

IPAS/IPPS

Independent Inspection Report

Centre:	Eglinton, Salthill
Inspector:	Shane Mac Loughlin
Date of Inspection:	19/10/22
Time of Arrival & Departure:	10.30-2pm

Part 1
General Information on Services

Independent Inspection Report

Centre: **Eglinton, Salthill**

Date of Inspection: **19/10/22**

1. CENTRE DETAILS

Name and address of Centre	Eglinton
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Contractor	Maplestar
Manager	Anne Keady
Who deputises for manager in his/her absence?	Give Job Title only Ass. Manger

Telephone Number	091 526400
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Current Contracted Capacity	210
Current Occupancy (today)	180
Current Centre Profile (e.g., singles, families etc.)	Females & Families

HSE Area	West
Public Health Nurse	Olivia Byrne
DSP / CWO name	Varies
Environmental Health Officer name	Priscilla Byrne
Local Fire Officer Name	Mike Rafferty
Local Fire Station	Galway

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

2. Please provide a copy of the following

	Check List
Official Register	<input checked="" type="checkbox"/>
Menu Cycle	<input checked="" type="checkbox"/>
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	8pm-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 RIA out of hours number	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If no, give details:
Are first aid kits available? (Y/N)	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Where and how many?	
Who is responsible for first aid restocking?	Job title <u>only</u> (not name) of person responsible: Duty 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"/> All staff

4 HEATING ARRANGEMENTS

What type of heating is used in the centre?	Gas
Do residents have control of the heating in their own bedroom?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
If no, what arrangements are in place?	on for 3 two hr periods morning to evening then on from 5pm-Midnight
What are the heating 'ON' times?	see above

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?	Manager meets with new arrivals and goes through all orientation

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

Are residents issued with key for their bedroom?(Yes/No)	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Are residents issued with key for main door? (Yes/No)	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
If no, give details	Reception always staffed
Are there procedures to allow residents to receive visitors? (Give details)	yes sign in at reception and meets large front meeting room
Outline visiting times :	10am-8pm
In what areas are visitors allowed in the centre?	Communal areas

Any other relevant information:	
Is there a facility for storage of residents' valuables*? (Give details.) (* Storage is at resident's own risk)	yes
What toiletries are provided to residents on arrival?	toothpaste, soap, shampoos
What arrangements are in place to replenish these items?	on request from front desk

7 ARRANGEMENTS FOR MAINTENANCE

Does the centre have a written procedure in place for residents to report maintenance issues? (Yes/No)	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Is there a maintenance day book? (Yes/No)	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Describe the maintenance procedure at the centre: day book / log at reception	

8 CHILD PROTECTION

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

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:	18 th Dec 2020 – no issues

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

Are residents consulted regarding menu / dietary requests? (Give details.)	Yes –shop system where foods are ordered and residents purchase foods they like in normal course of shopping.
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? 	All residents are now self-sufficient and do their meal preparing in their own mobiles. Juices, yogurts, cold cuts of turkey, ham etc. are all available.

<ul style="list-style-type: none"> • Yogurt? • Fruit? • Other 	
Is infant formula kept out of public view?	Yes
What arrangements are in place for distribution of infant formula?	On points system

11 ARRANGEMENTS FOR REFRESHMENTS / MEALS OUTSIDE NORMAL MEAL TIMES

Are tea / coffee / drinking water / Snacks etc. available outside mealtimes?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
What food/snacks are available after hours or when kitchen is closed?	Points system for shopping in shop which includes teas, coffees, juices , biscuits,
Where are the snacks located and how are they accessed?	Snacks are available for all residents in shop.
Are meals available for residents who arrive late? (Give details.)	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Are meals available for new arrivals? (Give details)	Set up on points system and shop system made available
Are packed lunches available for residents travelling to Dublin on official business? (Give details)	No Set up on points system and shop system made available
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>	Section does not apply as all residents now have cooking facilities of their own.
Access to drinking water (for breastfeeding mothers / for preparation of infant formula)	
Sterilisers	
Kettles	
Fridge (for bottles of EBM* / formula) *Expressed Breast Milk	
Bottle Warmer	
Microwave	
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 are 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 checked="" type="checkbox"/> No <input type="checkbox"/>
Computer Games	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Snooker Table	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

Pool Table	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Table Tennis Table	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Board Games	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Newspapers	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Books	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Toys / games for children	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Other		
Give details of any other arrangement or other comments:		

14 TRANSPORT ARRANGEMENTS

Is there a bus service provided? (Yes/No):	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Where does the service go to?	
What is the frequency of the service? (List time table opposite)	

15 TV SYSTEM

Is there a specific TV system in place? (give details)	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> satellite channels
An average, how many TV channels are provided to residents?	15+
Are residents allowed to erect satellite dishes?	no

16 LAUNDRY FACILITIES (General Arrangements)

Are Laundry facilities available in the centre? (Y/N)	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
If No, what service is provided?	
Who launders towels and bedlinen? (e.g., residents, staff, other, etc)	housekeeping
What procedures are in place for the exchange of towels and bed linen at the centre?	as required are changed
What procedures are in place for ironing boards and irons?	available from front desk
How is washing powder / tablets supplied?	handed out each week
Are there specific arrangements for access to the laundry (give details):	open 11am to midnight daily

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?	mops, brushes, detergents, floor cleaner

What is the procedure for residents to access vacuum cleaners, brushes & other cleaning equipment?	available from front desk
What arrangements are in place if rooms are not cleaned sufficiently by residents?	resident advised and where necessary housekeeping will assist in clean up

PART 2

Room by Room Inspection

Independent Inspection

Centre: Eglinton Galway

Date of Inspection: 19/10/2022

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 procedure	<input checked="" type="checkbox"/>	reception

HSE Breastfeeding Posters (if applicable)	<input checked="" type="checkbox"/>	dining room
Designated Liaison Person details (Child Protection)	<input checked="" type="checkbox"/>	reception
Supervision of children notice	<input checked="" type="checkbox"/>	reception
Gym Notices (Child Safety – if applicable)	<input type="checkbox"/>	n/a
IOM Voluntary Return Posters	<input checked="" type="checkbox"/>	reception

18 Staff Awareness

Did you see the IPAS/IPPS Code of Practice*?	<input checked="" type="checkbox"/>
Are all staff aware of IPAS/IPPS Code & House Rules?	<input checked="" type="checkbox"/>
How are staff made aware of IPAS/IPPS Code & House Rules? on going training and sign off by management	

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

19 FIRE SAFETY

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

19a EMERGENCY LIGHTING INSPECTION SCHEDULE

<u>Date</u>	<u>Inspected By</u> (Company Name / Position)	<u>Comments</u>
15/10/22	Internal	ok
8/10/22	internal	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
18/10/22	Internal	<input checked="" type="checkbox"/>			
15/7/22	External service	<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

3/2/22	Precision Fire Systems	<input checked="" type="checkbox"/>			
15/10/22	internal	<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
19/10/22	staff	<input checked="" type="checkbox"/>			
18/10/22	staff	<input checked="" type="checkbox"/>			

19e FIRE DRILL PROCEDURE INSPECTION SCHEDULE

Date & Time	Numbers of staff involved in drill	No. of residents present / evacuated **	Evacuation Time	Comments
11/7/22	12	107	7mins	ok
4/6/21	13	96	6min	

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

19f STAFF INSTRUCTION AND TRAINING (Fire Safety)

Job Description	Course	Instructor	Duration	Date
All Staff	Fire Safety	Ignite Safety	1 day	21/5/22

19g FIRE ASSEMBLY POINTS

Where are the Fire Assembly Points located?	Front of building
Are they marked?	no - public street
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>	
Comments:	No smoking allowed within buildings

19i FIRE EXITS, EMERGENCY LIGHTING, SMOKE ALARMS, FIRE NOTICES

(in corridors & common areas)

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

Administration Area:

Reception:

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

Have you seen the following?

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

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

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"/>	reception

Social Room / Tea Station (State Location): large communal room to left of reception

What facilities are provided? Large TV, Couches, armcahirs, tea/coffee & fridge facilities		
Is the area generally clean?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
If no please give details:		
Visual Check: Have you noticed any issues requiring attention?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
If yes please detail:		

Pre-school Room:

Is the area generally clean?	Yes / No	yes
If no please give details:		

Visual Check: 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: pre-school room very well maintained and well kitted out

DINING AREA:

Please outline the meal times: Shop system now in place where residents purchase products on points pricing system. Shop open from 9-4 Monday to Friday and 9-1 Saturday.

	From	To
Breakfast	n/a	
Lunch	n/a	
Dinner	n/a	

Which is the main meal of the day:	n/a
Is menu cycle available?	n/a

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

Breakfast	n/a
Lunch	n/a
Dinner	n/a

Is menu cycle on display?	n/a
Does menu cycle correspond with options available?	n/a
If no, ask manager for explanation and provide details:	
Which meal was sampled? Breakfast <input type="checkbox"/> Lunch <input checked="" type="checkbox"/> Dinner <input type="checkbox"/>	
Please describe the meal in detail (e.g. was it hot / cold, bland / spicy etc.)	
Was there a vegetarian option? (note salad and vegetables <u>alone</u> are not considered as vegetarian option)	Yes <input checked="" type="checkbox"/> <input type="checkbox"/>
Give details of this option:	Fruit and vegetable selections
Were there ethnic dishes available?	Yes large variety in shop
Give details of this option:	Curries, spices etc.
Was fresh foods available for Infants? (as per HSE Infant Feeding Guidelines)	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
In your opinion, does the food on offer appear to provide a good variety?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Did inspection take place during Ramadan?	no
If yes, please outline arrangements for provision of meals outside of normal mealtimes, <i>(medical or other appointments, etc.):</i>	
Food will be held over until evening time	
Is there any damaged seating or tables in dining room?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Is there enough seating for residents present to sit down and eat their lunch?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

Comments: **All residents now have cooking facilities in own accommodations**

KITCHEN AREA: Food Safety Critical Requirements

Food Safety

Note : 8 cooking stations have been installed in for residents with 3 deep fryers, 2 air fryers, 3 microwaves

HACCP record in Shop

Pest Control: west Pest 5/10/22 – no issues found
Induction and Ongoing Staff Training: Staff have received training in food safety hygiene
Time & Temperature Records: Defrosting, hot holding, food delivery, cooking, cooling, reheating temperatures are taken. Fridge 1 & 2, Freezer 1 & 2, dishwasher (AM/PM). All records up to date.
Hygiene Audits: EHO audits complete on premises
List of Approved Suppliers: List of approved suppliers in place, with associated HACCP documentation. Very detailed and well done.
Cleaning Schedules: Daily and Weekly register in place. Evident that kitchen was maintained at high level of cleanliness.
Procedures for accepting deliveries: HACCP point plan in place. Copy of procedure delivery posted next to delivery door.
General Comments:

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:				
Visual Check: Have you noticed any issues requiring attention?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
(Products in date, fresh food, ethnic food, Halal food, variety available, suitable range of food products, toiletries and cleaning materials.)				
If yes to any issues please give detail:				

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. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
If no please give details:		
Products (Available) Check: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
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.		
Please Insert/List Some Items/Products Below;		
Item/Product:	Points Value:	Expiry Date on
Product:		
Chef Ketchup	2.04	05/23
Rich Tea Biscuits	1.97	04/23
2L Milk	1.89	25/10/22
Frozen Beef 500g	4.25	04/23
Overall Comments/Additional Comments: New system now fully operational		

STAFF FACILITIES AND HYGIENE

Are designated staff facilities provided?	yes
What facilities are in place?	Changing room and lockers

Are all areas clean and well maintained?	Yes
Are suitable hand washing & drying facilities provided?	Yes
Is storage provided for personal belongings?	Yes
Are showers provided? <i>Indicate cleanliness & suitability</i>	no

Is a designated area provided for staff breaks? <i>If yes, is it clean/suitable/well maintained. If no, outline arrangements for breaks</i>	No – use dining room
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Are uniforms provided for:

Kitchen Staff?	Yes
Serving Staff?	Yes

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

23 PUBLIC TOILET (State Location): **beside front office**

	Number	Soap	Toilet Paper	Hand Towels / Dryers	Hot Water	Sanitary Bins
Unisex:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ladies:	2	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Gents:	2	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Is there a cleaning schedule displayed?						Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Record the last time entry.						
Is the area clean? (provide comment) gents not clean at time of inspection						
Are all facilities working?						Yes <input checked="" type="checkbox"/> No * <input type="checkbox"/>
Visual Check: Have you noticed any issues requiring attention?						Yes* <input type="checkbox"/> No <input type="checkbox"/>
If No, give details:						

24 COMMUNAL ROOM (State Location): **left of main entrance**

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 type="checkbox"/> No <input type="checkbox"/>

What is the area generally used for?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Computer room:		
Is the area generally clean?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
<i>Visual Check:</i> Have you noticed any issues requiring attention?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
If yes please detail:		
Any other comments? If yes please detail: dedicated computer room and library is fully supervised when in use		

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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maintenance standard of the grounds (e.g. grass cut, walkways clear etc.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cleanliness of the grounds (ie., evidence of rubbish etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Where you have rated * please provide details and comments:				
Are there any facilities available for children outdoors? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				
Comments				

LAUNDRY ROOM

	Washing Machines	Dryers
Number	6	4
Do they appear to be in working order? yes		
Comments: Note rooms 2-11 and 20-25 have now their own washing machines.		

CORRIDOR (State Location): all

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

STAIRWAY (State Location): all areas

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

Bedrooms:

CLEANING (General Arrangements)

How often are bedrooms inspected?	twice weekly <input type="checkbox"/>	Weekly <input checked="" type="checkbox"/>
Who cleans the bedrooms?	Staff <input type="checkbox"/>	Residents <input checked="" type="checkbox"/>
How often do staff clean the bedrooms?	Weekly <input type="checkbox"/>	fortnightly <input type="checkbox"/>
	Monthly <input type="checkbox"/>	Other <input checked="" type="checkbox"/>
Are there cleaning materials and equipment provided by management for residents?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
What cleaning equipment is available to residents?	detergents, mops, buckets, brushes , hoover	
What arrangements are in place if rooms are not cleaned sufficiently by residents?	discussed with management and if necessary housekeeping will assist	

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

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

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

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

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

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

ROOM NUMBER 7 - converted to living room				
Room Profile:		Room Capacity:		Room Occupancy:
n/a		0		0
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details:				

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

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

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

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

ROOM NUMBER 20 - converted to living room				
Room Profile:		Room Profile:		Room Profile:
n/a		n/a		n/a
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details:				

ROOM NUMBER 21				
Room Profile:		Room Capacity:		Room Occupancy:
Family		5		6
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No* <input type="checkbox"/>
If *, please give details:				

ROOM NUMBER 22				
Room Profile:		Room Capacity:		Room Occupancy:
Family		4		4
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details:				

ROOM NUMBER 23

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

ROOM NUMBER 24					
Room Profile:		Room Capacity:		Room Occupancy:	
Family		6		6	
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *	
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>	
If *, please give details:					

ROOM NUMBER 25					
Room Profile:		Room Capacity:		Room Occupancy:	
Family		3		2	
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *	
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No* <input type="checkbox"/>	
If *, please give details:					

ROOM NUMBER 100	converted to sitting room
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ROOM NUMBER 101					
Room Profile:		Room Capacity:		Room Occupancy:	
Family		4		0	
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *	
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>	
If *, please give details:					

ROOM NUMBER 102				
Room Profile:		Room Capacity:		Room Occupancy:
Family		5		2
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details:				

ROOM NUMBER 103 converted to sitting room

ROOM NUMBER 104				
Room Profile:		Room Capacity:		Room Occupancy:
Family		4		4
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details:				

ROOM NUMBER 105				
Room Profile:		Room Capacity:		Room Occupancy:
Family		4		3
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details:				

ROOM NUMBER 106				
Room Profile:		Room Capacity:		Room Occupancy:
Family		4		3
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details:				

ROOM NUMBER 107				
Room Profile:		Room Capacity:		Room Occupancy:
Family		3		3
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No* <input type="checkbox"/>
If *, please give details:				

ROOM NUMBER 108				
Room Profile:		Room Capacity:		Room Occupancy:
Family		4		3
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details:				

ROOM NUMBER 109				
Room Profile:		Room Capacity:		Room Occupancy:
Family		4		3
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details:				

ROOM NUMBER 110 converted to sitting room

ROOM NUMBER 111				
Room Profile:		Room Capacity:		Room Occupancy:
Family		3		2
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

ROOM NUMBER 112				
Room Profile:		Room Capacity:		Room Occupancy:
Family		4		2
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No* <input type="checkbox"/>
If *, please give details:				

ROOM NUMBER 113				
Room Profile:		Room Capacity:		Room Occupancy:
Family		3		3
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No* <input type="checkbox"/>
If *, please give details:				

ROOM NUMBER 114				
Room Profile:		Room Capacity:		Room Occupancy:
Family		4		2
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No* <input type="checkbox"/>
If *, please give details:				

ROOM NUMBER 115 converted to sitting room

ROOM NUMBER 200

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

ROOM NUMBER 201					
Room Profile:		Room Capacity:		Room Occupancy:	
Family		4		2	
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *	
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>	
If *, please give details:					

ROOM NUMBER 202					
Room Profile:		Room Capacity:		Room Occupancy:	
Shared		3		2	
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *	
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No* <input type="checkbox"/>	
If *, please give details:					

ROOM NUMBER 203					
Room Profile:		Room Capacity:		Room Occupancy:	
Family		3		2	
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *	
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>	
If *, please give details:					

ROOM NUMBER 204 converted to sitting room

ROOM NUMBER 205				
Room Profile:		Room Capacity:		Room Occupancy:
Family		4		2
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes	
If *, please give details:				

ROOM NUMBER 206				
Room Profile:		Room Capacity:		Room Occupancy:
Family		4		2
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details:				

ROOM NUMBER 207 converted to sitting room

ROOM NUMBER 208				
Room Profile:		Room Capacity:		Room Occupancy:
Family		4		5
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details:				

ROOM NUMBER 209				
Room Profile:		Room Capacity:		Room Occupancy:
Family		3		2
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>

If *, please give details:

ROOM NUMBER 210

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

ROOM NUMBER 211

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

ROOM NUMBER 212

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

ROOM NUMBER 213

Room Profile:		Room Capacity:		Room Occupancy:	
Family		3		0	
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *	
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>	

If *, please give details:

ROOM NUMBER 213.214 converted to sitting room

ROOM NUMBER 215				
Room Profile:		Room Capacity:		Room Occupancy:
Family		4		2
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
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: NO				
If *, please give details:				

ROOM NUMBER 300				
Room Profile:		Room Capacity:		Room Occupancy:
Family		3		2
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order? Yes <input checked="" type="checkbox"/> No* <input type="checkbox"/>				
If *, please give details:				

ROOM NUMBER 301				
Room Profile:		Room Capacity:		Room Occupancy:
Family		4		3
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order? Yes <input checked="" type="checkbox"/> No * <input type="checkbox"/>				
If *, please give details:				

ROOM NUMBER 302				
Room Profile:		Room Capacity:		Room Occupancy:
Family		4		2
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

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

ROOM NUMBER 303				
Room Profile:		Room Capacity:		Room Occupancy:
Family		2		2
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	Very Good	Adequate	Poor *	Needs urgent attention *
Cleanliness	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details:				

ROOM NUMBER 304				
Room Profile:		Room Capacity:		Room Occupancy:
Family		4		4
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	Very Good	Adequate	Poor *	Needs urgent attention *
Cleanliness	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No* <input type="checkbox"/>
If *, please give details:				

ROOM NUMBER 305				
Room Profile:		Room Capacity:		Room Occupancy:
Family		3		3
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	Very Good	Adequate	Poor *	Needs urgent attention *
Cleanliness	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details:				

ROOM NUMBER 306				
Room Profile:		Room Capacity:		Room Occupancy:
Family		3		3
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	Very Good	Adequate	Poor *	Needs urgent attention *

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

ROOM NUMBER 307				
Room Profile:		Room Capacity:		Room Occupancy:
Family		3		3
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	Very Good	Adequate	Poor *	Needs urgent attention *
Cleanliness	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order? Yes <input checked="" type="checkbox"/> No * <input type="checkbox"/>				
If *, please give details:				

ROOM NUMBER 308				
Room Profile:		Room Capacity:		Room Occupancy:
Family		4		3
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	Very Good	Adequate	Poor *	Needs urgent attention *
Cleanliness	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order? Yes <input checked="" type="checkbox"/> No* <input type="checkbox"/>				
If *, please give details:				

ROOM NUMBER 309				
Room Profile:		Room Capacity:		Room Occupancy:
Family		4		4
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	Very Good	Adequate	Poor *	Needs urgent attention *
Cleanliness	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order? Yes <input checked="" type="checkbox"/> No * <input type="checkbox"/>				
If *, please give details:				

ROOM NUMBER 310				
Room Profile:		Room Capacity:		Room Occupancy:
Family		4		4
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	Very Good	Adequate	Poor *	Needs urgent attention *

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

ROOM NUMBER 311				
Room Profile:		Room Capacity:		Room Occupancy:
Family		3		2
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good <input type="checkbox"/>	Adequate <input checked="" type="checkbox"/>	Poor * <input type="checkbox"/>	Needs urgent attention * <input type="checkbox"/>
Is everything in working order? Yes <input checked="" type="checkbox"/> No * <input type="checkbox"/>				
If *, please give details:				

ROOM NUMBER 312				
Room Profile:		Room Capacity:		Room Occupancy:
Family		2		2
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good <input type="checkbox"/>	Adequate <input checked="" type="checkbox"/>	Poor * <input type="checkbox"/>	Needs urgent attention * <input type="checkbox"/>
Is everything in working order? Yes <input checked="" type="checkbox"/> No* <input type="checkbox"/>				
If *, please give details:				

ROOM NUMBER 313				
Room Profile:		Room Capacity:		Room Occupancy:
Family		3		2
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good <input type="checkbox"/>	Adequate <input checked="" type="checkbox"/>	Poor * <input type="checkbox"/>	Needs urgent attention * <input type="checkbox"/>
Is everything in working order? Yes <input checked="" type="checkbox"/> No * <input type="checkbox"/>				
If *, please give details:				

ROOM NUMBER 314				
Room Profile:		Room Capacity:		Room Occupancy:
Family		3		4
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	Very Good	Adequate	Poor *	Needs urgent attention *

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

ROOM NUMBER 315				
Room Profile:		Room Capacity:		Room Occupancy:
Family		4		5
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	Very Good	Adequate	Poor *	Needs urgent attention *
Cleanliness	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order? Yes <input checked="" type="checkbox"/> No * <input type="checkbox"/>				
If *, please give details:				

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

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General Representations

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

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

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

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

Personal representations should be recorded in Part 3.

Summary Sheet

Name of Centre:	Eglinton
Address:	The Prom, Salthill
Proprietor :	Maplestar
Manager:	Anne Keady
Contact Name:	Anne Keady
Capacity Per MOA (Current Occupancy):	210 (180)
Date of Inspection:	19/10/22

No Fire Safety Issues – refresher training given to staff on 21/5/22 by Ignite safety

No Food Safety Issues

No Bedrooms Issues – introduction of residents kitchen has removed cooking equipment from bedrooms

New Washing machines installed in rooms 2-11 and 20 to 25. There is also work underway to build new laundry building.

Commercial kitchen no longer in uses as residents kitchen has proven very successful and all residents now cook their own meals.

IPAS/IPPS

Independent Inspection Report

Centre:	Eglinton, Salthill
Inspector:	Shane Mac Loughlin
Date of Inspection:	21/3/2022
Time of Arrival & Departure:	12.30-4pm

Part 1
General Information on Services

Independent Inspection Report

Centre: **Eglinton, Salthill**

Date of Inspection: **21/3/2022**

1. CENTRE DETAILS

Name and address of Centre	Eglinton
----------------------------	----------

Contractor	Maplestar
Manager	Anne Keady
Who deputises for manager in his/her absence?	Give Job Title only Ass. Manger

Telephone Number	091 526400
------------------	------------

Current Contracted Capacity	210
Current Occupancy (today)	164
Current Centre Profile (e.g., singles, families etc.)	Females & Families

HSE Area	West
Public Health Nurse	Olivia Byrne
DSP / CWO name	Varies
Environmental Health Officer name	Priscilla Byrne
Local Fire Officer Name	Mike Rafferty
Local Fire Station	Galway

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

2. Please provide a copy of the following

	Check List
Official Register	<input checked="" type="checkbox"/>
Menu Cycle	<input checked="" type="checkbox"/>
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	8pm-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 RIA out of hours number	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If no, give details:
Are first aid kits available? (Y/N)	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Where and how many?	
Who is responsible for first aid restocking?	Job title <u>only</u> (not name) of person responsible: Duty 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"/> All staff

4 HEATING ARRANGEMENTS

What type of heating is used in the centre?	Gas
Do residents have control of the heating in their own bedroom?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
If no, what arrangements are in place?	on for 3 two hr periods morning to evening then on from 5pm-Midnight
What are the heating 'ON' times?	see above

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?	Manager meets with new arrivals and goes through all orientation

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

Are residents issued with key for their bedroom?(Yes/No)	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Are residents issued with key for main door? (Yes/No)	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
If no, give details	Reception always staffed
Are there procedures to allow residents to receive visitors? (Give details)	yes sign in at reception and meets large front meeting room
Outline visiting times :	10am-8pm
In what areas are visitors allowed in the centre?	Communal areas

Any other relevant information:	
Is there a facility for storage of residents' valuables*? (Give details.) (* Storage is at resident's own risk)	yes
What toiletries are provided to residents on arrival?	toothpaste, soap, shampoos
What arrangements are in place to replenish these items?	on request from front desk

7 ARRANGEMENTS FOR MAINTENANCE

Does the centre have a written procedure in place for residents to report maintenance issues? (Yes/No)	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Is there a maintenance day book? (Yes/No)	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Describe the maintenance procedure at the centre: day book / log at reception	

8 CHILD PROTECTION

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

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:	22/7/21 & 4/6/21

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

Are residents consulted regarding menu / dietary requests? (Give details.)	shop in place for residents and residents now cook in own accommodations.
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 own children's lunches
Is infant formula kept out of public view?	yes
What arrangements are in place for distribution of infant formula?	Available in shop

11 ARRANGEMENTS FOR REFRESHMENTS / MEALS OUTSIDE NORMAL MEAL TIMES

Are tea / coffee / drinking water / Snacks etc. available outside mealtimes?	Section does not apply as all residents now have cooking facilities of their own.
What food/snacks are available after hours or when kitchen is closed?	
Where are the snacks located and how are they accessed?	
Are meals available for residents who arrive late? (Give details.)	
Are meals available for new arrivals? (Give details)	
Are packed lunches available for residents travelling to Dublin on official business? (Give details)	
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?	

12 FACILITIES FOR FEEDING BABIES

<i>Are the following available?</i>	Section does not apply as all residents now have cooking facilities of their own.
Access to drinking water (for breastfeeding mothers / for preparation of infant formula)	
Sterilisers	
Kettles	
Fridge (for bottles of EBM* / formula) *Expressed Breast Milk	
Bottle Warmer	
Microwave	

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 are 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 checked="" type="checkbox"/>	No <input type="checkbox"/>
Computer Games	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Snooker Table	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Pool Table	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Table Tennis Table	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Board Games	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Newspapers	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Books	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Toys / games for children	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Other		
Give details of any other arrangement or other comments:		

14 TRANSPORT ARRANGEMENTS

Is there a bus service provided? (Yes/No):	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Where does the service go to?	
What is the frequency of the service? (List time table opposite)	

15 TV SYSTEM

Is there a specific TV system in place? (give details)	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> satellite channels
An average, how many TV channels are provided to residents?	15+
Are residents allowed to erect satellite dishes?	no

16 LAUNDRY FACILITIES (General Arrangements)

Are Laundry facilities available in the centre? (Y/N)	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
If No, what service is provided?	
Who launders towels and bedlinen? (e.g., residents, staff, other, etc)	housekeeping
What procedures are in place for the exchange of towels and bed linen at the centre?	as required are changed
What procedures are in place for ironing boards and irons?	available from front desk

How is washing powder / tablets supplied?	handed out each week
Are there specific arrangements for access to the laundry (give details):	open 11am to midnight daily

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?	mops, brushes, detergents, floor cleaner
What is the procedure for residents to access vacuum cleaners, brushes & other cleaning equipment?	available from front desk
What arrangements are in place if rooms are not cleaned sufficiently by residents?	resident advised and where necessary housekeeping will assist in clean up

PART 2

Room by Room Inspection

Independent Inspection

Centre: Eglinton Galway

Date of Inspection: 21/3/22

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 procedure	<input checked="" type="checkbox"/>	reception

HSE Breastfeeding Posters (if applicable)	<input checked="" type="checkbox"/>	dining room
Designated Liaison Person details (Child Protection)	<input checked="" type="checkbox"/>	reception
Supervision of children notice	<input checked="" type="checkbox"/>	reception
Gym Notices (Child Safety – if applicable)	<input type="checkbox"/>	n/a
IOM Voluntary Return Posters	<input checked="" type="checkbox"/>	reception

18 Staff Awareness

Did you see the IPAS/IPPS Code of Practice*?	<input checked="" type="checkbox"/>
Are all staff aware of IPAS/IPPS Code & House Rules?	<input checked="" type="checkbox"/>
How are staff made aware of IPAS/IPPS Code & House Rules? on going training and sign off by management	

**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>
20/2/22	Internal	ok
21/3/22	internal	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
21/3/22	Internal	<input checked="" type="checkbox"/>			
20/3/22	internal	<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

3/2/22	Precision Fire Systems	<input checked="" type="checkbox"/>			
21/3/22	internal	<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
21/3/22	staff	<input checked="" type="checkbox"/>			
20/3/22	staff	<input checked="" type="checkbox"/>			

19e FIRE DRILL PROCEDURE INSPECTION SCHEDULE

Date & Time	Numbers of staff involved in drill	No. of residents present / evacuated **	Evacuation Time	Comments
6/12/20	14	107	7mins	ok
4/6/21	13	96	6min	

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

19f STAFF INSTRUCTION AND TRAINING (Fire Safety)

Job Description	Course	Instructor	Duration	Date
None recently				

19g FIRE ASSEMBLY POINTS

Where are the Fire Assembly Points located?	Front of building
Are they marked?	no - public street
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>	
Comments:	No smoking allowed within buildings

19i FIRE EXITS, EMERGENCY LIGHTING, SMOKE ALARMS, FIRE NOTICES

(in corridors & common areas)

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

Administration Area:

Reception:

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

Have you seen the following?

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

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

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"/>	reception

Social Room / Tea Station (State Location): large communal room to left of reception

What facilities are provided? Large TV, Couches, armcahirs, tea/coffee & fridge facilities		
Is the area generally clean?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
If no please give details:		
Visual Check: Have you noticed any issues requiring attention?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
If yes please detail:		

Pre-school Room:

Is the area generally clean?	Yes / No	yes
If no please give details:		

Visual Check: 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: pre-school room very well maintained and well kitted out

DINING AREA:

Please outline the meal times: Shop system now in place where residents purchase products on points pricing system. Shop open from 9-4 Monday to Friday and 9-1 Saturday.

	From	To
Breakfast	n/a	
Lunch	n/a	
Dinner	n/a	

Which is the main meal of the day:	n/a
Is menu cycle available?	n/a

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

Breakfast	n/a
Lunch	n/a
Dinner	n/a

Is menu cycle on display?	n/a
Does menu cycle correspond with options available?	n/a
If no, ask manager for explanation and provide details:	
Which meal was sampled? Breakfast <input type="checkbox"/> Lunch <input checked="" type="checkbox"/> Dinner <input type="checkbox"/>	
Please describe the meal in detail (e.g. was it hot / cold, bland / spicy etc.)	
Was there a vegetarian option? (note salad and vegetables <u>alone</u> are not considered as vegetarian option)	Yes <input checked="" type="checkbox"/> <input type="checkbox"/>
Give details of this option:	Fruit and vegetable selections
Were there ethnic dishes available?	Yes large variety in shop
Give details of this option:	Curries, spices etc.
Was fresh foods available for Infants? (as per HSE Infant Feeding Guidelines)	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
In your opinion, does the food on offer appear to provide a good variety?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Did inspection take place during Ramadan?	no
If yes, please outline arrangements for provision of meals outside of normal mealtimes, <i>(medical or other appointments, etc.):</i>	
Food will be held over until evening time	
Is there any damaged seating or tables in dining room?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Is there enough seating for residents present to sit down and eat their lunch?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

Comments: **All residents now have cooking facilities in own accommodations**

KITCHEN AREA: Food Safety Critical Requirements

Food Safety

Note : 8 cooking stations have been installed in for residents with 3 deep fryers, 2 air fryers, 3 microwaves

HACCP record in Shop

Pest Control: inspection every two months no issues found
Induction and Ongoing Staff Training: Staff have received training in food safety hygiene
Time & Temperature Records: Defrosting, hot holding, food delivery, cooking, cooling, reheating temperatures are taken. Fridge 1 & 2, Freezer 1 & 2, dishwasher (AM/PM). All records up to date.
Hygiene Audits: EHO audits complete on premises
List of Approved Suppliers: List of approved suppliers in place, with associated HACCP documentation. Very detailed and well done.
Cleaning Schedules: Daily and Weekly register in place. Evident that kitchen was maintained at high level of cleanliness.
Procedures for accepting deliveries: HACCP point plan in place. Copy of procedure delivery posted next to delivery door.
General Comments:

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:				
Visual Check: Have you noticed any issues requiring attention? (Products in date, fresh food, ethnic food, Halal food, variety available, suitable range of food products, toiletries and cleaning materials.)	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
If yes to any issues please give detail:				

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. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
If no please give details:		
Products (Available) Check: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
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.		
Please Insert/List Some Items/Products Below;		
Item/Product:	Points Value:	Expiry Date on
Product:		
Bachelor Beans	1.15	03/23
Curry Noodles	0.77	08/23
2L Milk	1.69	5/4/22
Red Cheddar	1.28	6/6/22
Overall Comments/Additional Comments: New system bedding in well.		

STAFF FACILITIES AND HYGIENE

Are designated staff facilities provided?	yes
What facilities are in place?	Changing room and lockers

Are all areas clean and well maintained?	Yes
Are suitable hand washing & drying facilities provided?	Yes
Is storage provided for personal belongings?	Yes
Are showers provided? <i>Indicate cleanliness & suitability</i>	no

Is a designated area provided for staff breaks? <i>If yes, is it clean/suitable/well maintained.</i> <i>If no, outline arrangements for breaks</i>	No – use dining room
---	----------------------

Are uniforms provided for:

Kitchen Staff?	Yes
Serving Staff?	Yes

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

23 PUBLIC TOILET (State Location): beside front office

	Number	Soap	Toilet Paper	Hand Towels / Dryers	Hot Water	Sanitary Bins
Unisex:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ladies:	2	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Gents:	2	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Is there a cleaning schedule displayed?					Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Record the last time entry.						
Is the area clean? (provide comment) gents not clean at time of inspection						
Are all facilities working?					Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
Visual Check: Have you noticed any issues requiring attention?					Yes* <input type="checkbox"/>	No <input type="checkbox"/>
If No, give details:						

24 COMMUNAL ROOM (State Location): left of main entrance

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 type="checkbox"/>	No <input type="checkbox"/>

What is the area generally used for?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Computer room:		
Is the area generally clean?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
<i>Visual Check:</i> Have you noticed any issues requiring attention?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
If yes please detail:		
Any other comments? If yes please detail: dedicated computer room and library is fully supervised when in use		

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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maintenance standard of the grounds (e.g. grass cut, walkways clear etc.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cleanliness of the grounds (ie., evidence of rubbish etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Where you have rated * please provide details and comments:				
Are there any facilities available for children outdoors? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				
Comments				

LAUNDRY ROOM

	Washing Machines	Dryers
Number	4	5
Do they appear to be in working order? yes		
Comments: open 8am to 8pm		

CORRIDOR (State Location): all

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

STAIRWAY (State Location): all areas

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

Bedrooms:

CLEANING (General Arrangements)

How often are bedrooms inspected?	twice weekly <input type="checkbox"/>	Weekly <input checked="" type="checkbox"/>
Who cleans the bedrooms?	Staff <input type="checkbox"/>	Residents <input checked="" type="checkbox"/>
How often do staff clean the bedrooms?	Weekly <input type="checkbox"/>	fortnightly <input type="checkbox"/>
	Monthly <input type="checkbox"/>	Other <input checked="" type="checkbox"/>
Are there cleaning materials and equipment provided by management for residents?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
What cleaning equipment is available to residents?	detergents, mops, buckets, brushes , hoover	
What arrangements are in place if rooms are not cleaned sufficiently by residents?	discussed with management and if necessary housekeeping will assist	

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

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

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

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

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

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

ROOM NUMBER 7 - converted to living room				
Room Profile:		Room Capacity:		Room Occupancy:
n/a		0		0
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details:				

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

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

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

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

ROOM NUMBER 20 - converted to living room				
Room Profile:		Room Profile:		Room Profile:
n/a		n/a		n/a
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details:				

ROOM NUMBER 21				
Room Profile:		Room Capacity:		Room Occupancy:
Family		5		6
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No* <input type="checkbox"/>
If *, please give details:				

ROOM NUMBER 22				
Room Profile:		Room Capacity:		Room Occupancy:
Family		4		4
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details:				

ROOM NUMBER 23

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

ROOM NUMBER 24					
Room Profile:		Room Capacity:		Room Occupancy:	
Family		6		6	
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *	
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>	
If *, please give details:					

ROOM NUMBER 25					
Room Profile:		Room Capacity:		Room Occupancy:	
Family		3		2	
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *	
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No* <input type="checkbox"/>	
If *, please give details:					

ROOM NUMBER 100					
Room Profile:		Room Capacity:		Room Occupancy:	
Family		4		2	
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *	
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>	
If *, please give details:					

ROOM NUMBER 101

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

ROOM NUMBER 102					
Room Profile:		Room Capacity:		Room Occupancy:	
Family		5		2	
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *	
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>	
If *, please give details:					

ROOM NUMBER 103					
Room Profile:		Room Capacity:		Room Occupancy:	
Family		5		0	
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *	
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No* <input type="checkbox"/>	
If *, please give details:					

ROOM NUMBER 104					
Room Profile:		Room Capacity:		Room Occupancy:	
Family		4		4	
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *	
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>	
If *, please give details:					

ROOM NUMBER 105

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

ROOM NUMBER 106					
Room Profile:		Room Capacity:		Room Occupancy:	
Family		4		3	
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *	
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>	
If *, please give details:					

ROOM NUMBER 107					
Room Profile:		Room Capacity:		Room Occupancy:	
Family		3		3	
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *	
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No* <input type="checkbox"/>	
If *, please give details:					

ROOM NUMBER 108					
Room Profile:		Room Capacity:		Room Occupancy:	
Family		4		3	
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *	
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>	
If *, please give details:					

ROOM NUMBER 109					
------------------------	--	--	--	--	--

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

ROOM NUMBER 110					
Room Profile:		Room Capacity:		Room Occupancy:	
Family		4		0	
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *	
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>	
If *, please give details: .					

ROOM NUMBER 111					
Room Profile:		Room Capacity:		Room Occupancy:	
Family		3		2	
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *	
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No* <input type="checkbox"/>	
If *, please give details:					

ROOM NUMBER 112					
Room Profile:		Room Capacity:		Room Occupancy:	
Family		4		2	
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *	
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No* <input type="checkbox"/>	
If *, please give details:					

ROOM NUMBER 113

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

ROOM NUMBER 114					
Room Profile:		Room Capacity:		Room Occupancy:	
Family		4		2	
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *	
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No* <input type="checkbox"/>	
If *, please give details:					

ROOM NUMBER 115					
Room Profile:		Room Capacity:		Room Occupancy:	
Family		4		0	
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *	
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>	
If *, please give details:					

ROOM NUMBER 200					
Room Profile:		Room Capacity:		Room Occupancy:	
Family		4		3	
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *	
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>	

If *, please give details:

ROOM NUMBER 201

Room Profile:		Room Capacity:		Room Occupancy:	
Family		4		2	
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *	
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>	
If *, please give details:					

ROOM NUMBER 202

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

ROOM NUMBER 203

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

ROOM NUMBER 204

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

If *, please give details:

ROOM NUMBER 205				
Room Profile:		Room Capacity:		Room Occupancy:
Family		4		2
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order? Yes				
If *, please give details:				

ROOM NUMBER 206				
Room Profile:		Room Capacity:		Room Occupancy:
Family		4		2
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order? Yes <input checked="" type="checkbox"/> No * <input type="checkbox"/>				
If *, please give details:				

ROOM NUMBER 207				
Room Profile:		Room Capacity:		Room Occupancy:
Family		4		0
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is everything in working order? Yes <input checked="" type="checkbox"/> No* <input type="checkbox"/>				
If *, please give details:				

ROOM NUMBER 208				
Room Profile:		Room Capacity:		Room Occupancy:
Family		4		5
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order? Yes <input checked="" type="checkbox"/> No * <input type="checkbox"/>				

If *, please give details:

ROOM NUMBER 209

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

ROOM NUMBER 210

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

ROOM NUMBER 211

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

ROOM NUMBER 212

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

If *, please give details:

ROOM NUMBER 213

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

ROOM NUMBER 214

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

ROOM NUMBER 215

Room Profile:		Room Capacity:		Room Occupancy:	
Family		4		2	
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
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: NO					
If *, please give details:					

ROOM NUMBER 300

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

If *, please give details:

ROOM NUMBER 301

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

ROOM NUMBER 302

Room Profile:		Room Capacity:		Room Occupancy:	
Family		4		2	
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *	
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>	
If *, please give details:					

ROOM NUMBER 303

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

ROOM NUMBER 304

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

If *, please give details:

ROOM NUMBER 305

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

ROOM NUMBER 306

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

ROOM NUMBER 307

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

ROOM NUMBER 308

Room Profile:		Room Capacity:		Room Occupancy:	
Family		4		3	
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *	
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No* <input type="checkbox"/>	

If *, please give details:

ROOM NUMBER 309

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

ROOM NUMBER 310

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

ROOM NUMBER 311

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

ROOM NUMBER 312

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

If *, please give details:

ROOM NUMBER 313

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

ROOM NUMBER 314

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

ROOM NUMBER 315

Room Profile:		Room Capacity:		Room Occupancy:	
Family		4		5	
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *	
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>	
If *, please give details:					

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

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General Representations

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

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

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

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

Personal representations should be recorded in Part 3.

Summary Sheet

Name of Centre:	Eglinton
Address:	The Prom, Salthill
Proprietor :	Maplestar
Manager:	Anne Keady
Contact Name:	Anne Keady
Capacity Per MOA (Current Occupancy):	210 (164)
Date of Inspection:	21/3/22

Fire Safety:

No issues - new fire panel installed on 18/1/2022

Food Safety:

No issues - new residents cooking stations and shop in place and working well.

Bedrooms:

No issues

General:

Along with new shop and kitchen investment has also been put into other areas e.g.

- New computer room with 11 PC stations
- Fully refurbished and new homework club with desks
- New Staff room

From: [REDACTED]
Sent: Monday 12 December 2022 09:31
To: David Lardner (DCEDIY) <David.Lardner@equality.gov.ie>
Subject: IPPS - Inspection Reports Eglinton Hotel Accommodation Centre

CAUTION: This eMail originated from outside your organisation and the BTS Managed Desktop service. Do not click on any links or open any attachments unless you recognise the sender or are expecting the email and know that the content is safe. If you are in any doubt, please contact the OGCIO IT Service Desk.

Dear Mr Lardner

I am writing to you in regards to the correspondence which I received from you regarding the Inspections which were carried out by QTS Limited, on behalf of IPAS at the Eglinton Hotel on 21/03/2022 and 19/10/2022.

On receipt of the Inspection Reports I immediately endeavoured to assess and address all the issues that were raised and to rectify and resolve same.

Inspection 19/10/2022

Bedrooms:

- Room 106 - I spoke to this resident about her room and asked if she needed any assistance with cleaning. She refused and said she will do it herself.

Public Toilet:

- The toilets are checked on a regular basis. A cleaning schedule is in place for the Ladies and Gents toilets.

Inspection 21/03/2022

Bedrooms:

- Room 106 - I spoke to this resident about her room and asked if she needed any assistance with cleaning. She refused and said she will do it herself.

- Room is now a Sitting Room and the room has been revamped.

Public Toilet:

- The toilets are checked on a regular basis. A cleaning schedule is in place for the Ladies and Gents toilets.

I sincerely hope that the steps taken to address the issues raised in the Inspection Report are satisfactory and they meet with your approval.

Kind regards

Patrick McGovern
General Manager

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