

# **IPPS/IPAS**

## **Independent Inspection Report**

<b>Centre:</b>	<b>Ashbourne house</b>
<b>Inspector:</b>	<b>Conor Mulvihill</b>
<b>Date of Inspection:</b>	<b>02/09/2021</b>
<b>Time of Arrival &amp; Departure:</b>	<b>12:00 to 16:30</b>

*Part 1*  
*General Information on Services*

Independent Inspection Report

*Centre:* **Ashbourne House, Cork**

*Date of Inspection:* **02/09/2021**

**1. CENTRE DETAILS**

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

Telephone Number	<b>021 4353837</b>
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Current Contracted Capacity	<b>95</b>
Current Occupancy (today)	<b>83</b>
Current Centre Profile (e.g., singles, families etc.)	<b>Families/single females</b>

HSE Area	<b>Southern Health Board</b>
Public Health Nurse	<b>Hilary Lane</b>
DSP / CWO name	<b>Roseann Donovan</b>
Environmental Health Officer name	<b>Karen Prendergast</b>
Local Fire Officer Name	<b>F Murray</b>
Local Fire Station	<b>Cork or Middleton</b>

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:	<b>EIQA</b>
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**

	<b>Check List</b>
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	<b>8am-6.30pm 6.30pm-8am</b>
Is security provided by external company? (Y/N)	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
If yes, give name of company:	
Does the centre have CCTV? (Y/N)	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Is a list of emergency numbers available in the Manager's office?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Does the list include the following numbers? (Y/N) Local Garda station 24 hr number Local hospital Local fire station Duty Social Work Team Out of hours GP Service 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 <b>only</b> (not name) of person responsible: <b>Manager</b>
Is there a defibrillator in the centre? How many staff been trained to use it?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

### 4 HEATING ARRANGEMENTS

What type of heating is used in the centre?	<b>Oil and Storage Heater</b>
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?	<b>30% no timer and 70% timer</b>
What are the heating 'ON' times?	<b>0600 to 1000 and 1800 to 1100</b>

### 5 HOUSE RULES

Are residents provided with a copy of the House Rules on arrival?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
How does centre management explain house rules to residents on arrival?	<b>On arrival and in following days</b>

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

Are residents issued with key for their bedroom?(Yes/No)	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Are residents issued with key for main door? (Yes/No)	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
If no, give details	<b>Night porter</b>
Are there procedures to allow residents to receive visitors? (Give details)	<b>In common areas and they sign in and out</b>
Outline visiting times :	<b>1000 to 2100</b>
In what areas are visitors allowed in the centre?	<b>Common areas</b>

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

## 7 ARRANGEMENTS FOR MAINTENANCE

Does the centre have a written procedure in place for residents to report maintenance issues? (Yes/No)	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Is there a maintenance day book? (Yes/No)	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Describe the maintenance procedure at the centre: <b>Room check on a weekly basis by management</b>	

## 8 CHILD PROTECTION

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

## 9 FOOD SAFETY

Has a HACCP system been implemented? (Yes/No)	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Have the premises been inspected by an Environmental Health Officer? (Yes/No)	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Date of last visit:	<b>19/2/2021</b>

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

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

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

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

## 12 FACILITIES FOR FEEDING BABIES

<b>Are the following available?</b>	Yes/No
Access to drinking water (for breastfeeding mothers / for preparation of infant formula)	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Sterilisers	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Kettles	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Fridge (for bottles of EBM* / formula) *Expressed Breast Milk	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Bottle Warmer	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Microwave	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Are these facilities available 24 hours a day	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Is there a dedicated room provided? Where?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> <b>Kitchenette area for residents</b>

### 13 INDOOR FACILITIES

<b><i>Are the following available to residents?</i></b>	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	<b>2 sewing machines</b>	
Give details of any other arrangement or other comments:	<b>Gym, crèche, homework club, sewing classes</b>	

### 14 TRANSPORT ARRANGEMENTS

Is there a bus service provided? (Yes/No):	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Where does the service go to?	<b>Cork</b>
What is the frequency of the service? (List time table opposite)	<b>Twice per week Fri and Sat Transport organised on request</b>

### 15 TV SYSTEM

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

### 16 LAUNDRY FACILITIES (General Arrangements)

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

**17 CLEANING (General Arrangements)**

Are there cleaning materials and equipment provided by management for residents?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
What cleaning equipment is available to residents?	<b>Vacuum, bucket, brushes, mop and detergents</b>
What is the procedure for residents to access vacuum cleaners, brushes & other cleaning equipment?	<b>On request in reception</b>
What arrangements are in place if rooms are not cleaned sufficiently by residents?	<b>Staff clean rooms</b>



## *PART 2*

### *Room by Room Inspection*

#### **Independent Inspection**

*Centre: Ashbourne House*

*Date of Inspection: 02/09/2021*

## 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"/>	Manager's office

HSE Breastfeeding Posters (if applicable)	<input checked="" type="checkbox"/>	Canteen
Designated Liaison Person details (Child Protection)	<input checked="" type="checkbox"/>	Reception/ communal room, dining room, on stairway
Supervision of children notice	<input checked="" type="checkbox"/>	Reception area and throughout the premises
Gym Notices (Child Safety – if applicable)	<input checked="" type="checkbox"/>	On door to gym
IOM Voluntary Return Posters	<input checked="" type="checkbox"/>	Corridor to the Dining Room
Child Protection & Welfare Policy	<input checked="" type="checkbox"/>	Communal room/reception
Anti-Human-Trafficking Posters	<input type="checkbox"/>	Centre has requested new posters from IPAS
'NO to Violence & Harassment' Posters	<input checked="" type="checkbox"/>	Reception

### 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? <b>Staff given code of practice and sign for it.</b>	

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

## 19 FIRE SAFETY

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

### 19a EMERGENCY LIGHTING INSPECTION SCHEDULE

<u>Date</u>	<u>Inspected By</u> (Company Name / Position)	<u>Comments</u>
30/08/2021	Assistant Manager	
23/08/2021	Assistant Manager	
12/07/2021	Absolute Fire System	Quarterly maintenance

### 19b FIRE ALARM & DETECTION SYSTEM INSPECTION SCHEDULE

Date	Inspected By (Company Name / Position)	OK	Defect	Remedial Action Taken ( Y/N)	Sign Off Y/N
<b>23/08/2021</b>	<b>Assistant Manager</b>	<input checked="" type="checkbox"/>	<b>None</b>	<b>No</b>	<b>Y</b>
<b>30/08/2021</b>	<b>Assistant Manager</b>	<input checked="" type="checkbox"/>	<b>None</b>	<b>No</b>	<b>Y</b>
<b>28/09/2020</b>	<b>Absolute Fire</b>	<input checked="" type="checkbox"/>	<b>None</b>	<b>No</b>	<b>Y</b>

### 19c FIRE FIGHTING EQUIPMENT INSPECTION SCHEDULE

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

Date	Inspected By (Company Name / Position)	OK	Defect	Remedial Action Taken ( Y/N)	Sign Off Y/N
<b>30/08/2021</b>	<b>Assistant Manager</b>	<input checked="" type="checkbox"/>	<b>None</b>	<b>N</b>	<b>Y</b>
<b>23/08/2021</b>	<b>Assistant Manager</b>	<input checked="" type="checkbox"/>	<b>None</b>	<b>N</b>	<b>Y</b>
<b>24/03/2021</b>	<b>APEX Fire</b>	<input checked="" type="checkbox"/>	<b>None</b>	<b>N</b>	<b>Y</b>

### 19d FIRE EXIT DOORS / MEANS OF ESCAPE INSPECTION SCHEDULE

Date	Inspected By (Company Name / Position)	OK	Defect	Remedial Action Taken ( Y/N)	Sign Off Y/N
<b>30/08/2021</b>	<b>Assistant Manager</b>	<input checked="" type="checkbox"/>	<b>None</b>	<b>N</b>	<b>Y</b>
<b>23/08/2021</b>	<b>Assistant Manager</b>	<input checked="" type="checkbox"/>	<b>None</b>	<b>N</b>	<b>Y</b>

### 19e FIRE DRILL PROCEDURE INSPECTION SCHEDULE

Dat/e & Time	Numbers of staff involved in drill	No. of residents present / evacuated **	Evacuation Time	Comments
<b>12/01/21 2pm</b>	<b>6</b>	<b>89/69</b>	<b>6 min</b>	<b>20 absent</b>

21/10/21 10am	4	85/30	5 mins	55 absent
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**\*\*Both numbers must be recorded.**

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

Job Description	Course	Instructor	Duration	Date
12 staff	Fire safety and Awareness Course	Able Fire	1 day	30/06/20

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

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

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

### Pre-school Room:

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

**DINING AREA:**

Please outline the meal times:

	From	To
<b>Breakfast</b>	0700	1000
<b>Lunch</b>	1300	1330
<b>Dinner</b>	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:

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

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"/>

**Deep fried Chicken, tuna wrap, goujons- hot and 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"/>
Give details of this option:	<b>Mushroom pie</b>	
Were there ethnic dishes available?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Give details of this option:	<b>Ethnic meals on dinner meal</b>	
Was fresh foods available for Infants? (as per HSE Infant Feeding Guidelines)	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
In your opinion, does the food on offer appear to provide a good variety?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Did inspection take place during Ramadan?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
If yes, please outline arrangements for provision of meals outside of normal mealtimes, (medical or other appointments, etc.):		
Is there any damaged seating or tables in dining room?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Is there enough seating for residents present to sit down and eat their lunch?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Comments: <b>Most residents eat in their room</b>		

## KITCHEN AREA: Food Safety Critical Requirements

### FOOD SAFETY

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

Has a HACCP system been implemented?	<b>Yes</b>
Who designed the HACCP system?	<b>Chef</b>
Who is responsible for reviewing the system?	<b>Chef</b>
How frequently is the system reviewed?	<b>Annually</b>

### 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:	<b>1</b>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Gents:	<b>1</b>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Is there a cleaning schedule displayed? Record the last time entry						Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Is the area clean? (provide comment) 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: <b>no issues</b>						

### 24 COMMUNAL ROOM (State Location): Opposite reception

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

## **OUTDOOR GROUNDS / FACILITIES**

Please rate the following:

	<b>Very Good</b>	<b>Adequate</b>	<b>Poor*</b>	<b>Needs urgent attention*</b>
<b>Condition of exterior of centre</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Paintwork of the centre</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Maintenance standard of the grounds (e.g. grass cut, walkways clear etc.)</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Cleanliness of the grounds (i.e., evidence of rubbish etc.)</b>	<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 with play area. Separate Playground and football pitch available swings slide, climbing frame and Wendy house outside dining area.				

## **LAUNDRY ROOM**

	<b>Washing Machines</b>	<b>Dryers</b>
Number	<b>6</b>	<b>6</b>
Do they appear to be in working order?		
Comments:		

## **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	

<b>ROOM NUMBER 1</b>				
Room Profile:		Room Capacity:		Room Occupancy:
<b>Family</b>		<b>4</b>		<b>0</b>
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details:				

<b>ROOM NUMBER 2</b>				
Room Profile:		Room Capacity:		Room Occupancy:
<b>Family</b>		<b>3</b>		<b>0</b>
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details: <b>Recently renovated</b>				

<b>ROOM NUMBER 3</b>				
Room Profile:		Room Capacity:		Room Occupancy:
Family		4		3
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input 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:				

<b>ROOM NUMBER 4</b>				
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 type="checkbox"/>	No * <input checked="" type="checkbox"/>
If *, please give details: <b>Shower doesn't appear to be working</b>				

<b>ROOM NUMBER 5</b>				
Room Profile:		Room Capacity:		Room Occupancy:
Family		4		4
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input 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:				

<b>ROOM NUMBER 6</b>				
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 type="checkbox"/>	<input checked="" 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: <b>Window in main room broken</b>				

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

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

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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input type="checkbox"/>	No* <input checked="" type="checkbox"/>
<b>If *, please give details:</b> Woman in the room requested more space for her belongings				

<b>ROOM NUMBER 10</b>				
Room Profile:		Room Capacity:		Room Occupancy:
Family		2		2
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input type="checkbox"/>	No* <input checked="" type="checkbox"/>
<b>If *, please give details:</b> TV has bad connection, drain in shower blocked, walls could be painted, no child lock on window				

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

<b>ROOM NUMBER 12</b>				
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 type="checkbox"/>	No* <input checked="" type="checkbox"/>
<b>If *, please give details:</b> Window in bathroom broken				

<b>ROOM NUMBER 13</b>				
Room Profile:		Room Capacity:		Room Occupancy:
<b>Single</b>		<b>1</b>		<b>1</b>
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input type="checkbox"/>	No* <input checked="" type="checkbox"/>
<b>If *, please give details: Lots of luggage in bathroom and bathroom window should be renovated also leak marks on ceiling</b>				

<b>ROOM NUMBER 14</b>				
Room Profile:		Room Capacity:		Room Occupancy:
<b>Family</b>		<b>1</b>		<b>1</b>
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input type="checkbox"/>	No* <input checked="" type="checkbox"/>
<b>If *, please give details: No child lock on window</b>				

<b>ROOM NUMBER 15</b>				
Room Profile:		Room Capacity:		Room Occupancy:
<b>Family</b>		<b>2</b>		<b>0</b>
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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No* <input type="checkbox"/>
<b>If *, please give details: Unoccupied</b>				

<b>ROOM NUMBER 16</b>				
Room Profile:		Room Capacity:		Room Occupancy:
Single		2		2
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order? Yes <input type="checkbox"/> No* <input type="checkbox"/>				
<b>If *, please give details: Unable to access room because woman was working remotely from room</b>				

<b>ROOM NUMBER 17</b>				
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 type="checkbox"/> No* <input checked="" type="checkbox"/>				
<b>If *, please give details: No child lock on window</b>				

<b>ROOM NUMBER 18</b>				
Room Profile:		Room Capacity:		Room Occupancy:
Family		4		3
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order? Yes <input type="checkbox"/> No* <input checked="" type="checkbox"/>				
<b>If *, please give details: No child lock on window. Bathroom needs to be painted</b>				

<b>ROOM NUMBER 19</b>				
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 type="checkbox"/>	No* <input checked="" type="checkbox"/>
<b>If *, please give details: No child lock on window.</b>				

<b>ROOM NUMBER 20</b>				
Room Profile:		Room Capacity:		Room Occupancy:
Family		2		2
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No* <input type="checkbox"/>
<b>If *, please give details:</b>				

<b>ROOM NUMBER 21</b>				
Room Profile:		Room Capacity:		Room Occupancy:
Family		3		2
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No* <input type="checkbox"/>
<b>If *, please give details</b>				

<b>ROOM NUMBER 22</b>				
Room Profile:		Room Capacity:		Room Occupancy:
vacant		3		2
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input type="checkbox"/>	No* <input checked="" type="checkbox"/>
<b>If *, please give details: No child lock, woman complains about noise in the above room</b>				

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

<b>ROOM NUMBER 24</b>				
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 <input type="checkbox"/>	No* <input checked="" type="checkbox"/>
<b>If *, please give details: Window in main room cracked</b>				



<b>ROOM NUMBER 25</b>				
Room Profile:		Room Capacity:		Room Occupancy:
<b>single</b>		<b>2</b>		<b>2</b>
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No* <input type="checkbox"/>
<b>If *, please give details:</b>				

<b>ROOM NUMBER 26</b>				
Room Profile:		Room Capacity:		Room Occupancy:
<b>single</b>		<b>3</b>		<b>2</b>
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input 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"/>
<b>If *, please give details: Woman was complaining about noise in the above room.</b>				

<b>ROOM NUMBER 27</b>				
Room Profile:		Room Capacity:		Room Occupancy:
<b>family</b>		<b>4</b>		<b>4</b>
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No* <input type="checkbox"/>
<b>If *, please give details:</b>				

<b>ROOM NUMBER 28- Two floors</b>				
Room Profile:		Room Capacity:		Room Occupancy:
<b>Family</b>		<b>4</b>		<b>3</b>
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order? Yes <input checked="" type="checkbox"/> No* <input type="checkbox"/>				
<b>If *, please give details: No Child lock on upstairs window</b>				

<b>ROOM NUMBER 29</b>				
Room Profile:		Room Capacity:		Room Occupancy:
<b>Family</b>		<b>2</b>		<b>0</b>
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order? Yes <input type="checkbox"/> No* <input checked="" type="checkbox"/>				
<b>If *, please give details: Unoccupied still being renovated</b>				

<b>ROOM NUMBER 30</b>				
Room Profile:		Room Capacity:		Room Occupancy:
<b>family</b>		<b>2</b>		<b>2</b>
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order? Yes <input checked="" type="checkbox"/> No* <input type="checkbox"/>				
<b>If *, please give details:</b>				

<b>ROOM NUMBER 31</b>				
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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No* <input type="checkbox"/>
<b>If *, please give details:</b>				

<b>ROOM NUMBER 32</b>				
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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No* <input type="checkbox"/>
<b>If *, please give details:</b>				

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

<b>ROOM NUMBER Gate Lodge</b>				
Room Profile:		Room Capacity:		Room Occupancy:
<b>Family</b>		<b>4</b>		<b>3</b>
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input 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"/>
<b>If *, please give details: Door handle to bathroom broken</b>				
<b>Large volumes of tinned and dry foods in storage causing clutter.</b>				

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:**

A woman in Room 9 wants an additional wardrobe for her possessions, woman in room 26 complained about noise in the above room and woman in room 22 also complained about noise in the above room and asked to be transferred.

**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.**

Date: 25-10-21

Attention: David Tracey,  
Contracts and Inspection Unit,  
International Protection Procurement Unit.

In reply to Inspection carried out in Ashbourne on 02-09-2021.

### 13: INDOOR FACILITIES

Computer with Internet access marked No – In- Correct- Should be Yes

Pool table marked No – In- Correct- Should be Yes

Table Tennis marked No – In- Correct- Should be Yes

### BEDROOMS:

ROOM 4: Shower doesn't appear to be working: There is a bath in this room - No Shower.

Room 6: Window in main room Broken: New Glass Ordered.

ROOM 7: No Child Lock on Window: In-Correct, there was a child Lock [see weekly room check from 29-08-21 and Picture]

Room 9: Woman in the room requesting more space for her belongings: Offered her storage space.

Room 10: TV Bad Connection: Maintenance checked found no Fault.

Room 10. Drain in shower Blocked: This is the 3<sup>rd</sup> time the plumber has been called to remove a child toy from the shower Drain.

Room 10: Walls could do with Painting: Walls to be Painted.

Room 10: No child lock on Window: In- Correct, there was a child lock [see weekly room check from 29-08-21 and Picture]

Room 12: Window in Bathroom Broken: In-Correct-Window not Broken.

Room 13: Lots of Luggage in Bathroom: Resident De-Cluttered.

Room 13: Window should be Renovated: Premier Windows to Access.

Room 13: Water Marks on Ceiling: In- Correct- No water Marks on Ceiling.

Room 14: No Child Lock on Window: This is a single room with adult occupancy, Window opens out to Fire escape. Lock to be fitted.

Room 17: No Child Lock on Window: In -Correct, there was a Child lock [see weekly room check from 29-08-21 and picture]

Room 18: No Child Lock on Window: In- Correct, there was a Child Lock [see weekly room check from 29-08-21 and picture]

Room 19: No Child Lock on Window: In-Correct, there was a Child Lock [see weekly room check from 29-08-21 and Picture]

Room 22: No Child Lock on Window: This is a ground Floor room with adult occupancy.

Room 22: Woman Complaining about noise above in the above room. Spoke with the Resident living above her.

Room 23: No child Lock on Window: IN-CORRECT, there was a child lock [see weekly room check and picture]

Room 23: No Fire Notice: Fire notice Replaced.

Room 24: Window in main room Cracked – Glass ordered.

Room 26: Women complaining about noise in the above room-This is a Ground Floor Room.

Room 28: No Child Lock on up-stairs room: Child lock to be fitted- Adult occupancy at Present.

Room 33: Room De-Cluttered.

Gate Lodge: Door handle in bathroom Broken- IN-CORRECT, this was on inspection 22-02-21

Gate lodge: Large Volumes of Tinned and Dry Foods in Storage Causing Clutter: IN-CORRECT this was on inspection 22-02-21.

Please do not hesitate to contact me if you have any queries on the above.

Martina Collins,  
Manager,  
Ashbourne House.

**Manager should be asked to sign this declaration.**

This inspection by an IPAS/IPPS official, is primarily to examine how the terms of the Contract are being complied with in the centre.

The manager accepts that the person carrying out the inspection is not charged with certifying the centre is in compliance with all fire safety regulations. The manager agrees that the information provided above is correct.

Signed: Martina Collins

Position: Manager

Date: 02-09-21

\*\*\*\*\*

**Manager should be asked to sign this declaration.**

This inspection, by an IPAS/IPPS official, is primarily to examine how the terms of the Contract are being complied with in the centre.

The manager accepts that the person carrying out the inspection is not certifying that the centre is in compliance with all food safety regulations. The manager agrees that the information provided above is correct.

Signed: Martina Collins

Position: Manager

Date: 02-09-21