

IPAS/IPPS

Inspection Report

| | |
|---------------------------------------------|----------------------------------------------|
| Centre: | Old Convent |
| RIA Inspector: | Audrey Walsh & Colm O'Connell |
| Date of Inspection: | 08th November 2021 |
| Time of Arrival & Departure: | 11.30am 2.45pm |

Part 1
General Information on Services

Centre: **Old Convent**
Date of Inspection: **08th November 2021**

1. CENTRE DETAILS

| | |
|----------------------------|---------------------------------------------------------------------|
| Name and address of Centre | Old Convent Accommodation Centre, Ballyhaunis, Co. Mayo. |
|----------------------------|---------------------------------------------------------------------|

| | |
|-----------------------------------------------|--------------------------------------------------|
| Contractor | Bridgestock |
| Manager | John Nally |
| Who deputises for manager in his/her absence? | Give Job Title only Assistant manager |

| | |
|------------------|----------------------|
| Telephone Number | 094 - 9632845 |
|------------------|----------------------|

| | |
|-------------------------------------------------------|--------------------------------------------------|
| Current Contracted Capacity | 266 |
| Current Occupancy (today) | 208 |
| Current Centre Profile (e.g., singles, families etc.) | Families, Single Males and Single Females |

| | |
|-----------------------------------|------------------------------|
| HSE Area | Western region |
| Public Health Nurse | Mairead Murphy |
| DSP / CWO name | Una Shaughessy |
| Environmental Health Officer name | Lynda Kilcoyne |
| Local Fire Officer Name | Seamus Murphy |
| Local Fire Station | Ballyhaunis, Co. Mayo |

| | |
|-------------------------------------------------------------------------------|---------------------------------------------------------------------|
| Is the Centre certified by any Quality Management System (i.e. Q Mark, ISO)?: | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| If yes, please give details: EIQA (Q-Mark) | |
| What was the date of the last certification? | 18th fApril 2019 to April 2020 |
| Have you a copy of the Certification | Yes <input checked="" 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 type="checkbox"/> N/A |
| 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 | Office manned 8am-12 noon and 12 noon - 6pm. Night security 6pm – 8am. |
| Is security provided by external company? (Y/N) | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| If yes, give name of company: | |
| Does the centre have CCTV? (Y/N) | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| Is a list of emergency numbers available in the Manager's office? | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| Does the list include the following numbers? (Y/N) Local Garda station 24 hr number Local hospital Local fire station Duty Social Work Team Out of hours GP Service IPAS 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? | 4 – 1x Kitchen, 1x Housekeeping, 1x Front office and 1x Maintenance. |
| Who is responsible for first aid restocking? | Job title <u>only</u> (not name) of person responsible: Manager |
| Is there a defibrillator in the centre? How many staff been trained to use it? | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> 15 |

4 HEATING ARRANGEMENTS

| | |
|----------------------------------------------------------------|---------------------------------------------------------------------------|
| What type of heating is used in the centre? | Oil Boilers/Gas |
| Do residents have control of the heating in their own bedroom? | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| If no, what arrangements are in place? | Thermostat controlled with timers |
| What are the heating 'ON' times? | 6:30 - 8:00 am, 5:00 - 6:00 pm, 7:00 - 9:00 pm, 10:00 pm - 12.30am |

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? | There is an induction for new residents on arrival |

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 checked="" type="checkbox"/> No <input type="checkbox"/> |
| If no, give details | |

| | |
|-----------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| Are there procedures to allow residents to receive visitors? (Give details) | Yes |
| Outline visiting times : | 10.00am – 10.00pm |
| In what areas are visitors allowed in the centre? | Main building – own houses if not shared. |
| Any other relevant information: | |
| Is there a facility for storage of residents' valuables*? (Give details.) (* Storage is at resident's own risk) | There is storage available for excess luggage. |
| What toiletries are provided to residents on arrival? | Towels and Bedlinen provided on arrival. Toiletries are available in on site shop. |
| What arrangements are in place to replenish these items? | Toiletries available in on site shop. Towels and bedlinen replaced by management. |

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 type="checkbox"/> No <input checked="" type="checkbox"/> |
| Describe the maintenance procedure at the centre: There is a computerised maintenance log in place called "snap inspect". Resident notify of issues to reception. | |

8 CHILD PROTECTION

| | |
|-----------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|
| Are measures in place to inform staff and visitors of IPAS's Child Protection Policy? (Give details) | Yes , visitors sign in log at reception which has a child protection declaration |
| Are visitors asked to sign a declaration agreeing to adhere to the child protection policy? | Yes – as above |
| Where is declaration held? | Reception |
| Is there a sign in book for visitors? Where? | Yes - Reception |
| Are there notices on public display giving names and contact details of Designated Liaison Person? Where? | Yes - Reception |
| Have Designated Liaison Persons received HSE training? | Yes |
| Are notices prominently displayed regarding parental supervision of children? Where? | Yes – Reception, lobby and corridors |

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: | 24th January 2018 – EHO has indicated that as they no longer prepare and serve food |

| | |
|--|---------------------------------------------------|
| | that inspections will take place less frequently. |
|--|---------------------------------------------------|

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

| | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------|
| Are residents consulted regarding menu/dietary requests? (Give details.) | All residents cook in their own accommodation. |
| 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 | Residents prepare their own school lunches using items from on-site shop. |
| Is infant formula kept out of public view? | Infant formula available in the on-site shop |
| What arrangements are in place for distribution of infant formula? | Formula is available in on-site shop. |

11 ARRANGEMENTS FOR REFRESHMENTS / MEALS OUTSIDE NORMAL MEAL TIMES

| | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|
| Are tea / coffee / drinking water / Snacks etc. available outside mealtimes? | Residents have their own cooking facilities. |
| What food/snacks are available after hours or when kitchen is closed? | N/A |
| Where are the snacks located and how are they accessed? | N/A |
| Are meals available for residents who arrive late? (Give details.) | N/A |
| Are meals available for new arrivals? (Give details) | N/A |
| Are packed lunches available for residents travelling to Dublin on official business? (Give details) | N/A |
| If the inspection takes place during Ramadan this section <u>must</u> be completed. What arrangements are in place to facilitate residents observing a fast during Ramadan? | N/A |

12 FACILITIES FOR FEEDING BABIES

| <i>Are the following available?</i> | 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) <i>*Expressed Breast Milk</i> | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| Bottle Warmer | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| Microwave | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| Are these facilities available 24 hours a day | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| Is there a dedicated room provided? Where? | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |

13 INDOOR FACILITIES

| <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 checked="" type="checkbox"/> | No <input 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 | A new indoor crèche with childcare facilities, playroom and sleep area is open and fully staffed and operational. | |
| Give details of any other arrangement or other comments: | | |

14 TRANSPORT ARRANGEMENTS

| | |
|---------------------------------------------------------------------|--------------------------------------------------------------------------------------|
| Is there a bus service provided? (Yes/No): | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| Where does the service go to? | Destination varies at request of residents Galway/Castlebar/Sligo/Athlone |
| What is the frequency of the service? (List time table opposite) | Monthly |

15 TV SYSTEM

| | |
|-------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|
| Is there a specific TV system in place? (give details) | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Free to air and Saorview |
| An average, how many TV channels are provided to residents? | Approx 200 |
| Are residents allowed to erect satellite dishes? | No – Regional foreign channels can be tuned in upon request to Management. |

16 LAUNDRY FACILITIES (General Arrangements)

| | |
|--------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|
| Are Laundry facilities available in the centre? (Y/N) | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| What service is provided? | There is a Laundry Room for apartment residents in the main building. All other self-contained units have laundry facilities in the kitchen. |
| Who launders towels and bedlinen? (e.g., residents, staff, other, etc) | Residents and housekeeping |
| What procedures are in place for the exchange of towels and bed linen at the centre? | Items are exchanged upon request. |
| What procedures are in place for ironing boards and irons? | Boards and irons available in laundry room |
| How is washing powder / tablets supplied? | Detergents is available in on site shop. |
| Are there specific arrangements for access to the laundry (give details): | Laundry room available in Main House which is open 24/7. Most houses have their own washer/dryer. |

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? | Brushes, dust pans, vacuum cleaner hoovers, mops etc. |
| What is the procedure for residents to access vacuum cleaners, brushes & other cleaning equipment? | Items available in each dwelling |
| What arrangements are in place if rooms are not cleaned sufficiently by residents? | Housekeeping service provided on a daily basis |

PART 2

Room by Room Inspection

Centre: **Old Convent , Ballyhaunis**

Date of Inspection: **08th November 2020**

Section A- Administration / Communal areas

17 Have you seen the following?

| | | Location of display |
|------------------------------|-------------------------------------|---------------------|
| Up to date House Rules | <input checked="" type="checkbox"/> | Reception |
| Complaint Forms | <input checked="" type="checkbox"/> | Reception |
| Accident/Incident procedures | <input checked="" type="checkbox"/> | Main office |

| | | |
|---------------------------------------------------------|-------------------------------------|---------------------------|
| HSE Breastfeeding Posters (if applicable) | <input checked="" type="checkbox"/> | Reception and dining room |
| Designated Liaison Person details (Child Protection) | <input checked="" type="checkbox"/> | Reception |
| Supervision of children notice | <input checked="" type="checkbox"/> | throughout centre |
| Gym Notices (Child Safety – if applicable) | <input type="checkbox"/> | N/A |
| IOM Voluntary Return Posters | <input checked="" type="checkbox"/> | Reception |

18 Staff Awareness

| | |
|--------------------------------------------------------------------------------------------------------|-------------------------------------|
| Did you see the IPAS Code of Practice*? | <input checked="" type="checkbox"/> |
| Are all staff aware of IPAS Code & House Rules? | <input checked="" type="checkbox"/> |
| How staff are made aware of IPAS Code & House Rules? staff sign declaration after reading it | |

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

19 FIRE SAFETY

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

19a EMERGENCY LIGHTING INSPECTION SCHEDULE

| <u>Date</u> | <u>Inspected By</u> (Company Name / Position) | <u>Comments</u> |
|-------------|--------------------------------------------------|-----------------|
| 08/11/2021 | Staff member | ok |
| 07/11/2021 | Night Porter | ok |

19b FIRE ALARM & DETECTION SYSTEM INSPECTION SCHEDULE

| Date | Inspected By (Company Name / Position) | OK | Defect | Remedial Action Taken (Y/N) | Sign Off Y/N |
|------------|----------------------------------------------------|-------------------------------------|--------|---------------------------------|-----------------|
| 07/11/2021 | Duty Mgr | <input checked="" type="checkbox"/> | | | |
| 31/10/2021 | Duty Mgr | <input checked="" type="checkbox"/> | | | |
| Aug 21 | Buddy Wright, Bridgestock Technical Engineer | <input checked="" type="checkbox"/> | | | |

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 |
|------------|----------------------------------------------------|-------------------------------------|--------|---------------------------------|-----------------|
| 08/11/2021 | Night Porter | <input checked="" type="checkbox"/> | | | |
| 07/11/2021 | Night Porter | <input checked="" type="checkbox"/> | | | |
| 01/09/2021 | Buddy Wright, Bridgestock Technical Engineer | <input checked="" type="checkbox"/> | | | |

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 |
|------------|-------------------------------------------|-------------------------------------|--------|------------------------------------|-----------------|
| 07/11/2021 | Night Porter | <input checked="" type="checkbox"/> | none | | |
| 08/11/2021 | Night Porter | <input checked="" type="checkbox"/> | none | | |

19e FIRE DRILL PROCEDURE INSPECTION SCHEDULE

| Date & Time | Numbers of staff involved in drill | No. of residents present / evacuated ** | Evacuation Time | Comments |
|-------------|---------------------------------------|-----------------------------------------------|----------------------------------------------------------------|----------|
| 18/08/2021 | 2 Staff | Houses | Each house evacuated individually. All evacuations | All Ok |

| | | | | |
|------------|---------|---------------------------------|-----------------------------------|-----------------------------------------------|
| | | | completed in under 3 mins. | |
| 18/08/2021 | 2 Staff | Abbeycourt residents | Under 2 Min | All evacuated |
| 18/08/2021 | 2 staff | Apartments | Under 2 Min | All evacuated |
| 18/08/2021 | 2 staff | Annexs | Individually Under 2 minute | All ok |
| 18/08/2021 | 2 staff | Main Building, 20 persons | 7.4 minutes | All ok –Virtual fire drill due to Covid-19 |

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

19f STAFF INSTRUCTION AND TRAINING (Fire Safety)

| Job Description | Course | Instructor | Duration | Date |
|-----------------|-------------------------|-----------------|----------------------|-----------------------------------|
| all staff | Fire Warden Training | Internal | 1/2 day | Nov 2017. Valid to Nov 2019 |
| all staff | Fire Warden Training | Online training | Running currently | Oct 19 valid to Oct 21 |
| | | | | |

19g FIRE ASSEMBLY POINTS

| | |
|---------------------------------------------|-------------------------------------------------------------------------|
| Where are the Fire Assembly Points located? | Outside main building, Green area, Annex car park, Abbey court 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> | No smoking inside buildings |
| 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: Main Building

| | | |
|-------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|----------------------------------------|
| 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: | | |

Have you seen the following?

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

| | | |
|---------------------------------------------------------|-------------------------------------|----------------------------------|
| HSE Breastfeeding Posters (if applicable) | <input checked="" type="checkbox"/> | Reception and dining room |
| Designated Liaison Person details (Child Protection) | <input checked="" type="checkbox"/> | Reception and 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"/> | Reception |
| Anti Human-Trafficking Posters | <input checked="" type="checkbox"/> | Reception |
| 'NO to Violence & Harassment' Posters | <input checked="" type="checkbox"/> | Dining room |

Social Room / Tea Station: Main Building - Not in service due to Covid-19

| | | |
|-----------------------------------------------------------------------|-----------------------------------------|----------------------------------------|
| What facilities are provided? | | |
| 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/Homework Club: - Not in service due to Covid-19

| | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|------------|
| 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: Two computers available | | |

Crèche:

| | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|------------|
| 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: This is a new facility that is warm and inviting for children. It is well designed and fully functional for their needs. It is also incredibly well staffed by qualified child care specialists. | | |

23 PUBLIC TOILET: Main building

| | Number | Soap | Toilet Paper | Hand Towels / Dryers | Hot Water | Sanitary Bins |
|-----------------------------------------------------------------------|----------|-------------------------------------|-------------------------------------|-------------------------------------|-----------------------------------------|----------------------------------------|
| Unisex: | 2 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Ladies: | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Gents: | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Is there a cleaning schedule displayed? | | | | | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| Record the last time entry. | | | | | | |
| Is the area clean? (provide comment) | | | | | | |
| Are all facilities working? | | | | | Yes <input checked="" type="checkbox"/> | No * <input type="checkbox"/> |
| <i>Visual Check:</i> Have you noticed any issues requiring attention? | | | | | Yes* <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| If yes, give details: | | | | | | |

24 COMMUNAL ROOM (Main Building): Not in service due to Covid-19

| | | |
|-----------------------------------------|-----------------------------------------|-----------------------------|
| 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"/> |
| N/A – not in use due to Covid 19 | | |
| What is the area generally used for? | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| Currently being used for Storage | | |
| 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: |
| Any other comments? If yes please detail: |

OUTDOOR GROUNDS / FACILITIES

Please rate the following:

| | Very Good | Adequate | Poor* | Needs urgent attention* |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|--------------------------|
| Condition of exterior of centre | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Paintwork of the centre | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" 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: The paintwork on the main building is adequate, but many of the houses and annexes, especially the windows and guttering need urgent attention. | | | | |
| Are there any facilities available for children outdoors? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | | | |
| Comments: There is two new playgrounds and a football pitch | | | | |

LAUNDRY ROOM: Main building

| | | |
|------------------------------------------------------------------------------------------------------------|------------------|----------|
| | Washing Machines | Dryers |
| Number | 8 | 7 |
| Do they appear to be in working order? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | |
| Comments: | | |

CORRIDOR: Main Building

| | |
|-------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|
| 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: Main building

| | |
|------------------------------|---------------------------------------------------------------------|
| 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: | |

Food Hall - Shop

| | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|
| Is the till system in place Electronic POS: | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| Relevant Certification (halal meats) in place/on display: | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| Is there appropriate storage; shelving, cold storage, dry storage: | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| Were the points value of the items clearly displayed: | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| Is the area generally clean: | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| If no for any of the above, please give details: | |
| <p>Visual Check: Have you noticed any issues requiring attention? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p>(Products in date, fresh food, ethnic food, Halal food, variety available, suitable range of food products, toiletries and cleaning materials.)</p> | |
| If yes to any issues please give detail: | |
| <p>Do food products available in the food hall reflect the reasonable needs of the different ethnic groups; e.g. the provision of halal food for Muslim residents, the provision of food for gluten free, vegetarian, vegan residents, etc.</p> <p>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> | |
| If no please give details: | |
| <p>Products (Available) Check: Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Adequately stocked in order to provide a choice for residents. Meat, fish (including oily fish); Eggs; Non-meat proteins such as pulses, beans and tofu; Dairy products including fortified milk; Variety of breakfast cereals, including porridge; Potatoes, wholegrains, rice and pasta; Fresh fruit and vegetables; Olive, rape and other cooking oils; Spices and sauces; Ethnic goods; Tea, coffee and other hot drinks; Sweets, pastries and carbonated drinks.</p> | |

| Please Insert/List Some Items/Products Below; | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|----------------|
| Item/Product: Product: | Points Value: | Expiry Date on |
| Chicken breasts X 5 | 5.00p | 11/11/21 |
| Beef Bones 500g | 4.50p | 19/11/21 |
| Frankfurters | 1.75p | 12/21 |
| Sliced White Family Pan | 1.99p | 11/11/21 |
| Baked Beans | .39p | 07/23 |
| Lemons | .20p | |
| <p>Overall Comments/Additional Comments: Food hall in excellent condition. The fridges were very well stocked with a wide variety of fresh and frozen meats and goods. The shelves were well stocked and had a wide variety of goods, fruit and veg available. The area is kept clear and very clean.</p> | | |

Bedrooms:

Note: All residents are in houses or apartments with full kitchen facilities. Convent building now has 9 fully equipped apartments.

CLEANING (General Arrangements)

| | |
|------------------------------------------------------------------------------------|---------------------------------------------------------------------|
| How often are units inspected? | Every 2 weeks |
| Who cleans the units? | Residents |
| How often do staff clean the units? | Other <input checked="" type="checkbox"/> |
| Are there cleaning materials and equipment provided by management for residents? | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| What cleaning equipment is available to residents? | Brushes, dust pan, vacuum, |
| What arrangements are in place if rooms are not cleaned sufficiently by residents? | Housekeeping will assist |

APARTMENTS IN MAIN BUILDING

Apartment 9 – Main Building

| | | | | |
|-------------------------------------|-------------------------------------|-------------------------------------------|-----------------------------------------|-------------------------------------|
| No of bedrooms 2 | | | | |
| profile | | Capacity: | | Occupancy: |
| Family | | 4 | | 4 |
| TV | Bathroom | Kitchen/dining area | Smoke Alarm | Fire Notice |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" 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? | | | | |
| | | Cooker | Yes <input checked="" type="checkbox"/> | No * <input type="checkbox"/> |
| | | Fridge | Yes <input checked="" type="checkbox"/> | No * <input type="checkbox"/> |
| | | Other appliances (toaster/microwave etc.) | Yes <input checked="" type="checkbox"/> | No * <input type="checkbox"/> |
| If *, please give details: | | | | |

Apartment 8 – Main Building

| | | | | |
|------------------------------------------------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------------|-----------------------------------------------------------------------|
| No of bedrooms 1 | | | | |
| profile | | Capacity: | | Occupancy: |
| Family | | 2 | | 3 |
| TV | Bathroom | kitchen | Smoke Alarm | Fire Notice |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" 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? | | | | |
| | | | Cooker | Yes <input checked="" type="checkbox"/> No * <input type="checkbox"/> |
| | | | Fridge | Yes <input checked="" type="checkbox"/> No * <input type="checkbox"/> |
| | | | Other appliances (toaster/microwave etc.) | Yes <input checked="" type="checkbox"/> No * <input type="checkbox"/> |
| If *, please give details: There is slight mould on bathroom ceiling. | | | | |

Apartment 7 – Main Building

| | | | | |
|------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------------|-----------------------------------------------------------------------|
| No of bedrooms 1 | | | | |
| profile | | Capacity: | | Occupancy: |
| Single | | 1 | | 1 |
| TV | Bathroom | kitchen | Smoke Alarm | Fire Notice |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" 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? | | | | |
| | | | Cooker | Yes <input checked="" type="checkbox"/> No * <input type="checkbox"/> |
| | | | Fridge | Yes <input checked="" type="checkbox"/> No * <input type="checkbox"/> |
| | | | Other appliances (toaster/microwave etc.) | Yes <input checked="" type="checkbox"/> No * <input type="checkbox"/> |
| If *, please give details: Very untidy and a wardrobe is blocking the door. | | | | |

Apartment 6 – Main Building

| | | | | |
|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------------|-----------------------------------------------------------------------|
| No of bedrooms 2 | | | | |
| profile | | Capacity: | | Occupancy: |
| Family | | 2 | | 2 |
| TV | Bathroom | kitchen | Smoke Alarm | Fire Notice |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" 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? | | | | |
| | | | Cooker | Yes <input checked="" type="checkbox"/> No * <input type="checkbox"/> |
| | | | Fridge | Yes <input checked="" type="checkbox"/> No * <input type="checkbox"/> |
| | | | Other appliances (toaster/microwave etc.) | Yes <input checked="" type="checkbox"/> No * <input type="checkbox"/> |
| If *, please give details: | | | | |

Apartment 5 – Main Building

| | | | | |
|-------------------------------------------------------------|-------------------------------------|-------------------------------------------|-----------------------------------------|-------------------------------------|
| No of bedrooms 1 | | | | |
| profile | | Capacity: | | Occupancy: |
| Single | | 1 | | 1 |
| TV | Bathroom | kitchen | 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? | | | | |
| | | Cooker | Yes <input checked="" type="checkbox"/> | No * <input type="checkbox"/> |
| | | Fridge | Yes <input checked="" type="checkbox"/> | No * <input type="checkbox"/> |
| | | Other appliances (toaster/microwave etc.) | Yes <input checked="" type="checkbox"/> | No * <input type="checkbox"/> |
| If *, please give details: Walls need to be painted. | | | | |

Apartment 4 – Main Building

| | | | | |
|--------------------------------------------------------------------|-------------------------------------|-------------------------------------------|-----------------------------------------|------------------------------------------|
| No of bedrooms 2 | | | | |
| profile | | Capacity: | | Occupancy: |
| Family | | 3 | | 2 |
| TV | Bathroom | kitchen | Smoke Alarm | Fire Notice |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" 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? | | | | |
| | | Cooker | Yes <input checked="" type="checkbox"/> | No * <input type="checkbox"/> |
| | | Fridge | Yes <input checked="" type="checkbox"/> | No * <input type="checkbox"/> |
| | | Other appliances (toaster/microwave etc.) | Yes <input type="checkbox"/> | No * <input checked="" type="checkbox"/> |
| If *, please give details: Radiator is not working properly | | | | |

Apartment 3 – Main Building

| | | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------------|-----------------------------------------|-------------------------------------|
| No of bedrooms 1 | | | | |
| profile | | Capacity: | | Occupancy: |
| Family | | 2 | | 2 |
| TV | Bathroom | kitchen | Smoke Alarm | Fire Notice |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Cleanliness | Very Good | Adequate | Poor * | Needs urgent attention * |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Is everything in working order? | | | | |
| | | Cooker | Yes <input checked="" type="checkbox"/> | No * <input type="checkbox"/> |
| | | Fridge | Yes <input checked="" type="checkbox"/> | No * <input type="checkbox"/> |
| | | Other appliances (toaster/microwave etc.) | Yes <input checked="" type="checkbox"/> | No * <input type="checkbox"/> |
| If *, please give details: Room is packed with belongings. Resident advised she is moving on Saturday and this is why she has all of her belongings on the floor of the rooms. She was asked if she needed a hand and she refused. However, I advised Management that they would have to move some of the stuff temporarily as it was a hazard and not a suitable environment for her young child. Management advised they would do it as soon as we had completed the inspection. | | | | |

Apartment 2– Main Building

| | | | | |
|-------------------------------------|-------------------------------------|-------------------------------------------|-----------------------------------------|-------------------------------------|
| No of bedrooms 2 | | | | |
| profile | | Capacity: | | Occupancy: |
| Family | | 4 | | 3 |
| TV | Bathroom | kitchen | Smoke Alarm | Fire Notice |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" 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? | | | | |
| | | Cooker | Yes <input checked="" type="checkbox"/> | No * <input type="checkbox"/> |
| | | Fridge | Yes <input checked="" type="checkbox"/> | No * <input type="checkbox"/> |
| | | Other appliances (toaster/microwave etc.) | Yes <input checked="" type="checkbox"/> | No * <input type="checkbox"/> |
| If *, please give details: | | | | |

Apartment 1 – Main Building

| | | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------------|-----------------------------------------|-------------------------------------|
| No of bedrooms 2 | | | | |
| profile | | Capacity: | | Occupancy: |
| Family | | 4 | | 4 |
| TV | Bathroom | kitchen | Smoke Alarm | Fire Notice |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Cleanliness | Very Good | Adequate | Poor * | Needs urgent attention * |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Is everything in working order? | | | | |
| | | Cooker | Yes <input checked="" type="checkbox"/> | No * <input type="checkbox"/> |
| | | Fridge | Yes <input checked="" type="checkbox"/> | No * <input type="checkbox"/> |
| | | Other appliances (toaster/microwave etc.) | Yes <input checked="" type="checkbox"/> | No * <input type="checkbox"/> |
| If *, please give details: Rooms are very cluttered and messy. Fire safety door hinge is broken. Bathroom ceiling needs urgent attention. | | | | |

Annex Unit 1

| | | | | |
|-------------------------------------------------------------------|-------------------------------------|-------------------------------------------|-----------------------------------------|-------------------------------------|
| No of bedrooms 2 | | | | |
| profile | | Capacity: | | Occupancy: |
| Family | | 4 | | 4 |
| TV | Bathroom | Kitchen/dining area | Smoke Alarm | Fire Notice |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" 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? | | | | |
| | | Cooker | Yes <input checked="" type="checkbox"/> | No * <input type="checkbox"/> |
| | | Fridge | Yes <input checked="" type="checkbox"/> | No * <input type="checkbox"/> |
| | | Other appliances (toaster/microwave etc.) | Yes <input checked="" type="checkbox"/> | No * <input type="checkbox"/> |
| If *, please give details: Cover needed for bathroom light | | | | |

Annex 2

| | | | | |
|--------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------------|-----------------------------------------|-------------------------------|
| No of bedrooms 2 | | | | |
| profile | | Capacity: | | Occupancy: |
| Family | | 4 | | 5 |
| TV | Bathroom | Kitchen/dining area | Smoke Alarm | Fire Notice |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input 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? | | | | |
| | | Cooker | Yes <input checked="" type="checkbox"/> | No * <input type="checkbox"/> |
| | | Fridge | Yes <input checked="" type="checkbox"/> | No * <input type="checkbox"/> |
| | | Other appliances (toaster/microwave etc.) | Yes <input checked="" type="checkbox"/> | No * <input type="checkbox"/> |
| If *, please give details: Fire notice missing – Manager to replace that day. | | | | |

Annex 3

| | | | | |
|-------------------------------------|-------------------------------------|-------------------------------------------|-----------------------------------------|-------------------------------------|
| No of bedrooms 2 | | | | |
| profile | | Capacity: | | Occupancy: |
| Family | | 4 | | 4 |
| TV | Bathroom | Kitchen/dining area | Smoke Alarm | Fire Notice |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" 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? | | | | |
| | | Cooker | Yes <input checked="" type="checkbox"/> | No * <input type="checkbox"/> |
| | | Fridge | Yes <input checked="" type="checkbox"/> | No * <input type="checkbox"/> |
| | | Other appliances (toaster/microwave etc.) | Yes <input checked="" type="checkbox"/> | No * <input type="checkbox"/> |
| If *, please give details: | | | | |

Annex 4 NOT INSPECTED AS IT WAS EMPTY AND UNDER REPAIR

| | | | | |
|---------------------------------|--------------------------|-------------------------------------------|------------------------------|-------------------------------|
| No of bedrooms 2 | | | | |
| profile | | Capacity: | | Occupancy: |
| Family | | 4 | | 4 |
| TV | Bathroom | Kitchen/dining area | Smoke Alarm | Fire Notice |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Very Good | Adequate | Poor * | Needs urgent attention * |
| Cleanliness | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Is everything in working order? | | | | |
| | | Cooker | Yes <input type="checkbox"/> | No * <input type="checkbox"/> |
| | | Fridge | Yes <input type="checkbox"/> | No * <input type="checkbox"/> |
| | | Other appliances (toaster/microwave etc.) | Yes <input type="checkbox"/> | No * <input type="checkbox"/> |
| If *, please give details: | | | | |

Annex 5

| | | | | |
|-------------------------------------|-------------------------------------|-------------------------------------------|-----------------------------------------|-------------------------------------|
| No of bedrooms 2 | | | | |
| profile | | Capacity: | | Occupancy: |
| Family | | 4 | | 4 |
| TV | Bathroom | Kitchen/dining area | Smoke Alarm | Fire Notice |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" 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? | | | | |
| | | Cooker | Yes <input checked="" type="checkbox"/> | No * <input type="checkbox"/> |
| | | Fridge | Yes <input checked="" type="checkbox"/> | No * <input type="checkbox"/> |
| | | Other appliances (toaster/microwave etc.) | Yes <input checked="" type="checkbox"/> | No * <input type="checkbox"/> |
| If *, please give details: | | | | |

ANNEX 6

| | | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------------|-----------------------------------------|-------------------------------------|
| No of bedrooms 2 | | | | |
| profile | | Capacity: | | Occupancy: |
| Family | | 4 | | 5 |
| TV | Bathroom | kitchen | Smoke Alarm | Fire Notice |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" 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? | | | | |
| | | Cooker | Yes <input checked="" type="checkbox"/> | No * <input type="checkbox"/> |
| | | Fridge | Yes <input checked="" type="checkbox"/> | No * <input type="checkbox"/> |
| | | Other appliances (toaster/microwave etc.) | Yes <input checked="" type="checkbox"/> | No * <input type="checkbox"/> |
| If *, please give details: The wall in the Kitchen needs to be painted. A bedroom was being used to store excessive amounts of clothing, which covered the entire room and | | | | |

which created a very strong smell of damp in that room. Manager to speak to resident about removing excess clothing.

ANNEX 7

| | | | | |
|-------------------------------------------|-------------------------------------|-------------------------------------|-----------------------------------------|-------------------------------------|
| No of bedrooms 2 | | | | |
| profile | | Capacity: | | Occupancy: |
| Family | | 4 | | 4 |
| TV | Bathroom | kitchen | Smoke Alarm | Fire Notice |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" 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? | | | | |
| | | Cooker | Yes <input checked="" type="checkbox"/> | No * <input type="checkbox"/> |
| | | Fridge | Yes <input checked="" type="checkbox"/> | No * <input type="checkbox"/> |
| Other appliances (toaster/microwave etc.) | | | Yes <input checked="" type="checkbox"/> | No * <input type="checkbox"/> |
| If *, please give details: | | | | |

ANNEX 8

| | | | | |
|----------------------------------------------------------------------|-------------------------------------|-------------------------------------|-----------------------------------------|-------------------------------------|
| No of bedrooms 2 | | | | |
| profile | | Capacity: | | Occupancy: |
| Family | | 4 | | 4 |
| TV | Bathroom | kitchen | Smoke Alarm | Fire Notice |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" 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? | | | | |
| | | Cooker | Yes <input checked="" type="checkbox"/> | No * <input type="checkbox"/> |
| | | Fridge | Yes <input checked="" type="checkbox"/> | No * <input type="checkbox"/> |
| Other appliances (toaster/microwave etc.) | | | Yes <input checked="" type="checkbox"/> | No * <input type="checkbox"/> |
| If *, please give details: Light in sitting room need a cover | | | | |

ANNEX 9

| | | | | |
|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|
| No of bedrooms 2 | | | | |
| profile | | Capacity: | | Occupancy: |
| Family | | 4 | | 4 |
| TV | Bathroom | kitchen | Smoke Alarm | Fire Notice |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" 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? | | | | |

| | | |
|-------------------------------------------|-----------------------------------------|------------------------------------------|
| Cooker | Yes <input checked="" type="checkbox"/> | No * <input checked="" type="checkbox"/> |
| Fridge | Yes <input checked="" type="checkbox"/> | No * <input type="checkbox"/> |
| Other appliances (toaster/microwave etc.) | Yes <input checked="" type="checkbox"/> | No * <input type="checkbox"/> |
| If *, please give details: | | |

ANNEX 10

| | | | | |
|-------------------------------------------|-------------------------------------|-----------------------------------------|-------------------------------------|-------------------------------------|
| No of bedrooms 2 | | | | |
| profile | | Capacity: | | Occupancy: |
| Family | | 4 | | 4 |
| TV | Bathroom | kitchen | Smoke Alarm | Fire Notice |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" 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? | | | | |
| Cooker | | Yes <input checked="" type="checkbox"/> | No * <input type="checkbox"/> | |
| Fridge | | Yes <input checked="" type="checkbox"/> | No * <input type="checkbox"/> | |
| Other appliances (toaster/microwave etc.) | | Yes <input checked="" type="checkbox"/> | No * <input type="checkbox"/> | |
| If *, please give details: | | | | |

ANNEX 11

| | | | | |
|-------------------------------------------------------------------------------------------------------------|-------------------------------------|-----------------------------------------|-------------------------------------|-------------------------------------|
| No of bedrooms 2 | | | | |
| profile | | Capacity: | | Occupancy: |
| Family | | 4 | | 4 |
| TV | Bathroom | kitchen | Smoke Alarm | Fire Notice |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" 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? | | | | |
| Cooker | | Yes <input checked="" type="checkbox"/> | No * <input type="checkbox"/> | |
| Fridge | | Yes <input checked="" type="checkbox"/> | No * <input type="checkbox"/> | |
| Other appliances (toaster/microwave etc.) | | Yes <input checked="" type="checkbox"/> | No * <input type="checkbox"/> | |
| If *, please give details: HOUSE UNOCCUPIED AND FRESHLY RENOVATED TO GIVE A NICE CLEAN FRESH FEELING | | | | |

ANNEX 12

| | | | | |
|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|
| No of bedrooms 2 | | | | |
| profile | | Capacity: | | Occupancy: |
| Family | | 4 | | 4 |
| TV | Bathroom | kitchen | Smoke Alarm | Fire Notice |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| | Very Good | Adequate | Poor * | Needs urgent attention * |

| | | | | |
|---------------------------------|-------------------------------------------|-----------------------------------------|--------------------------|--------------------------|
| Cleanliness | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Is everything in working order? | | | | |
| | Cooker | Yes <input checked="" type="checkbox"/> | No * | <input type="checkbox"/> |
| | Fridge | Yes <input checked="" type="checkbox"/> | No * | <input type="checkbox"/> |
| | Other appliances (toaster/microwave etc.) | Yes <input checked="" type="checkbox"/> | No * | <input type="checkbox"/> |
| If *, please give details: | | | | |

HOUSES

House 1

| | | | | |
|-------------------------------------|-------------------------------------------|-----------------------------------------|-------------------------------------|-------------------------------------|
| No of bedrooms 4 | | | | |
| profile | | Capacity: | | Occupancy: |
| 1 Family | | 10 | | 8 |
| TV | Bathroom | kitchen | Smoke Alarm | Fire Notice |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" 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? | | | | |
| | Cooker | Yes <input checked="" type="checkbox"/> | No * | <input type="checkbox"/> |
| | Fridge | Yes <input checked="" type="checkbox"/> | No * | <input type="checkbox"/> |
| | Other appliances (toaster/microwave etc.) | Yes <input checked="" type="checkbox"/> | No * | <input type="checkbox"/> |
| If *, please give details: | | | | |

House 2

| | | | | |
|-------------------------------------|-------------------------------------------|-----------------------------------------|-------------------------------------|-------------------------------------|
| No of bedrooms 4 | | | | |
| profile | | Capacity: | | Occupancy: |
| 2 Families | | 10 | | 4 |
| TV | Bathroom | kitchen | Smoke Alarm | Fire Notice |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" 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? | | | | |
| | Cooker | Yes <input checked="" type="checkbox"/> | No * | <input type="checkbox"/> |
| | Fridge | Yes <input checked="" type="checkbox"/> | No * | <input type="checkbox"/> |
| | Other appliances (toaster/microwave etc.) | Yes <input checked="" type="checkbox"/> | No * | <input type="checkbox"/> |
| If *, please give details: | | | | |

House 3

| | | | | |
|-------------------------------------------|-------------------------------------|-------------------------------------|-----------------------------------------|-------------------------------------|
| No of bedrooms 3 | | | | |
| profile | | Capacity: | | Occupancy: |
| 2 Families | | 7 | | 7 |
| TV | Bathroom | kitchen | Smoke Alarm | Fire Notice |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" 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? | | | | |
| Cooker | | | Yes <input checked="" type="checkbox"/> | No * <input type="checkbox"/> |
| Fridge | | | Yes <input checked="" type="checkbox"/> | No * <input type="checkbox"/> |
| Other appliances (toaster/microwave etc.) | | | Yes <input checked="" type="checkbox"/> | No * <input type="checkbox"/> |
| If *, please give details: | | | | |

House 4

| | | | | |
|--------------------------------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------|-----------------------------------------|-------------------------------------|
| No of bedrooms 4 | | | | |
| profile | | Capacity: | | Occupancy: |
| 2 Families | | 10 | | 4 (downstairs vacant) |
| TV | Bathroom | kitchen | Smoke Alarm | Fire Notice |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" 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? | | | | |
| Cooker | | | Yes <input checked="" type="checkbox"/> | No * <input type="checkbox"/> |
| Fridge | | | Yes <input checked="" type="checkbox"/> | No * <input type="checkbox"/> |
| Other appliances (toaster/microwave etc.) | | | Yes <input checked="" type="checkbox"/> | No * <input type="checkbox"/> |
| If *, please give details: Peeling paint in upstairs bathroom. Some tiles in upstairs bathroom need repair. | | | | |

House 5

| | | | | |
|------------------------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------|-----------------------------------------|-------------------------------------|
| No of bedrooms 3 | | | | |
| profile | | Capacity: | | Occupancy: |
| 1 Single | | 7 | | 5 |
| TV | Bathroom | kitchen | Smoke Alarm | Fire Notice |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input 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? | | | | |
| Cooker | | | Yes <input checked="" type="checkbox"/> | No * <input type="checkbox"/> |
| Fridge | | | Yes <input checked="" type="checkbox"/> | No * <input type="checkbox"/> |
| Other appliances (toaster/microwave etc.) | | | Yes <input checked="" type="checkbox"/> | No * <input type="checkbox"/> |
| If *, please give details: Floor in entrance hall needs repair. Paint peeling in upstairs bathroom. | | | | |

House 6

| | | | | |
|-----------------------------------------------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------------|-----------------------------------------------------------------------|
| No of bedrooms 4 | | | | |
| profile | | Capacity: | | Occupancy: |
| 2 Families | | 10 | | 4 |
| TV | Bathroom | kitchen | Smoke Alarm | Fire Notice |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" 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? | | | | |
| | | | Cooker | Yes <input checked="" type="checkbox"/> No * <input type="checkbox"/> |
| | | | Fridge | Yes <input checked="" type="checkbox"/> No * <input type="checkbox"/> |
| | | | Other appliances (toaster/microwave etc.) | Yes <input checked="" type="checkbox"/> No * <input type="checkbox"/> |
| If *, please give details: Downstairs is vacant and being renovated. | | | | |

House 7

| | | | | |
|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------------|-----------------------------------------------------------------------|
| No of bedrooms 3 | | | | |
| profile | | Capacity: | | Occupancy: |
| 2 Families | | 7 | | 3 (upstairs is vacant) |
| TV | Bathroom | kitchen | Smoke Alarm | Fire Notice |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" 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? | | | | |
| | | | Cooker | Yes <input checked="" type="checkbox"/> No * <input type="checkbox"/> |
| | | | Fridge | Yes <input checked="" type="checkbox"/> No * <input type="checkbox"/> |
| | | | Other appliances (toaster/microwave etc.) | Yes <input checked="" type="checkbox"/> No * <input type="checkbox"/> |
| If *, please give details: | | | | |

House 8

| | | | | |
|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------------|-----------------------------------------------------------------------|
| No of bedrooms 5 | | | | |
| profile | | Capacity: | | Occupancy: |
| 2 Families | | 9 | | 8 |
| TV | Bathroom | kitchen | Smoke Alarm | Fire Notice |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" 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? | | | | |
| | | | Cooker | Yes <input checked="" type="checkbox"/> No * <input type="checkbox"/> |
| | | | Fridge | Yes <input checked="" type="checkbox"/> No * <input type="checkbox"/> |
| | | | Other appliances (toaster/microwave etc.) | Yes <input checked="" type="checkbox"/> No * <input type="checkbox"/> |
| If *, please give details: | | | | |

House 9

| | | | | |
|------------------------------------------------------------------|-------------------------------------|-------------------------------------|-----------------------------------------|-------------------------------------|
| No of bedrooms 3 | | | | |
| profile | | Capacity: | | Occupancy: |
| 1 Family | | 7 | | 6 |
| TV | Bathroom | kitchen | Smoke Alarm | Fire Notice |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" 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? | | | | |
| Cooker | | | Yes <input checked="" type="checkbox"/> | No * <input type="checkbox"/> |
| Fridge | | | Yes <input checked="" type="checkbox"/> | No * <input type="checkbox"/> |
| Other appliances (toaster/microwave etc.) | | | Yes <input checked="" type="checkbox"/> | No * <input type="checkbox"/> |
| If *, please give details: Kitchen ceiling needs painting | | | | |

House 10

| | | | | |
|-------------------------------------------|-------------------------------------|-------------------------------------|-----------------------------------------|-------------------------------------|
| No of bedrooms 3 | | | | |
| profile | | Capacity: | | Occupancy: |
| 1 Family | | 7 | | 6 |
| TV | Bathroom | kitchen | Smoke Alarm | Fire Notice |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" 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? | | | | |
| Cooker | | | Yes <input checked="" type="checkbox"/> | No * <input type="checkbox"/> |
| Fridge | | | Yes <input checked="" type="checkbox"/> | No * <input type="checkbox"/> |
| Other appliances (toaster/microwave etc.) | | | Yes <input checked="" type="checkbox"/> | No * <input type="checkbox"/> |
| If *, please give details: | | | | |

House 11

| | | | | |
|---------------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------|-----------------------------------------|-------------------------------------|
| No of bedrooms 5 | | | | |
| profile | | Capacity: | | Occupancy: |
| 1 Family and 1 Single | | 10 | | 7 |
| TV | Bathroom | kitchen | Smoke Alarm | Fire Notice |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" 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? | | | | |
| Cooker | | | Yes <input checked="" type="checkbox"/> | No * <input type="checkbox"/> |
| Fridge | | | Yes <input checked="" type="checkbox"/> | No * <input type="checkbox"/> |
| Other appliances (toaster/microwave etc.) | | | Yes <input checked="" type="checkbox"/> | No * <input type="checkbox"/> |
| If *, please give details: Metal strip at door saddle is lifting and needs to be replaced. | | | | |

House 12

| | | | | |
|-----------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------------|-----------------------------------------|-------------------------------------|
| No of bedrooms 3 | | | | |
| profile | | Capacity: | | Occupancy: |
| 2 families | | 7 | | 7 |
| TV | Bathroom | kitchen | Smoke Alarm | Fire Notice |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" 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? | | | | |
| | | Cooker | Yes <input checked="" type="checkbox"/> | No * <input type="checkbox"/> |
| | | Fridge | Yes <input checked="" type="checkbox"/> | No * <input type="checkbox"/> |
| | | Other appliances (toaster/microwave etc.) | Yes <input checked="" type="checkbox"/> | No * <input type="checkbox"/> |
| If *, please give details: Child found alone in downstairs sitting room, no other occupants in the house at time of visit. | | | | |
| Floor in the back hall needs repair. | | | | |

House 14

| | | | | |
|-----------------------------------------------------------------------------|-------------------------------------|-------------------------------------------|-----------------------------------------|-------------------------------------|
| No of bedrooms 2 | | | | |
| profile | | Capacity: | | Occupancy: |
| 1 Family | | 7 | | 7 |
| TV | Bathroom | kitchen | Smoke Alarm | Fire Notice |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" 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? | | | | |
| | | Cooker | Yes <input checked="" type="checkbox"/> | No * <input type="checkbox"/> |
| | | Fridge | Yes <input checked="" type="checkbox"/> | No * <input type="checkbox"/> |
| | | Other appliances (toaster/microwave etc.) | Yes <input checked="" type="checkbox"/> | No * <input type="checkbox"/> |
| If *, please give details: Upstairs bathroom ceiling needs painting. | | | | |

House 15

| | | | | |
|----------------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------------|-----------------------------------------|-------------------------------------|
| No of bedrooms 3 | | | | |
| profile | | Capacity: | | Occupancy: |
| 2 Families | | 7 | | 6 |
| TV | Bathroom | kitchen | Smoke Alarm | Fire Notice |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" 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? | | | | |
| | | Cooker | Yes <input checked="" type="checkbox"/> | No * <input type="checkbox"/> |
| | | Fridge | Yes <input checked="" type="checkbox"/> | No * <input type="checkbox"/> |
| | | Other appliances (toaster/microwave etc.) | Yes <input checked="" type="checkbox"/> | No * <input type="checkbox"/> |
| If *, please give details: Ceiling paint peeling in downstairs shower, needs to be painted. | | | | |

House 16

| | | | | |
|-------------------------------------------|-------------------------------------|-------------------------------------|-----------------------------------------|-------------------------------------|
| No of bedrooms 4 | | | | |
| profile | | Capacity: | | Occupancy: |
| 2 Families | | 10 | | 7 |
| TV | Bathroom | kitchen | Smoke Alarm | Fire Notice |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" 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? | | | | |
| Cooker | | | Yes <input checked="" type="checkbox"/> | No * <input type="checkbox"/> |
| Fridge | | | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| Other appliances (toaster/microwave etc.) | | | Yes <input checked="" type="checkbox"/> | No * <input type="checkbox"/> |
| If *, please give details: | | | | |

House 17

| | | | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------|-----------------------------------------|-------------------------------------|
| No of bedrooms 4 | | | | |
| profile | | Capacity: | | Occupancy: |
| 1 Family | | 7 | | 8 |
| TV | Bathroom | kitchen | Smoke Alarm | Fire Notice |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" 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? | | | | |
| Cooker | | | Yes <input checked="" type="checkbox"/> | No * <input type="checkbox"/> |
| Fridge | | | Yes <input checked="" type="checkbox"/> | No * <input type="checkbox"/> |
| Other appliances (toaster/microwave etc.) | | | Yes <input checked="" type="checkbox"/> | No * <input type="checkbox"/> |
| If *, please give details: Cooker ring needs replacing. Floor in kitchen needs repair. Downstairs toilet seat broken, needs replacing. | | | | |

House 18

| | | | | |
|-------------------------------------------|-------------------------------------|-------------------------------------|-----------------------------------------|-------------------------------------|
| No of bedrooms 5 | | | | |
| profile | | Capacity: | | Occupancy: |
| 1 Family | | 9 | | 6 |
| TV | Bathroom | kitchen | Smoke Alarm | Fire Notice |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" 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? | | | | |
| Cooker | | | Yes <input checked="" type="checkbox"/> | No * <input type="checkbox"/> |
| Fridge | | | Yes <input checked="" type="checkbox"/> | No * <input type="checkbox"/> |
| Other appliances (toaster/microwave etc.) | | | Yes <input checked="" type="checkbox"/> | No * <input type="checkbox"/> |
| If *, please give details: | | | | |

Apartments at rear of complex:

Apartment 1 Abbeycourt

| | | | | |
|--------------------------------------------------------------------------|-------------------------------------|-------------------------------------------|-----------------------------------------|-------------------------------------|
| No of bedrooms 2 | | | | |
| profile | | Capacity: | | Occupancy: |
| 1 Family | | 3 | | 3 |
| TV | Bathroom | kitchen | Smoke Alarm | Fire Notice |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" 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? | | | | |
| | | Cooker | Yes <input checked="" type="checkbox"/> | No * <input type="checkbox"/> |
| | | Fridge | Yes <input checked="" type="checkbox"/> | No * <input type="checkbox"/> |
| | | Other appliances (toaster/microwave etc.) | Yes <input checked="" type="checkbox"/> | No * <input type="checkbox"/> |
| If *, please give details: Toilet seat missing, needs replacement | | | | |

Apartment 2 Abbeycourt

| | | | | |
|-------------------------------------|-------------------------------------|-------------------------------------------|-----------------------------------------|-------------------------------------|
| No of bedrooms 2 | | | | |
| profile | | Capacity: | | Occupancy: |
| 1 Family | | 3 | | 3 |
| TV | Bathroom | kitchen | Smoke Alarm | Fire Notice |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" 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? | | | | |
| | | Cooker | Yes <input checked="" type="checkbox"/> | No * <input type="checkbox"/> |
| | | Fridge | Yes <input checked="" type="checkbox"/> | No * <input type="checkbox"/> |
| | | Other appliances (toaster/microwave etc.) | Yes <input checked="" type="checkbox"/> | No * <input type="checkbox"/> |
| If *, please give details: | | | | |

Apartment 3 Abbeycourt

| | | | | |
|-------------------------------------|-------------------------------------|-------------------------------------------|-----------------------------------------|-------------------------------------|
| No of bedrooms 1 | | | | |
| profile | | Capacity: | | Occupancy: |
| 1 Family | | 2 | | 2 |
| TV | Bathroom | kitchen | Smoke Alarm | Fire Notice |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" 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? | | | | |
| | | Cooker | Yes <input checked="" type="checkbox"/> | No * <input type="checkbox"/> |
| | | Fridge | Yes <input checked="" type="checkbox"/> | No * <input type="checkbox"/> |
| | | Other appliances (toaster/microwave etc.) | Yes <input checked="" type="checkbox"/> | No * <input type="checkbox"/> |

If *, please give details:

Apartment 4 Abbeycourt

| | | | | |
|-------------------------------------------|-------------------------------------|-------------------------------------|-----------------------------------------|-------------------------------------|
| No of bedrooms 2 | | | | |
| profile | | Capacity: | | Occupancy: |
| 1 Family | | 4 | | 3 |
| TV | Bathroom | kitchen | Smoke Alarm | Fire Notice |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" 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? | | | | |
| Cooker | | | Yes <input checked="" type="checkbox"/> | No * <input type="checkbox"/> |
| Fridge | | | Yes <input checked="" type="checkbox"/> | No * <input type="checkbox"/> |
| Other appliances (toaster/microwave etc.) | | | Yes <input checked="" type="checkbox"/> | No * <input type="checkbox"/> |
| If *, please give details: | | | | |

Apartment 5 Abbeycourt -

| | | | | |
|-------------------------------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------|-----------------------------------------|-------------------------------------|
| No of bedrooms 2 | | | | |
| profile | | Capacity: | | Occupancy: |
| 1 Family | | 3 | | 4 |
| TV | Bathroom | kitchen | Smoke Alarm | Fire Notice |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" 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? | | | | |
| Cooker | | | Yes <input checked="" type="checkbox"/> | No * <input type="checkbox"/> |
| Fridge | | | Yes <input checked="" type="checkbox"/> | No * <input type="checkbox"/> |
| Other appliances (toaster/microwave etc.) | | | Yes <input checked="" type="checkbox"/> | No * <input type="checkbox"/> |
| If *, please give details: Toilet seat is missing. Tiles in the shower are broken and need to be replaced. | | | | |

Apartment 6 Abbeycourt -

| | | | | |
|-------------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|
| No of bedrooms 2 | | | | |
| profile | | Capacity: | | Occupancy: |
| 1 Family | | 4 | | 3 |
| TV | Bathroom | kitchen | Smoke Alarm | Fire Notice |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" 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? | | | | |
| Cooker | | | Yes <input type="checkbox"/> | No * <input type="checkbox"/> |
| Fridge | | | Yes <input type="checkbox"/> | No * <input type="checkbox"/> |
| Other appliances (toaster/microwave etc.) | | | Yes <input type="checkbox"/> | No * <input type="checkbox"/> |

If *, please give details: **Entire apartment is very cluttered with belongings.**

Apartment 7 Abbeycourt

| | | | | |
|---------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------------|-----------------------------------------|-------------------------------|
| No of bedrooms 2 | | | | |
| profile | | Capacity: | | Occupancy: |
| 1 Family | | 4 | | 3 |
| TV | Bathroom | kitchen | Smoke Alarm | Fire Notice |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input 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? | | | | |
| | | Cooker | Yes <input checked="" type="checkbox"/> | No * <input type="checkbox"/> |
| | | Fridge | Yes <input checked="" type="checkbox"/> | No * <input type="checkbox"/> |
| | | Other appliances (toaster/microwave etc.) | Yes <input checked="" type="checkbox"/> | No * <input type="checkbox"/> |
| If *, please give details: Room very untidy and needs to be cleaned. The fire notice was missing, Manager to replace that day. | | | | |

Apartment 8 Abbeycourt

| | | | | |
|---------------------------------------------|-------------------------------------|-------------------------------------------|-----------------------------------------|-------------------------------------|
| No of bedrooms 2 | | | | |
| profile | | Capacity: | | Occupancy: |
| 1 Family | | 4 | | 3 |
| TV | Bathroom | kitchen | Smoke Alarm | Fire Notice |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" 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? | | | | |
| | | Cooker | Yes <input checked="" type="checkbox"/> | No * <input type="checkbox"/> |
| | | Fridge | Yes <input checked="" type="checkbox"/> | No * <input type="checkbox"/> |
| | | Other appliances (toaster/microwave etc.) | Yes <input checked="" type="checkbox"/> | No * <input type="checkbox"/> |
| If *, please give details: Very tidy | | | | |

ABBEYVIEW APARTMENTS

Apartment 14

| | | | | |
|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|
| No of bedrooms 2 | | | | |
| profile | | Capacity: | | Occupancy: |
| Singles | | 4 | | 4 |
| TV | Bathroom | kitchen | Smoke Alarm | Fire Notice |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" 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? | | | | |
| | Cooker | Yes <input checked="" type="checkbox"/> | No * | <input type="checkbox"/> |
| | Fridge | Yes <input checked="" type="checkbox"/> | No * | <input type="checkbox"/> |
| | Other appliances (toaster/microwave etc.) | Yes <input checked="" type="checkbox"/> | No * | <input type="checkbox"/> |
| If *, please give details: A drawer in the kitchen was broken. Evidence of smoking in one of the bedrooms. | | | | |

Apartment 15

| | | | | |
|------------------------------------------------------------------------------------|-------------------------------------------|-----------------------------------------|-------------------------------------|-------------------------------------|
| No of bedrooms 5 | | | | |
| profile | | Capacity: | | Occupancy: |
| Singles | | 7 | | 5 |
| TV | Bathroom | kitchen | Smoke Alarm | Fire Notice |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" 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? | | | | |
| | Cooker | Yes <input checked="" type="checkbox"/> | No * | <input type="checkbox"/> |
| | Fridge | Yes <input checked="" type="checkbox"/> | No * | <input type="checkbox"/> |
| | Other appliances (toaster/microwave etc.) | Yes <input checked="" type="checkbox"/> | No * | <input type="checkbox"/> |
| If *, please give details: Ceiling in bathroom on top floor needs painting. | | | | |

Apartment 16

| | | | | |
|------------------------------------------------------------------------------------------------------------------|-------------------------------------------|-----------------------------------------|-------------------------------------|-------------------------------------|
| No of bedrooms 5 | | | | |
| profile | | Capacity: | | Occupancy: |
| Singles | | 7 | | 6 |
| TV | Bathroom | kitchen | Smoke Alarm | Fire Notice |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" 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? | | | | |
| | Cooker | Yes <input checked="" type="checkbox"/> | No * | <input type="checkbox"/> |
| | Fridge | Yes <input checked="" type="checkbox"/> | No * | <input type="checkbox"/> |
| | Other appliances (toaster/microwave etc.) | Yes <input checked="" type="checkbox"/> | No * | <input type="checkbox"/> |
| If *, please give details: Door on kitchen cupboard needs to be fixed. Paint peeling in upstairs bathroom | | | | |

Apartment 17

| | | |
|-------------------------|-----------|------------|
| No of bedrooms 2 | | |
| profile | Capacity: | Occupancy: |
| Singles | 4 | 4 |

| | | | | |
|-------------------------------------|-------------------------------------------|-----------------------------------------|-------------------------------------|-------------------------------------|
| TV | Bathroom | kitchen | Smoke Alarm | Fire Notice |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" 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? | | | | |
| | Cooker | Yes <input checked="" type="checkbox"/> | No * | <input type="checkbox"/> |
| | Fridge | Yes <input checked="" type="checkbox"/> | No * | <input type="checkbox"/> |
| | Other appliances (toaster/microwave etc.) | Yes <input checked="" type="checkbox"/> | No * | <input type="checkbox"/> |
| If *, please give details: | | | | |

General Representations

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

No

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

No

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

No

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.

International Protection Procurement Services

9th December 2020

Re: IPAS Inspection at the Old Convent on 8th November 2021

I refer to the inspection carried out by The International Protection Accommodation Service at the Old Convent Ballyhaunis on the 8th of November 2020.

I am pleased to note the overall outcome of the inspection with a small number of items being highlighted for attention. The following are our comments in relation to items highlighted.

Main Building:

- Apartment 1- Management spoke to resident regarding storage facilities. The Fire Safety hinge was replaced on the day of the inspection. The bathroom ceiling was painted on the 30th of November.
- Apartment 3- The room was decluttered on the 9th November.
- Apartment 4- The radiator was bled on the day of the inspection.
- Apartment 5- The room was painted on the 8th December.
- Apartment 7- Management spoke to the resident regarding untidy room. The wardrobe blocking the door was moved on the day of the inspection.
- Apartment 8- The Ceiling was treated with mould spray on the day of the inspection.

Annex:

- Annex 1-New pendant installed in the bathroom on the 9th of November 2021.
- Annex 2- Fire Notice was replaced on the day of the inspection.
- Annex 6- The kitchen walls were painted on the 7th December. Management spoke to the resident regarding her room being used to store cloths.
- Annex 8- A light shade was installed on the day of the inspection.

Housing units:

- House 4- The bathroom wall was repaired and painted on the 30th November.
- House 5- Floor at entrance was repaired and the wall was painted in the bathroom on the 30th of November.
- House 9- The kitchen ceiling was painted on the 30th of November.

- House 11- The metal strip at the door saddle was replaced on the day of the inspection.
- House 12- The floor in the utility was replaced on the 7th December.
- House 14- The bathroom ceiling was painted on the 30th November.
- House 15- The bathroom ceiling was painted on the 30th November.
- House 17- The hob was replaced on the day of the inspection. The floor in the kitchen was replaced on the 25th November. The toilet seat was replaced on the day of the inspection.

Abbey Court Apartments

- Apartment 1, Abbey Court- The toilet seat was replaced on the day of the inspection.
- Apartment 5- Abbey Court- The toilet seat was replaced on the day of the inspection. The resident has received their status and is currently in the process of moving out. A full refurbishment is scheduled.
- Apartment 6- Abbey Court- Management spoke to resident regarding storage facilities and the resident has declined our offer. The family have received their status and are in the process of moving out.
- Apartment 7- Abbey Court- Fire notice was replaced on the day of the inspection. Management spoke with the resident regarding untidy rooms.

Abbey View Apartments

- Apartment 14- Drawer in kitchen was fixed on the day of the inspection. Management spoke with resident regarding smoking in the room.
- Apartment 15- Ceiling in bathroom was painted on the 30th November.
- Apartment 16- Door on kitchen cupboard fixed on the day of the inspection. Wall was painted in the bathroom on the 30th November.

I trust that you will find the above to be in order and if I can be of any further assistance, please let me know.

Yours Sincerely,

John Nally
Customer Care Manager

