Carry

Graham Carry