

IPAS/IPPS

Inspection Report

| | |
|---|---------------------------------------|
| Centre: | Hibernian Hotel, Abbeyleix |
| Inspector: | HELENA STAPLETON |
| Date of Inspection: | 22ND October, 2021 |
| Time of Arrival & Departure: | 10:30am – 13.30 |

PART 2

Room by Room Inspection

Independent Inspection

Centre: Hibernian Abbey

Date of Inspection: 22nd October 2021

Section A- Administration / Communal areas

Have you seen the following?

| | | Location of display |
|------------------------------|-------------------------------------|-----------------------------------|
| Up to date House Rules | <input checked="" type="checkbox"/> | Dining room – notice board |
| Complaint Forms | <input checked="" type="checkbox"/> | Office |
| Accident/ Incident procedure | <input checked="" type="checkbox"/> | In safety statement |

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

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

Staff Awareness

| | |
|---|------------|
| Did you see the RIA Code of Practice*? | Yes |
| Are all staff aware of RIA Code & House Rules? | Yes |
| How are staff made aware of RIA Code & House Rules? Staff are made aware of Code & House Rules on induction when hired. Copy available in office if required. | |

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

FIRE SAFETY

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

EMERGENCY LIGHTING INSPECTION SCHEDULE

| <u>Date</u> | <u>Inspected By</u> (Company Name /Position) | <u>Comments</u> |
|-------------|---|-----------------|
| 17/08/21 | Asst manager | No issues |
| 17/08/21 | Asst manager | No issues |

(Emergency lighting is checked daily and logged weekly)

FIRE ALARM & DETECTION SYSTEM INSPECTION SCHEDULE

| Date | Inspected By (Company Name / Position) | OK | Defect | Remedial Action Taken (Y/N) | Sign Off Y/N |
|----------|--|-------------------------------------|--------|---------------------------------|-----------------|
| 18/01/21 | Asst manager | <input checked="" type="checkbox"/> | None | N | Y |
| | Asst manager | <input checked="" type="checkbox"/> | None | N | Y |

(Fire Alarm & Detection System is checked daily and logged weekly)

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 |
|----------|--|-------------------------------------|----------------|---------------------------------|-----------------|
| 18/01/21 | Asst manager | <input checked="" type="checkbox"/> | None | N | Y |
| | Asst manager | <input checked="" type="checkbox"/> | None | N | Y |
| | Rapid Fire & Safety | <input checked="" type="checkbox"/> | Annual service | Y | Y |

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 |
|----------|--|-------------------------------------|--------|------------------------------------|-----------------|
| 21/10/21 | Asst manager | <input checked="" type="checkbox"/> | None | N | Y |
| 21/10/21 | Asst manager | <input checked="" type="checkbox"/> | None | N | Y |

FIRE DRILL PROCEDURE INSPECTION SCHEDULE

| Date & Time | Numbers of staff involved in drill | No. of residents present / evacuated ** | Evacuation Time | Comments |
|---------------------|---------------------------------------|---|---------------------|--|
| 04/03/2019 @ 4pm | 3 staff | 13 residents | 2 mins & 20 secs | Verbal warning to residents who did not evacuate |

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

STAFF INSTRUCTION AND TRAINING (Fire Safety)

| Job Description | Course | Instructor | Duration | Date |
|------------------------|---|----------------------|---------------|-------------------|
| 6 staff members | Evacuation procedures & fire extinguisher training | Kieran Kirwan | 1 hour | 19/12/2019 |

Assistant manager has no official training in fire safety

FIRE ASSEMBLY POINTS

| | |
|---|--|
| Where are the Fire Assembly Points located? | At front of building Back garden |
| Are they marked? | Yes |
| Are staff aware of locations? | Yes |
| Comments: | Fire Assembly point in the back garden needs more lighting. |

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: | |

FIRE EXITS, EMERGENCY LIGHTING, SMOKE ALARMS, FIRE NOTICES

(in corridors & common areas)

| | |
|---|------------|
| Are fire exits clear from obstruction? | No |
| 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 |
| 1st floor fire exit had 3 pairs of shoes from one of the residents in front of it. At the bottom of the stairway from the upper fire exits there was some items lying around. These could cause delay in clearing the area. | |

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? (e.g., fire exit signs, hazards, lighting, notices, décor, etc.) | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| If yes please detail: | | |

Dining area / Tea Station:

| | | |
|---|---|--|
| What facilities are provided? Tables | | |
| 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: Playroom for children

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

Small playroom:

| | | |
|---|---|--|
| What facilities are provided? TV and Playstation | | |
| 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: Not used as playroom at the moment. Resident using it as workplace answering calls in a call centre. | | |

COMMUNAL ROOM : TV Lounge

| | |
|--|---|
| <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? | Socialising, meeting room etc. |
| Any other comments? If yes please detail: TV has been removed – now a social room. | |

PUBLIC TOILET : Reception

| | Number | Soap | Toilet Paper | Hand Towels / Dryers | Hot Water | Sanitary Bins |
|--|--------|-------------------------------------|-------------------------------------|-------------------------------------|--|--|
| Unisex | 1 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| | | | | | | |
| 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 checked="" type="checkbox"/> | No <input type="checkbox"/> |
| If No, give details: | | | | | | |

FOOD SAFETY: Food Hall

| | | | | | | | | | | | | | |
|---|--|-----------------------|----------------------|--------------|------|-----------|------|--------------------|------|--------------|------|---------|------|
| Has the premises been inspected by an Environmental Health Officer? | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | | | | | | | | | | | |
| Were the points value of items clearly displayed: | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | | | | | | | | | | | |
| State Day and time Food Hall visited: | 08/07/21 | | | | | | | | | | | | |
| Examine 5 Random items: | <table><tr><td>List of items:</td><td>Points Value:</td></tr><tr><td>Turkey wings</td><td>4.00</td></tr><tr><td>Mayonaise</td><td>2.75</td></tr><tr><td>Pack of cooked ham</td><td>2.00</td></tr><tr><td>Basmati Rice</td><td>3.00</td></tr><tr><td>Brocoli</td><td>1.40</td></tr></table> | List of items: | Points Value: | Turkey wings | 4.00 | Mayonaise | 2.75 | Pack of cooked ham | 2.00 | Basmati Rice | 3.00 | Brocoli | 1.40 |
| List of items: | Points Value: | | | | | | | | | | | | |
| Turkey wings | 4.00 | | | | | | | | | | | | |
| Mayonaise | 2.75 | | | | | | | | | | | | |
| Pack of cooked ham | 2.00 | | | | | | | | | | | | |
| Basmati Rice | 3.00 | | | | | | | | | | | | |
| Brocoli | 1.40 | | | | | | | | | | | | |
| | | | | | | | | | | | | | |

Residents Kitchen

| | |
|---|---|
| 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: 6 cookers 3 Sinks 3 Fridges 1 Freezer | |

OUTDOOR GROUNDS / FACILITIES

Please rate the following:

| | Very Good | Adequate | Poor* | Needs urgent attention* |
|---|-------------------------------------|----------------------------|--------------------------|--------------------------|
| Condition of exterior of centre | <input type="checkbox"/> | X <input type="checkbox"/> | <input type="checkbox"/> | |
| Paintwork of the centre | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Maintenance standard of the grounds (e.g. grass cut, walkways clear etc.) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Cleanliness of the grounds (ie., evidence of rubbish etc.) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Where you have rated * please provide details and comments: | | | | |
| Are there any facilities available for children outdoors? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | | | |
| Comments : The only outdoor facility is a Basketball Hoop in the garden. Swings have been removed. | | | | |

LAUNDRY ROOM

| | Washing Machines | Dryers |
|--|------------------|----------|
| Number | 3 | 3 |
| Do they appear to be in working order? | | |
| Comments: All are working | | |

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: | | |

STAIRWAY: 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"/> <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? | Residents can buy bathroom cleaner, toilet cleaner, window cleaner from shop. Equipment available. hoover, brush mop, etc. |
| What arrangements are in place if rooms are not cleaned sufficiently by residents? | Cleaning staff will provide assistance, if requested. |

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

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

If *, please give details:

| | | | | |
|---|-------------------------------------|--------------------------|-------------------------------------|-------------------------------------|
| ROOM NUMBER 3 | | | | |
| Room Profile: | | Room Capacity: | | Room Occupancy: |
| Family | | 4 | | 0 |
| TV | Ensuite | Shared Bathroom | Smoke Alarm | Fire Notice |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Cleanliness | Very Good | Adequate | Poor * | Needs urgent attention * |
| | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Is everything in working order? Yes X No * | | | | |
| If *, please give details: | | | | |

| | | | | |
|---|-------------------------------------|--------------------------|-------------------------------------|-------------------------------------|
| ROOM NUMBER 4 | | | | |
| 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 type="checkbox"/> No * <input checked="" type="checkbox"/> | | | | |
| If *, please give details: | | | | |

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

| | | | | |
|----------------------|---------|-----------------|-------------|-----------------|
| ROOM NUMBER 6 | | | | |
| Room Profile: | | Room Capacity: | | Room Occupancy: |
| Family | | 5 | | 4 |
| TV | Ensuite | Shared Bathroom | Smoke Alarm | Fire Notice |

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

| | | | | |
|-------------------------------------|-------------------------------------|--------------------------|-------------------------------------|--|
| ROOM NUMBER APT-3 room unit | | | | |
| Room Profile: | | Room Capacity: | | Room Occupancy: |
| Family | | 5 | | 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 type="checkbox"/> | No * <input checked="" type="checkbox"/> |
| If *, please give details: | | | | |

| | | | | |
|-------------------------------------|-------------------------------------|--------------------------|---|-------------------------------------|
| ROOM NUMBER 10 | | | | |
| Room Profile: | | Room Capacity: | | Room Occupancy: |
| Family | | 4 | | 0 |
| TV | Ensuite | Shared Bathroom | Smoke Alarm | Fire Notice |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Cleanliness | Very Good | Adequate | Poor * | Needs urgent attention * |
| | <input 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 11 | | | | |
| 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"/> |
| If *, please give details: | | | | |

| | | |
|-----------------------|--|----------------|
| ROOM NUMBER 12 | | |
| Room Profile: | | Room Capacity: |
| Shared | | 2 |
| | | 2 |

| | | | | |
|--|-------------------------------------|-------------------------------------|---|--|
| TV | Ensuite | Shared Bathroom | Smoke Alarm | Fire Notice |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Cleanliness | Very Good | Adequate | Poor * | Needs urgent attention * |
| | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Is everything in working order? | | | Yes <input checked="" type="checkbox"/> | No * <input type="checkbox"/> |
| If *, please give details: | | | | |
| ROOM NUMBER 13 | | | | |
| 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"/> |
| If *, please give details: Ensuite ceiling to be painted. | | | | |

| | | | | |
|-------------------------------------|-------------------------------------|-------------------------------------|---|-------------------------------------|
| ROOM NUMBER 14 | | | | |
| Room Profile: | | Room Capacity: | Room Occupancy: | |
| Family | | 2 | 2 | |
| TV | Ensuite | Shared Bathroom | Smoke Alarm | Fire Notice |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Cleanliness | Very Good | Adequate | Poor * | Needs urgent attention * |
| | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Is everything in working order? | | | Yes <input checked="" type="checkbox"/> | No * <input type="checkbox"/> |
| If *, please give details: | | | | |

| | | | | |
|--|-------------------------------------|-------------------------------------|---|-------------------------------------|
| ROOM NUMBER 15 | | | | |
| Room Profile: | | Room Capacity: | Room Occupancy: | |
| Family | | 3 | 3 | |
| TV | Ensuite | Shared Bathroom | Smoke Alarm | Fire Notice |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Cleanliness | Very Good | Adequate | Poor * | Needs urgent attention * |
| | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Is everything in working order? | | | Yes <input checked="" type="checkbox"/> | No * <input type="checkbox"/> |
| If *, please give details: Mould in bathroom? | | | | |

| | | | | |
|-------------------------------------|-------------------------------------|--------------------------|-------------------------------------|-------------------------------------|
| ROOM NUMBER 16 | | | | |
| 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"/> |

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

| | | | | |
|---|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|
| ROOM NUMBER 17 | | | | |
| Room Profile: | | Room Capacity: | | Room Occupancy: |
| Family | | 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"/> |
| | Very Good | Adequate | Poor * | Needs urgent attention * |
| Cleanliness | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Is everything in working order? Yes <input type="checkbox"/> No * <input checked="" type="checkbox"/> | | | | |
| If *, please give details: | | | | |
| Resident happy with room – no issues | | | | |

| | | | | |
|---|-------------------------------------|--------------------------|-------------------------------------|-------------------------------------|
| ROOM NUMBER 18 | | | | |
| Room Profile: | | Room Capacity | | Room Occupancy: |
| Family | | 4 | | 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"/> |
| | Very Good | Adequate | Poor * | Needs urgent attention * |
| Cleanliness | <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 peeling in bathroom. | | | | |

| | | | | |
|---|-------------------------------------|--------------------------|-------------------------------------|-------------------------------------|
| ROOM NUMBER 19 | | | | |
| 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"/> |
| | Very Good | Adequate | Poor * | Needs urgent attention * |
| Cleanliness | <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: Ensuite ceiling to be painted. | | | | |

| | | | | |
|-----------------------|---------|-----------------|-------------|-----------------|
| ROOM NUMBER 20 | | | | |
| 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 <input checked="" type="checkbox"/> | Adequate <input type="checkbox"/> | Poor * <input type="checkbox"/> | Needs urgent attention * <input type="checkbox"/> |
| Is everything in working order? | | | Yes <input checked="" type="checkbox"/> | No * <input type="checkbox"/> |
| If *, please give details: mould in bathroom | | | | |

| | | | | |
|---|--|--------------------------------------|---|--|
| ROOM NUMBER 21 | | | | |
| 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 <input checked="" type="checkbox"/> | Adequate <input type="checkbox"/> | Poor * <input type="checkbox"/> | Needs urgent attention * <input type="checkbox"/> |
| Is everything in working order? | | | Yes <input checked="" type="checkbox"/> | No * <input type="checkbox"/> |
| If *, please give details: mould in bathroom | | | | |

Use
this

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

Asked residents that were there if they were happy with their accommodation. All said yes and had no issues.

General Representations

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

N/A

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 rec

To Whom it may concern,

Please accept my apologies for the late return of this document.

Our Inspection was carried out on the 22/10/2021.

Our Capacity is for 63 residents

Current Capacity 47

We have a play station and games for those who wish to avail of it.

We also have a hockey table for anyone interested in playing.

Official fire training is being organised for all staff new and existing staff over the next couple of weeks.

All obstructions have been cleared from fire exits.

Our electrician is in the process of reconnecting damaged wiring for the lights at the rear of the building.

The playroom has been returned to full use now.

There is a cleaning schedule on the back of the public toilet door and is signed off on each day.

Our outdoor playhouse and swings had to be removed as directed by our insurance company as they could not provide cover for it.

Bedrooms

Apartment (Mews)

There are no notes to indicate what was not working in the room, I cannot find anything out of order there.

Room 11

Report does not indicate problem in this room. I have checked and have not found anything

Out of order in this room.

Room 13

This bathroom has also been repaired on more than one occasion, but they continue to dry clothes by hanging them on the shower doors.

Room 15

This bathroom also has been repaired on several occasions and when maintenance went to fix the shower door there were dripping wet clothes hanging on the shower door.

Room 18

This room was only painted a few weeks ago, they are turning off the fan in the bathroom.

Room 19

This room has also been painted and stain blocked like the others, they are not using their fan either.

Room 20

This lady is also drying wet clothes in her bathroom.

Room 21

This room is in line for painting.

I hope this answers the issues raised in the report.

Regards

Ann Walshe

General Manager