

# IPAS/IPPS

## Independent Inspection Report

<b>Centre:</b>	Glenvera
<b>Inspector:</b>	Fergal Duane
<b>Date of Inspection:</b>	30/08/22
<b>Time of Arrival &amp; Departure:</b>	2pm- 5.00pm

*Part 1*  
*General Information on Services*

Independent Inspection Report

*Centre:* **Glenvera**  
*Date of Inspection:* **30/08/22**

**1. CENTRE DETAILS**

Name and address of Centre	Glenvera Hotel, Wellington Road, Cork
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Contractor	Bideau Ltd.
Manager	Martina Collins
Who deputises for manager in his/her absence?	Give Job Title only Assistant Manager

Telephone Number	<b>0214504104</b>
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Current Contracted Capacity	108
Current Occupancy (today)	104
Current Centre Profile (e.g., singles, families etc.)	Single Males

HSE Area	South
Public Health Nurse	Catherine Lynch & Margaret Mulcahy
DSP / CWO name	Rosanne O' Donovan
Environmental Health Officer name	Deirdre Anderson
Local Fire Officer Name	John Ryan
Local Fire Station	Cork

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) n/a	<input type="checkbox"/>

### 3 GENERAL SECURITY & EMERGENCY DETAILS

Is 24 hour supervision provided? (Y/N)	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Give details of roster hours	<b>24 hour cover. Management cover from 0830 to 1930. Night porters take over.</b>
Is security provided by external company? (Y/N)	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
If yes, give name of company:	
Does the centre have CCTV? (Y/N)	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Is a list of emergency numbers available in the Manager's office?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Does the list include the following numbers? (Y/N) Local Garda station 24 hr number Local hospital Local fire station Duty Social Work Team Out of hours GP Service IPAS/IPPS 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?	2. in kitchen and office
Who is responsible for first aid restocking?	Job title <b><i>only</i></b> (not name) of person responsible: <b>Manager</b>
Is there a defibrillator in the centre? How many staff been trained to use it?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

### 4 HEATING ARRANGEMENTS

What type of heating is used in the centre?	<b>Electricity (storage heaters)</b>
Do residents have control of the heating in their own bedroom?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
If no, what arrangements are in place?	
What are the heating 'ON' times?	24hours. Controlled by resident

### 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?	New residents are given introduction to house rules and shown around the centre. House rules are also hung on the back of all bedroom doors.

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

Are residents issued with key for their bedroom?(Yes/No)	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Are residents issued with key for main door? (Yes/No)	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

If no, give details	<b>Code on door</b>
Are there procedures to allow residents to receive visitors? (Give details)	<b>Yes</b>
Outline visiting times :	<b>10 to 10</b>
In what areas are visitors allowed in the centre?	<b>In lounge and reception and pool room</b>
Any other relevant information:	
Is there a facility for storage of residents' valuables*? (Give details.) (* Storage is at resident's own risk)	<b>Lockers in bedrooms, extra luggage can be stored</b>
What toiletries are provided to residents on arrival?	<b>Toothpaste, shampoo, shower gel, toilet paper</b>
What arrangements are in place to replenish these items?	<b>Dispenser in room filled on request. Toilets paper from reception</b>

## 7 ARRANGEMENTS FOR MAINTENANCE

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

## 8 CHILD PROTECTION

Are measures in place to inform staff and visitors of IPAS/IPPS 's Child Protection Policy? (Give details)	<b>No ( no children at centre)</b>
Are visitors asked to sign a declaration agreeing to adhere to the child protection policy?	<b>No ( no children at centre)</b>
Where is declaration held?	<b>Office</b>
Is there a sign in book for visitors? Where?	<b>Reception</b>
Are there notices on public display giving name and contact details of Designated Liaison Person? Where?	<b>No ( no children at centre)</b>
Have Designated Liaison Persons received HSE training?	<b>No ( no children at centre)</b>
Are notices prominently displayed regarding parental supervision of children? Where?	<b>No ( no children at centre)</b>

## 9 FOOD SAFETY

Has a HACCP system been implemented? (Yes/No)	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Have the premises been inspected by an Environmental Health Officer? (Yes/No)	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Date of last visit:	<b>7/9/19    None since</b>

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

Are residents consulted regarding menu / dietary requests? (Give details.)	<b>Yes.</b>
Provide details opposite: Which of the following are provided for school children's packed lunches: <ul style="list-style-type: none"> <li>• Sandwich? What sandwich fillings are available: Cheese? Ham? Chicken? Tuna? Jam? Other?</li> <li>• Drinks? Juice? Water?</li> <li>• Yogurt?</li> <li>• Fruit?</li> <li>• Other</li> </ul>	<b>No ( no children at centre)</b>
Is infant formula kept out of public view?	<b>No ( no children at centre)</b>
What arrangements are in place for distribution of infant formula?	<b>No ( no children at centre)</b>

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

Are tea / coffee / drinking water / Snacks etc. available outside mealtimes?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> <b>Shop system is now in place and has general opening time of 9-7pm daily but can also be opened on request,</b>
What food/snacks are available after hours or when kitchen is closed?	<b>Bread, butter, jam. Microwave available to heat up meals</b>
Where are the snacks located and how are they accessed?	<b>Communal room and dining room when open</b>
Are meals available for residents who arrive late? (Give details.)	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> <b>When pre advised</b>
Are meals available for new arrivals? (Give details)	<b>When pre advised</b>
Are packed lunches available for residents travelling to Dublin on official business? (Give details)	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> <b>Sandwiches, yoghurts and juice</b>
<b>If the inspection takes place during Ramadan this section <u>must</u> be completed.</b> What arrangements are in place to facilitate residents observing a fast during Ramadan?	N/A

**12 FACILITIES FOR FEEDING BABIES**

<b><i>Are the following available?</i></b>	<b>No ( no children or breast feeding mothers)</b>
Access to drinking water (for breastfeeding mothers / for preparation of infant formula)	Yes <input type="checkbox"/> No <input type="checkbox"/>
Sterilisers	Yes <input type="checkbox"/> No <input type="checkbox"/>
Kettles	Yes <input type="checkbox"/> No <input type="checkbox"/>
Fridge (for bottles of EBM* / formula) <i>*Expressed Breast Milk</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Bottle Warmer	Yes <input type="checkbox"/> No <input type="checkbox"/>
Microwave	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are these facilities available 24 hours a day	Yes <input type="checkbox"/> No <input type="checkbox"/>

Is there a dedicated room provided? Where?	Yes <input type="checkbox"/> No <input type="checkbox"/>
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### 13 INDOOR FACILITIES

<b><i>Are the following available to residents?</i></b>	<b>Yes/No</b>	
Computers with Internet access	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
WIFI	Yes <input type="checkbox"/>	No <input type="checkbox"/>
DVD player	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Computer Games	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Snooker Table	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Pool Table	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Table Tennis Table	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Board Games	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Newspapers	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Books	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Toys / games for children	Yes <input type="checkbox"/>	No <input checked="" 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?	Center centrally located in Cork City
What is the frequency of the service? (List time table opposite)	Walking distance to bus stop service every 20 min

### 15 TV SYSTEM

Is there a specific TV system in place? (give details)	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> <b>Sky in lounge over 100 channels</b>
An average, how many TV channels are provided to residents?	<b>Bedrooms have 6 channels</b>
Are residents allowed to erect satellite dishes?	<b>No</b>

### 16 LAUNDRY FACILITIES (General Arrangements)

Are Laundry facilities available in the centre? (Y/N)	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
If No, what service is provided?	<b>6 washing machines and 6 dryers</b>
Who launders towels and bedlinen? (e.g., residents, staff, other, etc)	<b>Residents</b>
What procedures are in place for the exchange of towels and bed linen at the centre?	<b>Ask at reception</b>
What procedures are in place for ironing boards and irons?	<b>Ask at reception</b>
How is washing powder / tablets supplied?	<b>Ask at reception</b>

Are there specific arrangements for access to the laundry (give details):	7:00-22:00
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## 17 CLEANING (General Arrangements)

Are there cleaning materials and equipment provided by management for residents?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
What cleaning equipment is available to residents?	<b>Vacuum, mops, brushes and detergents</b>
What is the procedure for residents to access vacuum cleaners, brushes & other cleaning equipment?	<b>In reception on request</b>
What arrangements are in place if rooms are not cleaned sufficiently by residents?	<b>Cleaned by staff &amp; warning issued</b>

## FOOD 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 checked="" type="checkbox"/>
Is the area generally clean:	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
If <b>no</b> for <b>any</b> of the above, please give details:	
<b>Visual Check:</b> Have you noticed any issues requiring attention? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> <b>(Products in date, fresh food, ethnic food, Halal food, variety available, suitable range of food products, toiletries and cleaning materials.)</b>	
If <b>yes</b> 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 <b>no</b> please give details:	
<b>Products (Available) Check:</b> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Wide range of products which includes fish, chicken, cereals, rice, bread etc. Wide range of ethnic products available as well as toiletries and cleaning products. Well laid out with good room for social distancing. Good temp and delivery records in place	



Please Insert/List Some Items/Products Below;		
Item/Product:	Points Value:	Expiry Date on Product:
Chick Peas	0.6	June 2024
Walnuts	4.50	04/2023
1kg Mince Beef	6.0 Kg	6/9/22
<b>Overall Comments/Additional Comments:</b> Well managed area with delivery records in place. Wide variety of product available and all items within date.		

## *PART 2*

### *Room by Room Inspection*

#### Independent Inspection

*Centre:* *Glenvera Hotel*

*Date of Inspection:* *30/8/22*

## Section A- Administration / Communal areas

### 17 Have you seen the following?

		Location of display
Up to date House Rules	<input checked="" type="checkbox"/>	In bedrooms not in reception
Complaint Forms	<input checked="" type="checkbox"/>	In office
Accident/ Incident procedure	<input checked="" type="checkbox"/>	In office

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

*\*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>
29/08/22	Assistant Manager	
22/09/22	Assistant Manager	

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

Date	Inspected By (Company Name / Position)	OK	Defect	Remedial Action Taken ( Y/N)	Sign Off Y/N
22/08/22	Assistant Manager	<input checked="" type="checkbox"/>	None	n/a	y
29/08/22	Assistant Manager	<input checked="" type="checkbox"/>	None	N/a	Y
10/08/22	Absolute fire systems	<input checked="" type="checkbox"/>	None	N/a	Y

#### 19c FIRE FIGHTING EQUIPMENT INSPECTION SCHEDULE

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

Date	Inspected By (Company Name / Position)	OK	None	Remedial Action Taken ( Y/N)	Sign Off Y/N
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22/08/22	Assistant Manager	<input checked="" type="checkbox"/>	None		Y
28/8/22	Assistant Manager	<input checked="" type="checkbox"/>	None		Y
06/2022	Apex	<input checked="" type="checkbox"/>	None		Y

#### 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
29/8/22	Assistant Manager	<input checked="" type="checkbox"/>	None		Y
22/8/22	Assistant Manager	<input checked="" type="checkbox"/>	None		Y

#### 19e FIRE DRILL PROCEDURE INSPECTION SCHEDULE

Date & Time	Numbers of staff involved in drill	No. of residents present / evacuated **	Evacuation Time	Comments
24/08/22	4	52	15 min	6 warnings , 46 absent
11/1/21 9am	4	82	8min	No issues

**\*\*Both numbers must be recorded**

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

Job Description	Course	Instructor	Duration	Date
All staff	Expired in April 2022			

#### 19g FIRE ASSEMBLY POINTS

Where are the Fire Assembly Points located?	Opposite building
Are they marked?	Yes
Are staff aware of locations?	Yes
Comments:	

#### 19h FIRE ALARM SYSTEM

Is there a fire alarm system in place?	Yes
Are there smoke alarms throughout the premises, inc bedrooms?	Yes
Are all smoke alarms linked back to a central control panel?	Yes
Are there designated 'Smoking' areas? <i>Include locations</i>	Yes. In courtyard
Comments:	

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

(in corridors & common areas)

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

## Administration Area:

### Reception:

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

### Have you seen the following?

		Location of display
Up to date House Rules	<input checked="" type="checkbox"/>	In each bedroom
Complaint Forms	<input checked="" type="checkbox"/>	In managers office
Accident/ Incident procedure	<input checked="" type="checkbox"/>	In office

HSE Breastfeeding Posters (if applicable)	<input type="checkbox"/>	Not displayed No Children
Designated Liaison Person details (Child Protection)	<input type="checkbox"/>	Not displayed No Children
Supervision of children notice	<input type="checkbox"/>	Not displayed No Children
Gym Notices (Child Safety – if applicable)	<input type="checkbox"/>	No gym

IOM Voluntary Return Posters	<input checked="" type="checkbox"/>	In reception
Anti Human-Trafficking Posters	<input type="checkbox"/>	Not displayed
‘NO to Violence & Harassment’ Posters	<input type="checkbox"/>	Not displayed

### Social Room / Tea Station (State Location): In lounge

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

### Pre-school Room:

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

**DINING AREA:****Please outline the meal times:**

	From	To
<b>Breakfast</b>	6	10
<b>Lunch</b>	13.00	13.30
<b>Dinner</b>	17.45	18:15

Which is the main meal of the day:	Lunch <input type="checkbox"/>	Dinner <input checked="" type="checkbox"/>
Is menu cycle available?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

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

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

Is menu cycle on display?	Yes
Does menu cycle correspond with options available?	Yes
If no, ask manager for explanation and provide details:	
Which meal was sampled? Dinner x	
Please describe the meal in detail (e.g. was it hot / cold, bland / spicy etc.) Chicken Tikka	
Was there a vegetarian option? (note salad and vegetables <u>alone</u> are not considered as vegetarian option)	Yes
Give details of this option:	basmati rice and peas
Were there ethnic dishes available?	Yes
Give details of this option:	Chicken Tikka
Was fresh foods available for Infants? (as per HSE Infant Feeding Guidelines)	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
In your opinion, does the food on offer appear to provide a good variety?	Yes <input 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, (medical or other appointments, etc.):	
Is there any damaged seating or tables in dining room?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Is there enough seating for residents present to sit down and eat their lunch?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Comments:	

## KITCHEN AREA: Food Safety Critical Requirements

### FOOD SAFETY

Has the premises been inspected by an Environmental Health Officer?	Yes
Date of Visit?	7/9/19
Comments: No visit since the last visit in 2019	

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

### HACCP Records:

Pest Control: no activity noted (ArrrestAPest 22/03/2022) No issues identified
Induction and Ongoing Staff Training: in place
Time & Temperature Records: in place and up to date
Hygiene Audits: In place
List of Approved Suppliers: In place
Cleaning Schedules: In place
Procedures for accepting deliveries: in place
General Comments:



## HACCP and Kitchen Evaluation

### General:

Is the kitchen commercial or domestic?	Commercial and 4 domestic hobs for resident use
What equipment is in place? Fridges, freezer, hobs etc,	
In what condition is the equipment? Good condition	
Comments:	

## STRUCTURAL HYGIENE

### Kitchen:

Is the refuse area suitably located?	Yes
Is the area tidy?	Yes
Are all bins covered?	Yes
Are signs displayed at all entrances in relation to access to kitchen for non kitchen staff?	Yes
Are white coats, shoe covers and hats available for non kitchen staff?	Yes
Comment of the structural hygiene of the kitchen (i.e floors/walls/ceilings/doors/windows/work surfaces/ventilation, etc)  Kitchen Lino needs replacing	
Are suitable hand washing and drying facilities provided?	Yes
General Comments:	

### Dry Goods:

Suitably equipped? <i>Shelving/containers etc</i>	yes
Condition and suitability of facilities: Facilities suitable	
What evidence is there of stock rotation?	Labeled and dated

**Refrigerated Storage:**

What type of refrigerated storage is provided?	<b>Freezer (walk in and chest), walk in cold store, fridges and new freezer and fridge in shop</b>
Comment on the condition and suitability of the refrigerated storage: good condition	
Are thermostats provided and in working order?	<b>Yes</b>
Are food items date stamped?	<b>Yes</b>
Are samples of dishes being kept?	<b>Yes</b>

**Other:**

Is there appropriate storage for cleaning agents and chemicals?	<b>Yes</b>
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**OPERATIONAL HYGIENE**

Do residents use the main kitchen?	<b>No</b>
Is that use supervised to ensure safe & hygienic practices are observed?	<b>n/a</b>
By whom is it supervised?	<b>n/a</b>

Is the correct equipment provided? <i>e.g. colour coded chopping boards</i>
<b>yes</b>

Is the necessary holding equipment provided? <i>e.g. bain maries, refridgerated units.</i>
<b>Yes, cleaned weekly</b>

Condition and suitability of serving equipment and utensils: <b>Good condition</b>

What procedures are in place for unused/unserved food at the end of service?
<b>Chilled and stored</b>

Comments: Kitchen was clean and well managed.

## STAFF FACILITIES AND HYGIENE

Are designated staff facilities provided?	Yes
What facilities are in place?	Changing room and separate toilet

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 &amp; suitability</i>	Yes

Is a designated area provided for staff breaks? <i>If yes, is it clean/suitable/well maintained. If no, outline arrangements for breaks</i>	Yes, suitable
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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>	Clean and in good condition
Is personal grooming satisfactory?	yes
Are safe habits practiced?	yes
General Comments on staff facilities:	

## 23 Public Toilet - beside managers office (used by residents)

1	Number	Soap	Toilet Paper	Hand Towels / Dryers	Hot Water	Sanitary Bins
Unisex:	<b>3 toilets</b> <b>3 showers</b>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Is there a cleaning schedule displayed? Record the last time entry.	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Is the area clean? (provide comment) yes		
Are all facilities working?	Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
<i>Visual Check:</i> Have you noticed any issues requiring attention?	Yes* <input type="checkbox"/>	No <input checked="" type="checkbox"/>
If No, give details:		

### Staff Toilet and Shower

	Number	Soap	Toilet Paper	Hand Towels / Dryers	Hot Water	Sanitary Bins
Unisex:	<b>1 TOILET &amp; 1 SHOWER</b>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there a cleaning schedule displayed? Record the last time entry.						
Is the area clean? (provide comment) yes						
Are all facilities working?						
Yes <input checked="" type="checkbox"/> No * <input type="checkbox"/>						
<i>Visual Check:</i> Have you noticed any issues requiring attention?						
Yes* <input type="checkbox"/> No <input checked="" type="checkbox"/>						
If No, give details:						

### 24 COMMUNAL ROOM (State Location): Lounge

<b>Storage area:</b>		
Is the walkway through the area clear?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Are the exit signs clearly marked?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
<b>General Seating Area</b>		
Is the seating in good condition?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
What is the area generally used for? Watching television	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
<b>Computer room:</b>		
Is the area generally clean?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
<i>Visual Check:</i> Have you noticed any issues requiring attention?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
If yes please detail:		
<b>Any other comments?</b> If yes please detail:		

### OUTDOOR GROUNDS / FACILITIES

Please rate the following:

	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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Where you have rated * please provide details and comments:				
Are there any facilities available for children outdoors? Yes <input type="checkbox"/> No <input type="checkbox"/> N/a				
Comments				

### LAUNDRY ROOM

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

### CORRIDOR :

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? No		
If yes please detail:		

### STAIRWAY All stairways:

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

## Bedrooms:

### **CLEANING (General Arrangements)**

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

### **Toilet and Shower**

	Number	Soap	Toilet Paper	Hand Towels / Dryers	Hot Water	Sanitary Bins
Unisex:	<b>Beside room 8</b>  <b>2 toilets and 2 showers</b>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input 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) yes						
Are all facilities working? Yes <input checked="" type="checkbox"/> No * <input type="checkbox"/>						
<i>Visual Check:</i> Have you noticed any issues requiring attention? Yes* <input type="checkbox"/> No <input checked="" type="checkbox"/>						
If No, give details:						

<b>ROOM NUMBER 1</b>					
Room Profile:			Room Capacity:		Room Occupancy:
<b>Shared</b>			<b>2</b>		<b>2</b>
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *	
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Is everything in working order? Yes <input checked="" type="checkbox"/> No * <input type="checkbox"/>					
If *, please give details:					

<b>ROOM NUMBER 2</b>				
Room Profile:		Room Capacity:		Room Occupancy:
Shared		3		3
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order? Yes				
If *, please give details:				

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

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

<b>ROOM NUMBER 5</b>				
Room Profile:		Room Capacity:		Room Occupancy:
Shared		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 No* <input type="checkbox"/>				
If *, please give details:				

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

<b>ROOM NUMBER 7</b>				
Room Profile:		Room Capacity:		Room Occupancy:
<b>Shared</b>		<b>3</b>		<b>3</b>
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/> <input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Is everything in working order? Yes <input checked="" type="checkbox"/> No * <input type="checkbox"/>				
If *, please give details:				

<b>ROOM NUMBER 8</b>				
Room Profile:		Room Capacity:		Room Occupancy:
<b>Shared</b>		<b>2</b>		<b>2</b>
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order? Yes <input checked="" type="checkbox"/> No * <input type="checkbox"/>				
If *, please give details:				

<b>ROOM NUMBER 9</b>				
Room Profile:		Room Capacity:		Room Occupancy:
<b>shared</b>		<b>2</b>		<b>2</b>
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Is everything in working order? Yes <input checked="" type="checkbox"/> No *				
If *, please give details:				



<b>ROOM NUMBER 10</b>				
Room Profile:		Room Capacity:		Room Occupancy:
<b>Shared</b>		<b>1</b>		<b>1</b>
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details: <input type="checkbox"/>				

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

<b>ROOM NUMBER 12</b>				
Room Profile:		Room Capacity:		Room Occupancy:
<b>Shared</b>		<b>3</b>		<b>3</b>
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details: <input type="checkbox"/>				

<b>ROOM NUMBER 13</b>				
Room Profile:		Room Capacity:		Room Occupancy:
<b>Shared</b>		<b>3</b>		<b>3</b>
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Is everything in working order?	Yes
If *, please give details:	

<b>ROOM NUMBER 14</b>				
Room Profile:		Room Capacity:		Room Occupancy:
<b>Shared</b>		<b>2</b>		<b>2</b>
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?		Yes		
If *, please give details:				

<b>ROOM NUMBER 15</b>				
Room Profile:		Room Capacity:		Room Occupancy:
<b>Shared</b>		<b>2</b>		<b>2</b>
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?		Yes <input type="checkbox"/>	No * <input checked="" type="checkbox"/>	
If *, please give details:				

<b>ROOM NUMBER 15</b>				
Room Profile:		Room Capacity:		Room Occupancy:
		<b>3</b>		<b>3</b>
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?		No		
If *, please give details: S m o k i n g i n R o o m				

<b>ROOM NUMBER 16</b>				
Room Profile:		Room Capacity:		Room Occupancy:
Shared		2		2
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	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	No *
If *, please give details:				

<b>ROOM NUMBER 17</b>				
Room Profile:		Room Capacity:		Room Occupancy:
Shared		2		2
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	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 *
If *, please give details: Replace lock in Bathroom and light				

<b>ROOM NUMBER 18</b>				
Room Profile:		Room Capacity:		Room Occupancy:
Shared		3		3
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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	No *
If *, please give details: Smoking in room.				



<b>ROOM NUMBER 19</b>				
Room Profile:		Room Capacity:		Room Occupancy:
<b>Shared</b>		<b>2</b>		<b>2</b>
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details:				

<b>ROOM NUMBER 20</b>				
Room Profile:		Room Capacity:		Room Occupancy:
<b>Single</b>		<b>12</b>		<b>2</b>
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			No	
If *, please give details:				

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

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<b>ROOM NUMBER 22</b>				
Room Profile:		Room Capacity:		Room Occupancy:
<b>Shared</b>		<b>2</b>		<b>2</b>
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice

<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details: An individual in Room 22 requested a move to Galway, told me his application was with IPAS.				

<b>ROOM NUMBER 23</b>				
Room Profile:		Room Capacity:		Room Occupancy:
Single		2		2
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No *
If *, please give details:				

<b>ROOM NUMBER 24</b>				
Room Profile:		Room Capacity:		Room Occupancy:
Shared		2		2
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes	
If *, please give details:				

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



<b>ROOM NUMBER 26</b>				
Room Profile:		Room Capacity:		Room Occupancy:
<b>Shared</b>		<b>1</b>		<b>1</b>
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details:				

<b>ROOM NUMBER 27</b>				
Room Profile:		Room Capacity:		Room Occupancy:
<b>Shared</b>		<b>3</b>		<b>3</b>
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details: Cooking equipment in the room				

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

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

<b>ROOM NUMBER 30</b>				
Room Profile:		Room Capacity:		Room Occupancy:
<b>Shared</b>		<b>3</b>		<b>3</b>
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details: Full Ashtray in the room.				

<b>ROOM NUMBER 31</b>				
Room Profile:		Room Capacity:		Room Occupancy:
<b>Shared</b>		<b>2</b>		<b>2</b>
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			No	
If *, please give details:				

<b>ROOM NUMBER 32</b>				
Room Profile:		Room Capacity:		Room Occupancy:
<b>Shared</b>		<b>2</b>		<b>2</b>
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details:				

<b>ROOM NUMBER 33</b>				
Room Profile:		Room Capacity:		Room Occupancy:
<b>Shared</b>		<b>2</b>		<b>2</b>
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

<b>ROOM NUMBER 34</b>				
Room Profile:		Room Capacity:		Room Occupancy:
<b>Shared</b>		<b>3</b>		<b>3</b>
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No *
If *, please give details:				

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<b>ROOM NUMBER 35</b>				
Room Profile:		Room Capacity:		Room Occupancy:
<b>Single</b>		<b>2</b>		<b>2</b>
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes	
If *, please give details:				

<b>ROOM NUMBER 36</b>				
Room Profile:		Room Capacity:		Room Occupancy:
<b>Shared</b>		<b>3</b>		<b>3</b>
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes	
If *, please give details:				

<b>ROOM NUMBER 37</b>				
Room Profile:		Room Capacity:		Room Occupancy:
<b>Shared</b>		<b>3</b>		<b>3</b>
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes	
If *, please give details:				
<b>ROOM NUMBER 38</b>				
Room Profile:		Room Capacity:		Room Occupancy:



<b>Shared</b>		<b>2</b>		<b>2</b>	
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *	
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No *	
If *, please give details: Smoking in Room and access restricted with position of locker inside the door.					

<b>ROOM NUMBER 39</b>					
Room Profile:		Room Capacity:		Room Occupancy:	
<b>Shared</b>		<b>2</b>		<b>2</b>	
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *	
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No *	<input type="checkbox"/>
If *, please give details:					

<b>ROOM NUMBER 40</b>					
Room Profile:		Room Capacity:		Room Occupancy:	
<b>Shared</b>		<b>2</b>		<b>2</b>	
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No *	<input type="checkbox"/>
If *, please give details:					

<b>ROOM NUMBER 41</b>					
Room Profile:		Room Capacity:		Room Occupancy:	
<b>Shared</b>		<b>2</b>		<b>2</b>	
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *	
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Is everything in working order?			Yes		
If *, please give details:					

<b>ROOM NUMBER 42</b>					
<u>Room Profile:</u>		<u>Room Capacity:</u>		<u>Room Occupancy:</u>	
<b>Shared</b>		<b>2</b>		<b>2</b>	
<u>TV</u>	<u>Ensuite</u>	<u>Shared Bathroom</u>	<u>Smoke Alarm</u>	<u>Fire Notice</u>	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
	<u>Very Good</u>	<u>Adequate</u>	<u>Poor *</u>	<u>Needs urgent attention *</u>	

<b>Cleanliness</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Is everything in working order?</b> Yes				
<b>If *, please give details:</b>				

<b>ROOM NUMBER 43</b>				
<b>Room Profile:</b>		<b>Room Capacity:</b>		<b>Room Occupancy:</b>
Shared		2		2
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No *
<b>If *, please give details:</b>				

<b>ROOM NUMBER 44</b>				
<b>Room Profile:</b>		<b>Room Capacity:</b>		<b>Room Occupancy:</b>
Shared		3		3
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes	
<b>If *, please give details:</b>				

<b>ROOM NUMBER Annex 1</b>				
<b>Room Profile:</b>		<b>Room Capacity:</b>		<b>Room Occupancy:</b>
Shared		2		2
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			yes	
<b>If *, please give details:</b>				

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

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

## **General Representations**

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

none

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

**If you were approached by any other persons 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.**

<b>Summary Sheet</b>
----------------------

<b>Name of Centre:</b>	Glenvera
<b>Address:</b>	Wellington Road, Cork
<b>Contractor :</b>	Bideau
<b>Manager:</b>	Martina Collins
<b>Contact Name:</b>	Martina Collins
<b>Capacity Per MOA (Current Occupancy):</b>	108 (104)
<b>Date of Inspection:</b>	30/8/22

**Fire Safety:**

Fire Safety Training Expired in April 2022.

Room 17 & 18 Smoking in Room

Room 30 Full ashtray in room

Room 27 Cooking in Room

Room 38 Smoking and poor access into room.

**Food Safety:** No Issues

**Bedroom:**

Room 25 Tidy

Room 17 Replace lock in bathroom and light

**General**

Resident in Room 22 has request to move to Galway and enquired as to progress of his application.

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# IPAS/IPPS

## Independent Inspection Report

<b>Centre:</b>	Glenvera
<b>Inspector:</b>	Shane Mac Loughlin
<b>Date of Inspection:</b>	<i>26/6/22</i>
<b>Time of Arrival &amp; Departure:</b>	11.30am- 2.30pm

*Part 1*  
*General Information on Services*

Independent Inspection Report

*Centre:* **Glenvera**

*Date of Inspection:* **26/6/22**

**1. CENTRE DETAILS**

Name and address of Centre	Glenvera Hotel, Wellington Road, Cork
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Contractor	Bideau Ltd.
Manager	Martina Collins
Who deputises for manager in his/her absence?	Give Job Title only Assistant Manager

Telephone Number	<b>0214504104</b>
------------------	-------------------

Current Contracted Capacity	131
Current Occupancy (today)	102
Current Centre Profile (e.g., singles, families etc.)	Single Males

HSE Area	South
Public Health Nurse	Catherine Lynch & Margaret Mulcahy
DSP / CWO name	Rosanne O' Donovan
Environmental Health Officer name	Deirdre Anderson
Local Fire Officer Name	John Ryan
Local Fire Station	Cork

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) n/a	<input type="checkbox"/>



### 3 GENERAL SECURITY & EMERGENCY DETAILS

Is 24 hour supervision provided? (Y/N)	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Give details of roster hours	<b>24 hour cover. Management cover from 0830 to 1930. Night porters take over.</b>
Is security provided by external company? (Y/N)	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
If yes, give name of company:	
Does the centre have CCTV? (Y/N)	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Is a list of emergency numbers available in the Manager's office?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Does the list include the following numbers? (Y/N) Local Garda station 24 hr number Local hospital Local fire station Duty Social Work Team Out of hours GP Service IPAS/IPPS 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?	2. in kitchen and office
Who is responsible for first aid restocking?	Job title <u>only</u> (not name) of person responsible: <b>Manager</b>
Is there a defibrillator in the centre? How many staff been trained to use it?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

### 4 HEATING ARRANGEMENTS

What type of heating is used in the centre?	<b>Electricity (storage heaters)</b>
Do residents have control of the heating in their own bedroom?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
If no, what arrangements are in place?	
What are the heating 'ON' times?	24hours. Controlled by resident

### 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?	New residents are given introduction to house rules and shown around the centre. House rules are also hung on the back of all bedroom doors.

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

Are residents issued with key for their bedroom?(Yes/No)	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Are residents issued with key for main door? (Yes/No)	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

If no, give details	<b>Code on door</b>
Are there procedures to allow residents to receive visitors? (Give details)	<b>Yes</b>
Outline visiting times :	<b>10 to 10</b>
In what areas are visitors allowed in the centre?	<b>In lounge and reception and pool room</b>
Any other relevant information:	
Is there a facility for storage of residents' valuables*? (Give details.) (* Storage is at resident's own risk)	<b>Lockers in bedrooms, extra luggage can be stored</b>
What toiletries are provided to residents on arrival?	<b>Toothpaste, shampoo, shower gel, toilet paper</b>
What arrangements are in place to replenish these items?	<b>Dispenser in room filled on request. Toilets paper from reception</b>

## 7 ARRANGEMENTS FOR MAINTENANCE

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

## 8 CHILD PROTECTION

Are measures in place to inform staff and visitors of IPAS/IPPS 's Child Protection Policy? (Give details)	<b>No ( no children at centre)</b>
Are visitors asked to sign a declaration agreeing to adhere to the child protection policy?	<b>No ( no children at centre)</b>
Where is declaration held?	<b>Office</b>
Is there a sign in book for visitors? Where?	<b>Reception</b>
Are there notices on public display giving name and contact details of Designated Liaison Person? Where?	<b>No ( no children at centre)</b>
Have Designated Liaison Persons received HSE training?	<b>No ( no children at centre)</b>
Are notices prominently displayed regarding parental supervision of children? Where?	<b>No ( no children at centre)</b>

## 9 FOOD SAFETY

Has a HACCP system been implemented? (Yes/No)	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Have the premises been inspected by an Environmental Health Officer? (Yes/No)	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Date of last visit:	<b>None since 2019</b>

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

Are residents consulted regarding menu / dietary requests? (Give details.)	<b>Yes.</b>
Provide details opposite: Which of the following are provided for school children's packed lunches: <ul style="list-style-type: none"> <li>Sandwich? What sandwich fillings are available: Cheese? Ham? Chicken? Tuna? Jam? Other?</li> <li>Drinks? Juice? Water?</li> <li>Yogurt?</li> <li>Fruit?</li> <li>Other</li> </ul>	<b>No ( no children at centre)</b>
Is infant formula kept out of public view?	<b>No ( no children at centre)</b>
What arrangements are in place for distribution of infant formula?	<b>No ( no children at centre)</b>

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

Are tea / coffee / drinking water / Snacks etc. available outside mealtimes?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> <b>New shop system is now in place and has gereal opening time of 9-7pm daily but can also be opened on request,</b>
What food/snacks are available after hours or when kitchen is closed?	<b>Bread, butter, jam. Microwave available to heat up meals</b>
Where are the snacks located and how are they accessed?	<b>Communal room and dining room when open</b>
Are meals available for residents who arrive late? (Give details.)	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> <b>When pre advised</b>
Are meals available for new arrivals? (Give details)	<b>When pre advised</b>
Are packed lunches available for residents travelling to Dublin on official business? (Give details)	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> <b>Sandwiches, yoghurts and juice</b>
<b>If the inspection takes place during Ramadan this section must be completed.</b> What arrangements are in place to facilitate residents observing a fast during Ramadan?	

## 12 FACILITIES FOR FEEDING BABIES

<b>Are the following available?</b>	<b>No ( no children or breast feeding mothers)</b>	
Access to drinking water (for breastfeeding mothers / for preparation of infant formula)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Sterilisers	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Kettles	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Fridge (for bottles of EBM* / formula) *Expressed Breast Milk	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Bottle Warmer	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Microwave	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are these facilities available 24 hours a day	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Is there a dedicated room provided? Where?	Yes <input type="checkbox"/> No <input type="checkbox"/>
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### 13 INDOOR FACILITIES

<b><i>Are the following are available to residents?</i></b>	Yes/No	
Computers with Internet access	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
WIFI	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
DVD player	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Computer Games	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Snooker Table	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Pool Table	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Table Tennis Table	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Board Games	Yes <input type="checkbox"/>	No <input checked="" 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 type="checkbox"/>	No <input checked="" 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"/> <b>Sky in lounge over 100 channels</b>
An average, how many TV channels are provided to residents?	<b>Bedrooms have 6 channels</b>
Are residents allowed to erect satellite dishes?	<b>No</b>

### 16 LAUNDRY FACILITIES (General Arrangements)

Are Laundry facilities available in the centre? (Y/N)	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
If No, what service is provided?	<b>6 washing machines and 6 dryers</b>
Who launders towels and bedlinen? (e.g., residents, staff, other, etc)	<b>Residents</b>
What procedures are in place for the exchange of towels and bed linen at the centre?	<b>Ask at reception</b>
What procedures are in place for ironing boards and irons?	<b>No ironing boards</b>
How is washing powder / tablets supplied?	<b>Ask at reception</b>

Are there specific arrangements for access to the laundry (give details):	<b>700-2200</b>
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### 17      **CLEANING (General Arrangements)**

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

## *PART 2*

### *Room by Room Inspection*

#### Independent Inspection

*Centre:* *Glenvera Hotel*  
*Date of Inspection:* *26/6/22*

## Section A- Administration / Communal areas

### 17 Have you seen the following?

		Location of display
Up to date House Rules	<input checked="" type="checkbox"/>	In bedrooms not in reception
Complaint Forms	<input checked="" type="checkbox"/>	In office
Accident/ Incident procedure	<input checked="" type="checkbox"/>	In office

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

*\*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>
26/6/22	Assistant Manager	
19/6/22	Assistant Manager	

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

Date	Inspected By (Company Name / Position)	OK	Defect	Remedial Action Taken ( Y/N)	Sign Off Y/N
26/6/22	Assistant Manager	<input checked="" type="checkbox"/>	None	N/a	Y
22/6/22	Apex	<input checked="" type="checkbox"/>	None	N/a	Y

#### 19c FIRE FIGHTING EQUIPMENT INSPECTION SCHEDULE

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

Date	Inspected By (Company Name / Position)	OK	None	Remedial Action Taken ( Y/N)	Sign Off Y/N
4/6/22	Assistant Manager	<input checked="" type="checkbox"/>	None		Y

16/4/21	Apex	<input checked="" type="checkbox"/>	None		Y
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#### 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
26/6/22	Assistant Manager	<input checked="" type="checkbox"/>	None		Y
25/6/22	Assistant Manager	<input checked="" type="checkbox"/>	None		Y

#### 19e FIRE DRILL PROCEDURE INSPECTION SCHEDULE

Date & Time	Numbers of staff involved in drill	No. of residents present / evacuated **	Evacuation Time	Comments
14/7/21	4	90	10 min	18 warnings issued
23/1/22 5pm	4	95/60	12min	No issues

**\*\*Both numbers must be recorded**

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

Job Description	Course	Instructor	Duration	Date
All staff	Fire training course	Able fire	Half day	25/4/19

#### 19g FIRE ASSEMBLY POINTS

Where are the Fire Assembly Points located?	Opposite building
Are they marked?	Yes
Are staff aware of locations?	Yes
Comments:	

#### 19h FIRE ALARM SYSTEM

Is there a fire alarm system in place?	Yes
Are there smoke alarms throughout the premises, inc bedrooms?	Yes
Are all smoke alarms linked back to a central control panel?	Yes
Are there designated 'Smoking' areas? <i>Include locations</i>	Yes. In courtyard
Comments:	



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

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

## Administration Area:

### Reception:

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

### Have you seen the following?

		Location of display
Up to date House Rules	<input checked="" type="checkbox"/>	In each bedroom
Complaint Forms	<input checked="" type="checkbox"/>	In managers office
Accident/ Incident procedure	<input checked="" type="checkbox"/>	In office

HSE Breastfeeding Posters (if applicable)	<input type="checkbox"/>	Not displayed No Children
Designated Liaison Person details (Child Protection)	<input type="checkbox"/>	Not displayed No Children
Supervision of children notice	<input type="checkbox"/>	Not displayed No Children
Gym Notices (Child Safety – if applicable)	<input type="checkbox"/>	No gym

IOM Voluntary Return Posters	<input checked="" type="checkbox"/>	In reception
Anti Human-Trafficking Posters	<input type="checkbox"/>	Not displayed
‘NO to Violence & Harassment’ Posters	<input type="checkbox"/>	Not displayed

### Social Room / Tea Station (State Location): In lounge

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

### Pre-school Room:

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

**DINING AREA:****Please outline the meal times:**

	From	To
<b>Breakfast</b>	7	10
<b>Lunch</b>	12.45	13.30
<b>Dinner</b>	5.15	1800

Which is the main meal of the day:	Lunch <input type="checkbox"/>	Dinner <input checked="" type="checkbox"/>
Is menu cycle available?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

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

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

Is menu cycle on display?	Yes
Does menu cycle correspond with options available?	Yes
If no, ask manager for explanation and provide details:	
Which meal was sampled? lunch	
Please describe the meal in detail (e.g. was it hot / cold, bland / spicy etc.) Pepperoni pizza and Biryani rice – food tasted really nice	
Was there a vegetarian option? (note salad and vegetables <u>alone</u> are not considered as vegetarian option)	Yes <b>Vegetarian pizza</b>
Give details of this option:	
Were there ethnic dishes available?	Yes
Give details of this option:	n/a
Was fresh foods available for Infants? (as per HSE Infant Feeding Guidelines)	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> <b>N/A</b>
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, (medical or other appointments, etc.):	
Is there any damaged seating or tables in dining room?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Is there enough seating for residents present to sit down and eat their lunch?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Comments:	

## KITCHEN AREA: Food Safety Critical Requirements

### FOOD SAFETY

Has the premises been inspected by an Environmental Health Officer?	Yes
Date of Visit?	7/9/19
Comments:	

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

### HACCP Records:

Pest Control: no activity noted - ArrestA Pest
Induction and Ongoing Staff Training: in place
Time & Temperature Records: in place and up to date
Hygiene Audits: In place
List of Approved Suppliers: In place
Cleaning Schedules: In place
Procedures for accepting deliveries: in place
General Comments:

## HACCP and Kitchen Evaluation

### General:

Is the kitchen commercial or domestic?	Commercial and 4 new domestic hobs for resident use
What equipment is in place? Fridges, freezer, hobs etc,	
In what condition is the equipment? Good condition	
Comments:	

## STRUCTURAL HYGIENE

### Kitchen:

Is the refuse area suitably located?	Yes
Is the area tidy?	Yes
Are all bins covered?	Yes
Are signs displayed at all entrances in relation to access to kitchen for non kitchen staff?	Yes
Are white coats, shoe covers and hats available for non kitchen staff?	Yes
Comment of the structural hygiene of the kitchen (i.e floors/walls/ceilings/doors/windows/work surfaces/ventilation, etc)	
Are suitable hand washing and drying facilities provided?	<b>Yes</b>
General Comments:	

### Dry Goods:

Suitably equipped? <i>Shelving/containers etc</i>	<b>yes</b>
Condition and suitability of facilities: Facilities suitable	
What evidence is there of stock rotation?	Labelled and dated

**Refrigerated Storage:**

What type of refrigerated storage is provided?	<b>Freezer (walk in and chest), walk in cold store, fridges and new freezer and fridge in shop</b>
Comment on the condition and suitability of the refrigerated storage: good condition	
Are thermostats provided and in working order?	<b>Yes</b>
Are food items date stamped?	<b>In shop mackerel has no labels</b>
Are samples of dishes being kept?	<b>Yes</b>

**Other:**

Is there appropriate storage for cleaning agents and chemicals?	<b>Yes</b>
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**OPERATIONAL HYGIENE**

Do residents use the main kitchen?	<b>No</b>
Is that use supervised to ensure safe & hygienic practices are observed?	<b>n/a</b>
By whom is it supervised?	<b>n/a</b>

Is the correct equipment provided? <i>e.g. colour coded chopping boards</i>
<b>yes</b>

Is the necessary holding equipment provided? <i>e.g. bain maries, refridgerated units.</i>
<b>Yes, cleaned weekly</b>

Condition and suitability of serving equipment and utensils: <b>Good condition</b>

What procedures are in place for unused/unserved food at the end of service?
<b>Chilled and stored</b>

Comments:

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## 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 <b>no</b> for <b>any</b> of the above, please give details:				
<b>Visual Check:</b> Have you noticed any issues requiring attention? Yes <b>(Products in date, fresh food, ethnic food, Halal food, variety available, suitable range of food products, toiletries and cleaning materials.)</b>				
If <b>yes</b> to any issues please give detail: Frozen Mackerel has no labelling				
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 <b>no</b> please give details:				
<b>Products (Available) Check:</b> 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.				
<b>Please Insert/List Some Items/Products Below;</b>				
<b>Item/Product:</b>	<b>Points Value:</b>	<b>Expiry Date on</b>		
<b>Product:</b>				
Tuna Chunks	1.50	02/24		
3 Chicken Fillets	4.30	7/7/22		
1kg Mince	6.00	7/7 /22		
<b>Overall Comments/Additional Comments:</b> Well managed area with delivery records in place. Wide variety of product available.  Social distancing in place				

## STAFF FACILITIES AND HYGIENE

Are designated staff facilities provided?	Yes
What facilities are in place?	Changing room and separate toilet

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 &amp; suitability</i>	Yes

Is a designated area provided for staff breaks? <i>If yes, is it clean/suitable/well maintained. If no, outline arrangements for breaks</i>	Yes, suitable
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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>	Clean and in good condition
Is personal grooming satisfactory?	yes
Are safe habits practiced?	yes
General Comments on staff facilities:	

## 23 Public Toilet -beside managers office (used by residents)

1	Number	Soap	Toilet Paper	Hand Towels / Dryers	Hot Water	Sanitary Bins
Unisex:	<b>3 toilets 3 showers</b>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there a cleaning schedule displayed? Record the last time entry.						Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Is the area clean? (provide comment) yes						
Are all facilities working?						Yes <input checked="" type="checkbox"/> No * <input type="checkbox"/>



<i>Visual Check:</i> Have you noticed any issues requiring attention?	Yes* <input type="checkbox"/>	No <input checked="" type="checkbox"/>
If No, give details:		

### Staff Toilet and Shower

	Number	Soap	Toilet Paper	Hand Towels / Dryers	Hot Water	Sanitary Bins
Unisex:	<b>1 TOILET &amp; 1 SHOWER</b>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there a cleaning schedule displayed? Record the last time entry.					Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Is the area clean? (provide comment) yes						
Are all facilities working?					Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
<i>Visual Check:</i> Have you noticed any issues requiring attention?					Yes* <input type="checkbox"/>	No <input checked="" type="checkbox"/>
If No, give details:						

### 24 COMMUNAL ROOM (State Location): Lounge

<b>Storage area:</b>		
Is the walkway through the area clear?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Are the exit signs clearly marked?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
<b>General Seating Area</b>		
Is the seating in good condition?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
What is the area generally used for? Watching television	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
<b>Computer room:</b>		
Is the area generally clean?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
<i>Visual Check:</i> Have you noticed any issues requiring attention?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
If yes please detail:		
<b>Any other comments?</b> If yes please detail:		

### OUTDOOR GROUNDS / FACILITIES

Please rate the following:

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

Where you have rated * please provide details and comments:		
Are there any facilities available for children outdoors? Yes <input type="checkbox"/> No <input type="checkbox"/> N/a		
Comments		

### LAUNDRY ROOM

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

### CORRIDOR :

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? No	
If yes please detail:	

### STAIRWAY All stairways:

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

## Bedrooms:

### **CLEANING (General Arrangements)**

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

### **Toilet and Shower**

	Number	Soap	Toilet Paper	Hand Towels / Dryers	Hot Water	Sanitary Bins
Unisex:	<b>Beside room 8</b>  <b>2 toilets and 2 showers</b>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input 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) yes						
Are all facilities working? Yes <input checked="" type="checkbox"/> No * <input type="checkbox"/>						
<i>Visual Check:</i> Have you noticed any issues requiring attention? Yes* <input type="checkbox"/> No <input checked="" type="checkbox"/>						
If No, give details:						

<b>ROOM NUMBER 1</b>				
Room Profile:		Room Capacity:		Room Occupancy:
<b>Shared</b>		<b>4</b>		<b>2</b>
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good <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:				

<b>ROOM NUMBER 8</b>				
Room Profile:		Room Capacity:		Room Occupancy:
<b>Shared</b>		<b>3</b>		<b>1</b>
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order? Yes				
If *, please give details:				

<b>ROOM NUMBER 7</b>				
Room Profile:		Room Capacity:		Room Occupancy:
<b>Shared</b>		<b>5</b>		<b>3</b>
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order? Yes <input checked="" type="checkbox"/> No * <input type="checkbox"/>				
If *, please give details:				

<b>ROOM NUMBER 2</b>				
Room Profile:		Room Capacity:		Room Occupancy:
<b>Shared</b>		<b>5</b>		<b>3</b>
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	<input 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:				

### Toilet and Shower

	Number	Soap	Toilet Paper	Hand Towels / Dryers	Hot Water	Sanitary Bins
Unisex:	<b>Beside room 2</b>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	<b>1 toilet and shower</b>					
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) yes						

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 checked="" type="checkbox"/>
If No, give details:		

<b>ROOM NUMBER 3</b>				
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 <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:				

<b>ROOM NUMBER 4</b>				
Room Profile:		Room Capacity:		Room Occupancy:
		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 <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:				

<b>ROOM NUMBER 5</b>				
Room Profile:		Room Capacity:		Room Occupancy:
Shared		3		3
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good <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:				

<b>ROOM NUMBER 6</b>				
Room Profile:		Room Capacity:		Room Occupancy:
Shared		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:				

### Toilet and Shower

	Number	Soap	Toilet Paper	Hand Towels / Dryers	Hot Water	Sanitary Bins
Unisex:	<b>Beside room office</b>  <b>1 toilets and shower with lock</b>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input 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) yes						
Are all facilities working?					Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
<i>Visual Check:</i> Have you noticed any issues requiring attention?					Yes* <input type="checkbox"/>	No <input checked="" type="checkbox"/>
If No, give details:						

<b>ROOM NUMBER 7</b>					
Room Profile:			Room Capacity:		Room Occupancy:
<b>shared</b>			<b>3</b>		<b>3</b>
TV	Ensuite	Shared Bathroom		Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	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:					

<b>ROOM NUMBER 8</b>					
Room Profile:			Room Capacity:		Room Occupancy:
<b>Shared</b>			<b>2</b>		<b>2</b>
TV	Ensuite	Shared Bathroom		Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	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:					

**Toilet**

	Number	Soap	Toilet Paper	Hand Towels / Dryers	Hot Water	Sanitary Bins
Unisex:	<b>Beside room 215bk</b>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input 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) yes						
Are all facilities working?					Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
<i>Visual Check:</i> Have you noticed any issues requiring attention?					Yes* <input type="checkbox"/>	No <input checked="" type="checkbox"/>
If No, give details:						

<b>ROOM NUMBER 9</b>				
Room Profile:		Room Capacity:		Room Occupancy:
<b>Single</b>		<b>3</b>		<b>2</b>
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details:				

<b>ROOM NUMBER 10</b>				
Room Profile:		Room Capacity:		Room Occupancy:
<b>Shared</b>		<b>2</b>		<b>1</b>
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details:				

<b>ROOM NUMBER 11</b>				
Room Profile:		Room Capacity:		Room Occupancy:
<b>Shared</b>		<b>4</b>		<b>3</b>
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Is everything in working order?	Yes
If *, please give details:	

<b>ROOM NUMBER 12</b>				
Room Profile:		Room Capacity:		Room Occupancy:
<b>Shared</b>		<b>3</b>		<b>2</b>
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?		Yes		
If *, please give details:				

<b>ROOM NUMBER 13</b>				
Room Profile:		Room Capacity:		Room Occupancy:
<b>Shared</b>		<b>3</b>		<b>2</b>
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?		Yes <input type="checkbox"/>	No * <input checked="" type="checkbox"/>	
If *, please give details:				

<b>ROOM NUMBER 14</b>				
Room Profile:		Room Capacity:		Room Occupancy:
		<b>3</b>		<b>2</b>
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?		No		
If *, please give details:				

<b>ROOM NUMBER 15</b>				
Room Profile:		Room Capacity:		Room Occupancy:
<b>Shared</b>		<b>3</b>		<b>2</b>
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>



	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	No * <input type="checkbox"/>
If *, please give details:				

<b>ROOM NUMBER 16</b>				
Room Profile:		Room Capacity:		Room Occupancy:
<b>Shared</b>		<b>2</b>		<b>2</b>
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	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:				

<b>ROOM NUMBER 17</b>				
Room Profile:		Room Capacity:		Room Occupancy:
<b>Shared</b>		<b>2</b>		<b>2</b>
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	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:				

<b>ROOM NUMBER 18</b>				
Room Profile:		Room Capacity:		Room Occupancy:
<b>Shared</b>		<b>3</b>		<b>3</b>
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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:				

<b>ROOM NUMBER 19</b>				
Room Profile:		Room Capacity:		Room Occupancy:
<b>Shared</b>		<b>3</b>		<b>3</b>
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details:				

<b>ROOM NUMBER 20</b>				
Room Profile:		Room Capacity:		Room Occupancy:
<b>Shared</b>		<b>2</b>		<b>2</b>
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			yes	
If *, please give details:				

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

<b>ROOM NUMBER 22</b>				
Room Profile:		Room Capacity:		Room Occupancy:
<b>Shared</b>		<b>2</b>		<b>2</b>
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice

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

<b>ROOM NUMBER 23</b>				
Room Profile:		Room Capacity:		Room Occupancy:
Single		2		2
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details:				

<b>ROOM NUMBER 24</b>				
Room Profile:		Room Capacity:		Room Occupancy:
Shared		2		2
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes	
If *, please give details:				

<b>ROOM NUMBER 25</b>				
Room Profile:		Room Capacity:		Room Occupancy:
Shared		2		1
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details:				

<b>ROOM NUMBER 26</b>				
Room Profile:		Room Capacity:		Room Occupancy:
<b>Shared</b>		<b>1</b>		<b>1</b>
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details:				

<b>ROOM NUMBER 27</b>				
Room Profile:		Room Capacity:		Room Occupancy:
<b>Shared</b>		<b>4</b>		<b>3</b>
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details:				

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

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

<b>ROOM NUMBER 30</b>				
Room Profile:		Room Capacity:		Room Occupancy:
<b>Shared</b>		<b>3</b>		<b>3</b>
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details:				

<b>ROOM NUMBER 31</b>				
Room Profile:		Room Capacity:		Room Occupancy:
<b>Shared</b>		<b>2</b>		<b>2</b>
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			yes	
If *, please give details:				

<b>ROOM NUMBER 32</b>				
Room Profile:		Room Capacity:		Room Occupancy:
<b>Shared</b>		<b>2</b>		<b>2</b>
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details:				

<b>ROOM NUMBER 33</b>				
Room Profile:		Room Capacity:		Room Occupancy:
<b>Shared</b>		<b>2</b>		<b>2</b>
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

<b>ROOM NUMBER 34</b>				
Room Profile:		Room Capacity:		Room Occupancy:
<b>Shared</b>		<b>3</b>		<b>3</b>
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details:				

<b>ROOM NUMBER 35</b>				
Room Profile:		Room Capacity:		Room Occupancy:
<b>shared</b>		<b>2</b>		<b>2</b>
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes	
If *, please give details:				

<b>ROOM NUMBER 36</b>				
Room Profile:		Room Capacity:		Room Occupancy:
<b>Shared</b>		<b>3</b>		<b>2</b>
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes	
If *, please give details:				

<b>ROOM NUMBER 37</b>		
Room Profile:		Room Capacity:
<b>Shared</b>		<b>3</b>

TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order? Yes				
If *, please give details:				
<b>ROOM NUMBER 38</b>				
Room Profile:		Room Capacity:	Room Occupancy:	
Shared		2	2	
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order? Yes <input checked="" type="checkbox"/> No * <input type="checkbox"/>				
If *, please give details:				

<b>ROOM NUMBER 39</b>				
Room Profile:		Room Capacity:	Room Occupancy:	
Shared		2	2	
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order? Yes <input checked="" type="checkbox"/> No * <input type="checkbox"/>				
If *, please give details:				

<b>ROOM NUMBER 40</b>				
Room Profile:		Room Capacity:	Room Occupancy:	
Shared		2	2	
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order? Yes <input checked="" type="checkbox"/> No * <input type="checkbox"/>				
If *, please give details:				

<b>ROOM NUMBER 41</b>		
Room Profile:	Room Capacity:	Room Occupancy:
Shared	2	2

TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order? Yes				
If *, please give details:				

<b>ROOM NUMBER 42</b>				
<b>Room Profile:</b>		<b>Room Capacity:</b>		<b>Room Occupancy:</b>
Shared		2		1
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order? Yes				
If *, please give details:				

<b>ROOM NUMBER 43</b>				
<b>Room Profile:</b>		<b>Room Capacity:</b>		<b>Room Occupancy:</b>
Shared		2		2
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order? Yes <input checked="" type="checkbox"/> No * <input type="checkbox"/>				
If *, please give details:				

<b>ROOM NUMBER 44</b>				
<b>Room Profile:</b>		<b>Room Capacity:</b>		<b>Room Occupancy:</b>
Shared		5		0
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order? Yes				
If *, please give details:				

<b>Annex 1</b>
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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:					

<b>Annex 2</b>					
Room Profile:		Room Capacity:		Room Occupancy:	
Shared		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:					

<b>Annex 3</b>					
Room Profile:		Room Capacity:		Room Occupancy:	
Shared		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:					

## General Representations

<p><b>If you were approached by any <u>residents</u> regarding general issues while in the centre please outline the details below:</b></p> <p>none</p>
---

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

**If you were approached by any other persons 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.**

<b>Summary Sheet</b>
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<b>Name of Centre:</b>	Glenvera
<b>Address:</b>	Wellington Road, Cork
<b>Contractor :</b>	Bideau
<b>Manager:</b>	Martina Collins
<b>Contact Name:</b>	Martina Collins
<b>Capacity Per MOA (Current Occupancy):</b>	131 (102)
<b>Date of Inspection:</b>	26/6/22

Fire Safety:

No issues

Food Safety:

No issues – HACCP system currently being revised

Bedroom:

Hallway outside room 20 needs painting

Paint peeling outside room 4.

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From: David Lardner (DCEDIY)  
Sent: Tuesday 29 November 2022 11:14  
To: [REDACTED]

Subject: IPPS - Inspection Reports Glenvera Hotel Accommodation Centre - Please review and respond

Dear Mr Hyde,

Please find attached PDF copies of the IPPS Independent Inspection Reports from QTS Ltd for Glenvera Hotel Accommodation Centre, dated 26/06/2022 and 30/08/2022 which were completed this year.

I would be grateful if you could please review the reports and if there are any comments on the inspection reports which require remediation I would be grateful if you could please revert back to me by email confirming actions taken.

I would be grateful if we could receive your response by Tuesday 13th December 2022

With Kind regards,

David.

David Lardner  
International Protection Procurement Services

—  
The Department of Children, Equality, Disability, Integration and Youth.  
An Roinn Leanaí, Comhionannais, Míchumais, Lánpháirtíochta agus Óige

david.lardner@equality.gov.ie  
+353 (0)1 237 6038  
<https://www.gov.ie/dcediy>

04-12-22

Attention: David Lardner

International Protection Procurement Unit

In reply to Inspection carried out in Glenvera by QTS on 26-06-22 and 30-08-22.

**INSPECTION 26-06-22**

**FOOD SAFETY:**

HACCAP system revised

**BEDROOMS:**

Room 20: Hallway painted.

Room 4: Wall painted.

**INSPECTION 30-08-22:**

**FIRE SAFETY:**

Staff Fire Training done 23-10-22.

Room 17 & 18: Gave verbal warning in connection with smoking in their bedroom.

Room 30: Removed ashtray on the day of inspection and gave residents a written warning.

Room 27: Removed cooker on the day of Inspection and gave resident a written warning.

Room 38: Gave verbal warning in connection with smoking in the room-improved access to the bedroom.

**BEDROOMS:**

Room 25: Room de-cluttered on 05-09-22

Room 17: Replaced Lock and Light in bathroom.

**GENERAL:**

Resident has since changed his mind in connection with transfer to Galway.

Please do not hesitate to contact me if you need any further information on the above,

Regards,

Martina Collins,

General Manager.