

IPAS / IPPS

Independent Inspection Report

Centre:	Globe House, Sligo
Inspector:	Fergal Duane
Date of Inspection:	22/09/2022
Time of Arrival & Departure:	9.30-12.30

Part 1
General Information on Services

Independent Inspection Report

Centre: **Globe House**

Date of Inspection: 22/09/2022

1. CENTRE DETAILS

Name and address of Centre	Globe House, Chapel Hill, Sligo
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Contractor	Bridgestock
Manager	David Kelly
Who deputises for manager in his/her absence?	Duty Manager

Telephone Number	071 9140380
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Current Contracted Capacity	218
Current Occupancy (today)	175
Current Centre Profile (e.g., singles, families etc.)	Single male, single female and Families

HSE Area	North West
Public Health Nurse	Sligo HSE Centre
DSP / CWO name	Mary Finn
Environmental Health Officer name	Olivia O’Gara
Local Fire Officer Name	Paul Coyle
Local Fire Station	Sligo Town

Is the Centre certified by any Quality Management System (i.e. Q Mark, ISO)?:	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
If yes, please give details:	EIQA Q Mark
What was the date of the last certification?	Jan 2022
Have you a copy of the Certification	Yes <input type="checkbox"/>

2. Please provide a copy of the following

	Check List
Official Register	x
Menu Cycle	n/a
Staffing Lists as follows:	
1. Full list of staff employed at the centre (indicating Names, Titles, Roles, etc.,)	x
2. Indicate who is on duty at time of inspection (today)	x
3. a separate list of Designated Liaison Persons (child protection)	x

3 GENERAL SECURITY & EMERGENCY DETAILS

Is 24 hour supervision provided? (Y/N)	Yesx No <input type="checkbox"/>
Give details of roster hours	12 hr shifts rotated
Is security provided by external company? (Y/N)	Yes <input type="checkbox"/> Nox
If yes, give name of company:	
Does the centre have CCTV? (Y/N)	Yesx No <input type="checkbox"/>
Is a list of emergency numbers available in the Manager's office?	Yesx No <input type="checkbox"/>
Does the list include the following numbers? (Y/N) Local Garda station 24 hr number Local hospital Local fire station Duty Social Work Team Out of hours GP Service RIA out of hours number	Yesx No <input type="checkbox"/> If no, give details:
Are first aid kits available? (Y/N)	Yesx No <input type="checkbox"/>
Where and how many?	Reception x2 and Kitchen
Who is responsible for first aid restocking?	Job title <u>only</u> (not name) of person responsible: Trained first aiders on staff
Is there a defibrillator in the centre? How many staff been trained to use it?	Yes x No

4 HEATING ARRANGEMENTS

What type of heating is used in the centre?	oil
Do residents have control of the heating in their own bedroom?	Yes <input type="checkbox"/> Nox
If no, what arrangements are in place?	Residents can turn off/down radiators
What are the heating 'ON' times?	Heating on all day except for few hours in middle of day

5 HOUSE RULES

Are residents provided with a copy of the House Rules on arrival?	Yesx No <input type="checkbox"/>
How does centre management explain house rules to residents on arrival?	Orientation/Induction on arrival

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

Are residents issued with key for their bedroom?(Yes/No)	Yesx No <input type="checkbox"/>
Are residents issued with key for main door?(Yes/No)	Yesx No <input type="checkbox"/>
If no, give details	
Are there procedures to allow residents to receive visitors? (Give details)	Yes – in communal meeting room in main building
Outline visiting times :	10am to 10pm

In what areas are visitors allowed in the centre?	Main building communal room
Any other relevant information:	
Is there a facility for storage of residents' valuables*? (Give details.)(*Storage is at resident's own risk)	Storage rooms available
What toiletries are provided to residents on arrival?	Toothpaste, shampoo, soap, towels
What arrangements are in place to replenish these items?	On request at reception

7 ARRANGEMENTS FOR MAINTENANCE

Does the centre have a written procedure in place for residents to report maintenance issues? (Yes/No)	Yesx No <input type="checkbox"/>
Is there a maintenance day book? (Yes/No)	Yesx No <input type="checkbox"/>
Describe the maintenance procedure at the centre: Bridgestock group online tracking system for maintenance "snapinspect". Maintenance on site daily.	

8 CHILD PROTECTION

Are measures in place to inform staff and visitors of RIA's Child Protection Policy? (Give details)	Yes – all staff signed off
Are visitors asked to sign a declaration agreeing to adhere to the child protection policy?	yes
Where is declaration held?	Management File
Is there a sign in book for visitors? Where?	Yes at reception desk
Are there notices on public display giving name and contact details of Designated Liaison Person? Where?	Yes in dining room notice board
Have Designated Liaison Persons received HSE training?	Yes by HSE and Tusla
Are notices prominently displayed regarding parental supervision of children? Where?	Yes – in dining room hall

9 FOOD SAFETY

Has a HACCP system been implemented? (Yes/No)	Yesx No <input type="checkbox"/>
Have the premises been inspected by an Environmental Health Officer? (Yes/No)	Yesx No <input type="checkbox"/>
Date of last visit:	EHO visit 3/4/19. Not cooking food so none in past three years.

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

Are residents consulted regarding menu / dietary requests? (Give details.)	shop in place for residents and residents now cook in cooking stations in main building.
Provide details opposite: Which of the following are provided for school children's packed lunches: <ul style="list-style-type: none"> • Sandwich? What sandwich fillings are available: Cheese? Ham? Chicken? Tuna? Jam? Other? • Drinks? Juice? Water? • Yogurt? • Fruit? • Other 	Residents prepare own children's lunches
Is infant formula kept out of public view?	yes
What arrangements are in place for distribution of infant formula?	Available in shop

11 ARRANGEMENTS FOR REFRESHMENTS / MEALS OUTSIDE NORMAL MEAL TIMES

Are tea / coffee / drinking water / Snacks etc. available outside mealtimes?	Section does not apply as all residents now have cooking facilities of their own. Kitchenette in each building on each level.
What food/snacks are available after hours or when kitchen is closed?	
Where are the snacks located and how are they accessed?	
Are meals available for residents who arrive late? (Give details.)	
Are meals available for new arrivals? (Give details)	
Are packed lunches available for residents travelling to Dublin on official business? (Give details)	
If the inspection takes place during Ramadan this section <u>must</u> be completed. What arrangements are in place to facilitate residents observing a fast during Ramadan?	

12 FACILITIES FOR FEEDING BABIES

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

Bottle Warmer	
Microwave	
Are these facilities available 24 hours a day	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Is there a dedicated room provided? Where?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

13 INDOOR FACILITIES

<i>Are the following are available to residents?</i>	Yes/No
Computers with Internet access	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
WIFI	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
DVD player	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Computer Games	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Snooker Table	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Pool Table	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Table Tennis Table	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Board Games	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Newspapers	Yes <input type="checkbox"/> No <input type="checkbox"/>
Books	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Toys / games for children	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Other	Tablesoccer in communal room
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"/> Located in Sigo Town
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"/> Sky satellite all with smart tv's.
An average, how many TV channels are provided to residents?	50+
Are residents allowed to erect satellite dishes?	no

16 LAUNDRY FACILITIES (General Arrangements)

Are Laundry facilities available in the centre? (Y/N)	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
If No, what service is provided?	
Who launders towels and bedlinen? (e.g., residents, staff, other, etc)	Residents (staff will assist if requested)
What procedures are in place for the exchange of towels and bed linen at the centre?	On request or if identified need during room inspection. Maintenance will wash quilts if requested.

What procedures are in place for ironing boards and irons?	Reception sign out
How is washing powder / tablets supplied?	Automatic feed system.
Are there specific arrangements for access to the laundry (give details):	Open everyday 10 – 10.

17 CLEANING (General Arrangements)

Are there cleaning materials and equipment provided by management for residents?	Yesx No <input type="checkbox"/>
What cleaning equipment is available to residents?	Full range of cleaning consumable as used by housekeeping is available
What is the procedure for residents to access vacuum cleaners, brushes & other cleaning equipment?	Will be provided by reception on request
What arrangements are in place if rooms are not cleaned sufficiently by residents?	Housekeeping will clean if residents are not maintaining cleanliness

PART 2

Room by Room Inspection

Independent Inspection

Centre: Globe House, Sligo

Date of Inspection: 22/09/2022

Section A- Administration / Communal areas

17 Have you seen the following?

		Location of display
Up to date House Rules	x	Dining room & reception
Complaint Forms	x	Reception
Accident/ Incident procedure	x	Reception

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

18 Staff Awareness

Did you see the IPAs / IPPS Code of Practice*?	x
Are all staff aware of IPAS / IPPS Code & House Rules?	x
How are staff made aware of IPAS / IPPS Code & House Rules? <i>Sign off on copy kept in managers file</i>	

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

19 FIRE SAFETY

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

19a EMERGENCY LIGHTING INSPECTION SCHEDULE

<u>Date</u>	<u>Inspected By</u> (Company Name / Position)	<u>Comments</u>
15/09/22	Coleman Electronics	All OK
18/09/22	internal	

19b FIRE ALARM & DETECTION SYSTEM INSPECTION SCHEDULE

Date	Inspected By (Company Name / Position)	OK	Defect	Remedial Action Taken (Y/N)	Sign Off Y/N
23/08/22	Coleman Electronics	x	None		
22/09/22	internal	x	None		

19c FIRE FIGHTING EQUIPMENT INSPECTION SCHEDULE

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

Date	Inspected By (Company Name / Position)	OK	Defect	Remedial Action Taken (Y/N)	Sign Off Y/N
01/09/22	Fire Sure	x	None		

18/09/22	internally	x	None		
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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
21/09/22	Internal Staff	x	None		
22/09/22	Internal staff	x	None		

19e FIRE DRILL PROCEDURE INSPECTION SCHEDULE

Date & Time	Numbers of staff involved in drill	No. of residents present / evacuated **	Evacuation Time	Comments
11/05/22 13:40pm	7	71/71	9min 38 sec	All OK
20/5/21 12.15pm	8	148/148	10min	

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

19f STAFF INSTRUCTION AND TRAINING (Fire Safety)

Job Description	Course	Instructor	Duration	Date
All staff	Fire warden	Fire Safety	1 day	23/05/22
All staff	Fire Safety	First point Safety	½ day	12/11/2021

19g FIRE ASSEMBLY POINTS

Where are the Fire Assembly Points located?	Front of main 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>	No smoking allowed inside buildings
Comments:	

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

(in corridors & common areas)

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

Administration Area:

Reception:

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

Have you seen the following?

		Location of display
Up to date House Rules	x	Dining room & reception
Complaint Forms	x	Reception
Accident/ Incident procedure	x	Reception

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

IOM Voluntary Return Posters	x	Reception
Anti Human-Trafficking Posters	x	Reception
‘NO to Violence & Harassment’ Posters	x	reception

Social Room / Tea Station (State Location): Upstairs main building

What facilities are provided? Couches and armchairs seating, Wifi area, fussball pool table
Is the area generally clean? Yesx No <input type="checkbox"/>
If no please give details:
Visual Check: Have you noticed any issues requiring attention? Yes <input type="checkbox"/> Nox
If yes please detail:

Pre-school Room:

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

DINING AREA:

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

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

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

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

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

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

KITCHEN AREA: Food Safety Critical Requirements

Food Safety

Note : 10 cooking stations have been installed in dining room for residents

Has the premises been inspected by an Environmental Health Officer?	Yes, Linda Coyne	
Date of Visit?	3/4/19	
issues highlight and rectified by management		

Has a HACCP system been implemented?	n/a
Who designed the HACCP system?	
Who is responsible for reviewing the system?	
How frequently is the system reviewed?	

HACCP record in Shop

Pest Control: Rentokill inspect every two months no issues found, last inspection Aug 22.
Induction and Ongoing Staff Training: Staff have received training in food safety hygiene
Time & Temperature Records:
Hygiene Audits: EHO audits complete on premises
List of Approved Suppliers: List of approved suppliers in place, with associated HACCP documentation. Very detailed and well done.
Cleaning Schedules: Daily and Weekly register in place. Evident that kitchen was maintained at high level of cleanliness.
Procedures for accepting deliveries: HACCP point plan in place. Copy of procedure delivery posted next to delivery door.
General Comments:

Food Hall - Shop

Is the till system in place Electronic POS:	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
Relevant Certification (halal meats) in place/on display:	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
Is there appropriate storage; shelving, cold storage, dry storage:	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
Were the points value of the items clearly displayed:	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
Is the area generally clean:	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

HACCP and Kitchen Evaluation

General:

Is the kitchen commercial or domestic?	10 x domestic
What equipment is in place? 10 x 4 hob cookers, sinks, fans	
In what condition is the equipment? Very good, Kitchen very clean	
Comments: 10 cooking stations have been installed in dining room for residents	

Structural Hygiene

Kitchen:

Is the refuse area suitably located?	Yes, located outside kitchen area.	
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?	n/a	
Are white coats, shoe covers and hats available for non kitchen staff?	n/a	
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?	Hand washing basin, soap dispenser and paper towel in place.	
General Comments: 10 cooking stations have been installed in dining room for residents		

Structural Hygiene cont

Dry Goods

Suitably equipped? <i>Shelving/containers etc</i>	Area is suitably equipped, shelving and plastic containers.
Condition and suitability of facilities: All shelving is clean and well maintained.	
What evidence is there of stock rotation?	All foods within expiry date.

Refrigerated Storage

What type of refrigerated storage is provided?	1 Chest freezers in shop, 2 large fridges and freezer in shop store room
Comment on the condition and suitability of the refrigerated storage: All freezers, and refrigerators kept clean and are in a good working order.	
Are thermostats provided and in working order?	Yes, all in working order.
Are food items date stamped?	Yes.
Are samples of dishes being kept?	N/A

Other

Is there appropriate storage for cleaning agents and chemicals?	Chemical room provided with adequate ventilation.
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Operational Hygiene

Do residents use the main kitchen?	No
Is that use supervised to ensure safe & hygienic practices are observed?	N/A
By whom is it supervised?	N/A

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

Is the necessary holding equipment provided? <i>e.g.</i>
Yes – all equipment in good condition and clean

Condition and suitability of serving equipment and utensils:
All serving equipment is clean and well maintained.

What procedures are in place for unused/unserved food at the end of service?
n/a

Comments:

STAFF FACILITIES AND HYGIENE

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

Are all areas clean and well maintained?	Yes
Are suitable hand washing & drying facilities provided?	Yes
Is storage provided for personal belongings?	Yes
Are showers provided? <i>Indicate cleanliness & suitability</i>	Showers not used by staff

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

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

23 PUBLIC TOILET (State Location):

	Number	Soap	Toilet Paper	Hand Towels / Dryers	Hot Water	Sanitary Bins
Unisex:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ladies:	2	x	x	x	x	x <input type="checkbox"/>
Gents:	2	x	x	x	x	
Is there a cleaning schedule displayed? Yes x No <input type="checkbox"/>						
Record the last time entry. Daily 22/09/22						
Is the area clean? (provide comment) all very clean						
Are all facilities working? Yes x No * <input type="checkbox"/>						
Visual Check: Have you noticed any issues requiring attention? Yes* <input type="checkbox"/> No x						
If No, give details:						

24 COMMUNAL ROOM (State Location):upstairs main building (old church)**Storage area:**Is the walkway through the area clear? Yes **X** No ☐Are the exit signs clearly marked? Yes **X** No ☐**General Seating Area**Is the seating in good condition? Yes **X** No ☐What is the area generally used for? Socialising & visitor Yes **X** No ☐**Computer room:**Is the area generally clean? Yes **x** No ☐*Visual Check:* Have you noticed any issues requiring attention? Yes ☐ No **X**

If yes please detail:

Any other comments? If yes please detail:**OUTDOOR GROUNDS / FACILITIES**

Please rate the following:

	Very Good	Adequate	Poor*	Needs urgent attention*
Condition of exterior of centre	x	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Paintwork of the centre	x	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maintenance standard of the grounds (e.g. grass cut, walkways clear etc.)	x	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cleanliness of the grounds (ie., evidence of rubbish etc.)	x	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Where you have rated * please provide details and comments:				
Are there any facilities available for children outdoors? Yes x No <input type="checkbox"/>				
Comments 2 play areas – one for small children and soccer/basketball area				

LAUNDRY ROOM

	Washing Machines	Dryers
Number	10	10
Do they appear to be in working order? yes		
Comments:		

CORRIDOR (State Location): All corridors throughout Globe House

Is the area generally clean? Yes

If no please give details:

Visual Check: Have you noticed any issues requiring attention? no

If yes please detail:

CORRIDOR (State Location): All corridors throughout Men's Block

Is the area generally clean?	Yes <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 (State Location): all stairwells both buildings

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? NP (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 checked="" type="checkbox"/> Weekly <input 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"/> x as needed
Are there cleaning materials and equipment provided by management for residents?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
What cleaning equipment is available to residents?	Mops, brushes, toilet cleaner, floor cleaner, vacuum
What arrangements are in place if rooms are not cleaned sufficiently by residents?	Staff will clean and management will discuss with resident

ROOM NUMBER101				
Room Profile:		Room Capacity:		Room Occupancy:
family		4		3
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
X	X	<input type="checkbox"/>	X	X
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order? Yes X No * <input type="checkbox"/>				
If *, please give details:				

ROOM NUMBER102				
Room Profile:		Room Capacity:		Room Occupancy:
family		2		2
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
X	<input type="checkbox"/>	X	X	X
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order? Yes X No * <input type="checkbox"/>				
If *, please give details:				

ROOM NUMBER103				
Room Profile:		Room Capacity:		Room Occupancy:
family		3		2
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
X	<input type="checkbox"/>	X	X	X

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

ROOM NUMBER104				
Room Profile:		Room Capacity:		Room Occupancy:
Single female		3		2
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
X	<input type="checkbox"/>	X	X	X
	Very Good	Adequate	Poor *	Needs urgent attention *
Cleanliness	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order? Yes X No * <input type="checkbox"/>				
If *, please give details:				

ROOM NUMBER105				
Room Profile:		Room Capacity:		Room Occupancy:
single		3		2
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
X	<input type="checkbox"/>	X	X	X
	Very Good	Adequate	Poor *	Needs urgent attention *
Cleanliness	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order? Yes X No * <input type="checkbox"/>				
If *, please give details:				

ROOM NUMBER106				
Room Profile:		Room Capacity:		Room Occupancy:
family		4		3
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
X	<input type="checkbox"/>	X	X	X
	Very Good	Adequate	Poor *	Needs urgent attention *
Cleanliness	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order? Yes X No * <input type="checkbox"/>				
If *, please give details:				

ROOM NUMBER109				
Room Profile:		Room Capacity:		Room Occupancy:
family		3		2
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
X	X	<input type="checkbox"/>	X	X

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

ROOM NUMBER118				
Room Profile:		Room Capacity:		Room Occupancy:
family		4		3
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
X	X	<input type="checkbox"/>	X	X
	Very Good	Adequate	Poor *	Needs urgent attention *
Cleanliness	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order? Yes X No * <input type="checkbox"/>				
If *, please give details:				

ROOM NUMBER110				
Room Profile:		Room Capacity:		Room Occupancy:
family		1		1
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
X	<input type="checkbox"/>	X	X	X
	Very Good	Adequate	Poor *	Needs urgent attention *
Cleanliness	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order? Yes X No * <input type="checkbox"/>				
If *, please give details:				

ROOM NUMBER111				
Room Profile:		Room Capacity:		Room Occupancy:
family		2		2
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
X	<input type="checkbox"/>	<input type="checkbox"/>	X	X
	Very Good	Adequate	Poor *	Needs urgent attention *
Cleanliness	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order? Yes X No * <input type="checkbox"/>				
If *, please give details: Move wardrobe to allow door open fully.				

ROOM NUMBER112				
Room Profile:		Room Capacity:		Room Occupancy:
family		3		2
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
X	<input type="checkbox"/>	X	X	X
	Very Good	Adequate	Poor *	Needs urgent attention *

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

ROOM NUMBER114				
Room Profile:		Room Capacity:		Room Occupancy:
family		3		2
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
X	<input type="checkbox"/>	X	X	X
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order? Yes X No * <input type="checkbox"/>				
If *, please give details:				

ROOM NUMBER115				
Room Profile:		Room Capacity:		Room Occupancy:
family		3		2
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
X	<input type="checkbox"/>	X	X	X
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order? Yes X No * <input type="checkbox"/>				
If *, please give details:				

ROOM NUMBER116				
Room Profile:		Room Capacity:		Room Occupancy:
family		3		2
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
X	<input type="checkbox"/>	X	X	X
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order? Yes X No * <input type="checkbox"/>				
If *, please give details:				

ROOM NUMBER117				
Room Profile:		Room Capacity:		Room Occupancy:
family		3		2
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
X	<input type="checkbox"/>	X	X	X
	Very Good	Adequate	Poor *	Needs urgent attention *

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

ROOM NUMBER119				
Room Profile:		Room Capacity:		Room Occupancy:
family		4		0
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
X	X	<input type="checkbox"/>	X	X
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order? Yes X No * <input type="checkbox"/>				
If *, please give details:				

ROOM NUMBER120				
Room Profile:		Room Capacity:		Room Occupancy:
family		3		3
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
X	<input type="checkbox"/>	X	X	X
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order? Yes X No * <input type="checkbox"/>				
If *, please give details:				

ROOM NUMBER121				
Room Profile:		Room Capacity:		Room Occupancy:
family		3		2
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
X	<input type="checkbox"/>	X	X	X
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order? Yes X No * <input type="checkbox"/>				
If *, please give details:				

ROOM NUMBER122				
Room Profile:		Room Capacity:		Room Occupancy:
family		3		2
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
X	<input type="checkbox"/>	X	X	X
	Very Good	Adequate	Poor *	Needs urgent attention *

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

ROOM NUMBER124				
Room Profile:		Room Capacity:		Room Occupancy:
family		3		2
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
X	<input type="checkbox"/>	X	X	X
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order? Yes X No * <input type="checkbox"/>				
If *, please give details:				

ROOM NUMBER127				
Room Profile:		Room Capacity:		Room Occupancy:
family		2		2
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
X	<input type="checkbox"/>	X	X	X
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order? Yes X No * <input type="checkbox"/>				
If *, please give details:				

ROOM NUMBER128				
Room Profile:		Room Capacity:		Room Occupancy:
family		2		2
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
X	<input type="checkbox"/>	X	X	X
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order? Yes X No * <input type="checkbox"/>				
If *, please give details:				

ROOM NUMBER129				
Room Profile:		Room Capacity:		Room Occupancy:
family		3		3
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
X	<input type="checkbox"/>	X	X	X
	Very Good	Adequate	Poor *	Needs urgent attention *

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

ROOM NUMBER130				
Room Profile:		Room Capacity:		Room Occupancy:
singles		3		2
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
X	<input type="checkbox"/>	X	X	X
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order? Yes X No * <input type="checkbox"/>				
If *, please give details: Cooking equipment in the room.				

ROOM NUMBER131/132 rooms joined				
Room Profile:		Room Capacity:		Room Occupancy:
family		6		5
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
X	<input type="checkbox"/>	X	X	X
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order? Yes X No * <input type="checkbox"/>				
If *, please give details:				

ROOM NUMBER133				
Room Profile:		Room Capacity:		Room Occupancy:
family		3		2
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
X	<input type="checkbox"/>	X	X	X
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order? Yes X No * <input type="checkbox"/>				
If *, please give details:				

ROOM NUMBER134				
Room Profile:		Room Capacity:		Room Occupancy:
family		4		0
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
X	X	<input type="checkbox"/>	X	X
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

ROOM NUMBER144				
Room Profile:		Room Capacity:		Room Occupancy:
Single female		3		2
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
X	<input type="checkbox"/>	X	X	X
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes X	No * <input type="checkbox"/>
If *, please give details:				

ROOM NUMBER145				
Room Profile:		Room Capacity:		Room Occupancy:
Single female		2		2
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
X	<input type="checkbox"/>	X	X	X
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes X	No * <input type="checkbox"/>
If *, please give details:				

ROOM NUMBER136				
Room Profile:		Room Capacity:		Room Occupancy:
family		3		3
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
X	X	<input type="checkbox"/>	X	X
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes X	No * <input type="checkbox"/>
If *, please give details:				

ROOM NUMBER137				
Room Profile:		Room Capacity:		Room Occupancy:
Single female		3		3
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
X	<input type="checkbox"/>	X	X	X
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

ROOM NUMBER138				
Room Profile:		Room Capacity:		Room Occupancy:
Single female		3		3
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
X	<input type="checkbox"/>	X	X	X
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes X	No * <input type="checkbox"/>
If *, please give details:				

ROOM NUMBER139				
Room Profile:		Room Capacity:		Room Occupancy:
family		3		3
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
X	<input type="checkbox"/>	X	X	X
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes X	No * <input type="checkbox"/>
If *, please give details:				

ROOM NUMBER140				
Room Profile:		Room Capacity:		Room Occupancy:
Single female		3		3
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
X	<input type="checkbox"/>	X	X	X
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes X	No * <input type="checkbox"/>
If *, please give details:				

ROOM NUMBER141				
Room Profile:		Room Capacity:		Room Occupancy:
family		4		2
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
X	<input type="checkbox"/>	X	X	X
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes X	No * <input type="checkbox"/>

If *, please give details:

ROOM NUMBER153				
Room Profile:		Room Capacity:		Room Occupancy:
family		3		3
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
X	<input type="checkbox"/>	X	X	X
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order? Yes X No * <input type="checkbox"/>				
If *, please give details:				

ROOM NUMBER146				
Room Profile:		Room Capacity:		Room Occupancy:
Single female		2		2
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
X	X	<input type="checkbox"/>	X	X
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order? Yes X No * <input type="checkbox"/>				
If *, please give details:				

ROOM NUMBER148				
Room Profile:		Room Capacity:		Room Occupancy:
family		3		2
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
X	X	<input type="checkbox"/>	X	X
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order? Yes X No * <input type="checkbox"/>				
If *, please give details:				

ROOM NUMBER149				
Room Profile:		Room Capacity:		Room Occupancy:
family		2		2
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
X	<input type="checkbox"/>	X	X	X
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order? Yes X No * <input type="checkbox"/>				

If *, please give details:

ROOM NUMBER150				
Room Profile:		Room Capacity:		Room Occupancy:
family		2		1
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
X	<input type="checkbox"/>	X	X	X
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order? Yes X No * <input type="checkbox"/>				
If *, please give details:				

ROOM NUMBER151				
Room Profile:		Room Capacity:		Room Occupancy:
Single female		2		1
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
X	<input type="checkbox"/>	X	X	X
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order? Yes X No * <input type="checkbox"/>				
If *, please give details:				

ROOM NUMBER152				
Room Profile:		Room Capacity:		Room Occupancy:
Single female		1		1
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
X	<input type="checkbox"/>	X	X	X
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	X	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order? Yes X No * <input type="checkbox"/>				
If *, please give details:				

ROOM NUMBER153				
Room Profile:		Room Capacity:		Room Occupancy:
family		3		3
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
X	<input type="checkbox"/>	X	X	X
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

ROOM NUMBER156				
Room Profile:		Room Capacity:		Room Occupancy:
family		2		2
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
X	<input type="checkbox"/>	X	X	X
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes X	No * <input type="checkbox"/>
If *, please give details:				

ROOM NUMBER157				
Room Profile:		Room Capacity:		Room Occupancy:
family		3		3
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
X	<input type="checkbox"/>	X	X	X
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes X	No * <input type="checkbox"/>
If *, please give details:				

ROOM NUMBER158				
Room Profile:		Room Capacity:		Room Occupancy:
family		2		2
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
X	<input type="checkbox"/>	X	X	X
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes X	No * <input type="checkbox"/>
If *, please give details:				

ROOM NUMBER159				
Room Profile:		Room Capacity:		Room Occupancy:
Single male		3		2
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
X	<input type="checkbox"/>	X	X	X
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes X	No * <input type="checkbox"/>
If *, please give details:				

ROOM NUMBER160				
Room Profile:		Room Capacity:		Room Occupancy:
Single male		3		2
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
X	<input type="checkbox"/>	X	X	X
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes X	No * <input type="checkbox"/>
If *, please give details:				

ROOM NUMBER161				
Room Profile:		Room Capacity:		Room Occupancy:
Single male		3		3
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
X	<input type="checkbox"/>	X	X	X
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes X	No * <input type="checkbox"/>
If *, please give details:				

ROOM NUMBER162				
Room Profile:		Room Capacity:		Room Occupancy:
Single male		3		3
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
X	<input type="checkbox"/>	X	X	X
	Very Good	Adequate	Poor *	Needs urgent attention *

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

ROOM NUMBER163				
Room Profile:		Room Capacity:		Room Occupancy:
Single male		2		2
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
X	<input type="checkbox"/>	X	X	X
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order? Yes X No * <input type="checkbox"/>				
If *, please give details:				

ROOM NUMBER164				
Room Profile:		Room Capacity:		Room Occupancy:
Single male		3		3
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
X	<input type="checkbox"/>	X	X	X
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order? Yes X No * <input type="checkbox"/>				
If *, please give details:				

ROOM NUMBER165				
Room Profile:		Room Capacity:		Room Occupancy:
Single male		3		1
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
X	<input type="checkbox"/>	X	X	X
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order? Yes X No * <input type="checkbox"/>				
If *, please give details:				

ROOM NUMBER167				
Room Profile:		Room Capacity:		Room Occupancy:
Single male		2		2
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
X	<input type="checkbox"/>	X	X	X

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

ROOM NUMBER168				
Room Profile:		Room Capacity:		Room Occupancy:
Single male		3		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"/>
	Very Good	Adequate	Poor *	Needs urgent attention *
Cleanliness	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order? Yes <input checked="" type="checkbox"/> No * <input type="checkbox"/>				
If *, please give details:				

ROOM NUMBER169				
Room Profile:		Room Capacity:		Room Occupancy:
Single male		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"/>
	Very Good	Adequate	Poor *	Needs urgent attention *
Cleanliness	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order? Yes <input checked="" type="checkbox"/> No * <input type="checkbox"/>				
If *, please give details:				

ROOM NUMBER170				
Room Profile:		Room Capacity:		Room Occupancy:
Single male		3		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"/>
	Very Good	Adequate	Poor *	Needs urgent attention *
Cleanliness	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order? Yes <input checked="" type="checkbox"/> No * <input type="checkbox"/>				
If *, please give details:				

ROOM NUMBER171				
Room Profile:		Room Capacity:		Room Occupancy:
Single male		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"/>

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

ROOM NUMBER172				
Room Profile:		Room Capacity:		Room Occupancy:
Single male		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"/>
	Very Good	Adequate	Poor *	Needs urgent attention *
Cleanliness	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order? Yes <input checked="" type="checkbox"/> No * <input type="checkbox"/>				
If *, please give details:				

ROOM NUMBER173				
Room Profile:		Room Capacity:		Room Occupancy:
Single male		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"/>
	Very Good	Adequate	Poor *	Needs urgent attention *
Cleanliness	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order? Yes <input checked="" type="checkbox"/> No * <input type="checkbox"/>				
If *, please give details:				

ROOM NUMBER174				
Room Profile:		Room Capacity:		Room Occupancy:
Single male		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"/>
	Very Good	Adequate	Poor *	Needs urgent attention *
Cleanliness	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order? Yes <input checked="" type="checkbox"/> No * <input type="checkbox"/>				
If *, please give details:				

ROOM NUMBER175				
Room Profile:		Room Capacity:		Room Occupancy:
Single male		3		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"/>

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

ROOM NUMBER176				
Room Profile:		Room Capacity:		Room Occupancy:
Single male		3		3
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
X	<input type="checkbox"/>	X	X	X
	Very Good	Adequate	Poor *	Needs urgent attention *
Cleanliness	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order? Yes X No * <input type="checkbox"/>				
If *, please give details:				

ROOM NUMBER178				
Room Profile:		Room Capacity:		Room Occupancy:
Single male		2		1
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
X	<input type="checkbox"/>	X	X	X
	Very Good	Adequate	Poor *	Needs urgent attention *
Cleanliness	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order? Yes X No * <input type="checkbox"/>				
If *, please give details:				

ROOM NUMBER179				
Room Profile:		Room Capacity:		Room Occupancy:
Single male		3		3
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
X	<input type="checkbox"/>	X	X	X
	Very Good	Adequate	Poor *	Needs urgent attention *
Cleanliness	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order? Yes X No * <input type="checkbox"/>				
If *, please give details:				

ROOM NUMBER180				
Room Profile:		Room Capacity:		Room Occupancy:
Single male		2		2

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

ROOM NUMBER181				
Room Profile:		Room Capacity:		Room Occupancy:
Single male		3		3
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
X	<input type="checkbox"/>	X	X	X
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes X	No * <input type="checkbox"/>
If *, please give details:				

ROOM NUMBER182				
Room Profile:		Room Capacity:		Room Occupancy:
Single male		3		2
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
X	<input type="checkbox"/>	X	X	X
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes X	No * <input type="checkbox"/>
If *, please give details:				

ROOM NUMBER184				
Room Profile:		Room Capacity:		Room Occupancy:
Single male		3		2
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
X	<input type="checkbox"/>	X	X	X
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes X	No * <input type="checkbox"/>
If *, please give details:				

ROOM NUMBER185				
Room Profile:		Room Capacity:		Room Occupancy:
Single male		2		2

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

ROOM NUMBER186				
Room Profile:		Room Capacity:		Room Occupancy:
Single male		3		3
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
X	<input type="checkbox"/>	X	X	X
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes X	No * <input type="checkbox"/>
If *, please give details:				

ROOM NUMBER187				
Room Profile:		Room Capacity:		Room Occupancy:
Single male		3		3
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
X	<input type="checkbox"/>	X	X	X
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			No	
If *, please give details:				

ROOM NUMBER188				
Room Profile:		Room Capacity:		Room Occupancy:
Single male		3		2
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
X	X	<input type="checkbox"/>	X	X
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes X	No * <input type="checkbox"/>
If *, please give details:				

ROOM NUMBER189		
Room Profile:		Room Capacity:

Single male			2	2
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
X	X	<input type="checkbox"/>	X	X
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes X	No * <input type="checkbox"/>
If *, please give details: Bathroom Shaveing light hanging and radiator needs replacing.				

ROOM NUMBER190				
Room Profile:		Room Capacity:		Room Occupancy:
Single male		3		0
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
X	X	<input type="checkbox"/>	X	X
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes X	No * <input type="checkbox"/>
If *, please give details:				

ROOM NUMBER191				
Room Profile:		Room Capacity:		Room Occupancy:
Single male		3		2
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
X	X	<input type="checkbox"/>	X	X
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes X	No * <input type="checkbox"/>
If *, please give details:				

ROOM NUMBER192				
Room Profile:		Room Capacity:		Room Occupancy:
Single male		3		0
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
X	<input type="checkbox"/>	X	X	X
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes X	No * <input type="checkbox"/>
If *, please give details:				

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

Block 2 inside the fire emergency door replace bulb in the corridor.

Block 3 Top floor in communal bathroom tiles appear to be coming off the wall.

General Representations

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

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.

Summary Sheet

Name of Centre:	GLOBE HOUSE
Address:	Chapel Hill, Sligo
Contractor :	Bridgestock
Manager:	David Kelly
Contact Name:	David Kelly
Capacity Per MOA (Current Occupancy):	218 (175)
Date of Inspection:	22/09/22

General comments;

The area is an old monastery and was clean, tidy and the grounds kept in good condition.

Fire Safety:

Block 2 Room 130 – Cooking in room

Block 2 Room 111 – Move wardrobe as it is blocking the door from opening fully.

Food Safety:

No issues – shop and points system working well. Residents kitchen is really well maintained.

Bedrooms:

Block 3 Room 189 Bathroom Shaving light is broken and the radiator needs repair/replacement.

Communal Areas

Inside back door of Block 2 replace bulb in the light

Block 3 Bathroom 12 replace loose tile in the bathroom.

IPAS / IPPS

Independent Inspection Report

Centre:	Globe House, Sligo
Inspector:	Shane Mac Loughlin
Date of Inspection:	23/6/22
Time of Arrival & Departure:	14.30-17.30

Part 1
General Information on Services

Independent Inspection Report

Centre: **Globe House**

Date of Inspection: 23/6/22

1. CENTRE DETAILS

Name and address of Centre	Globe House, Chapel Hill, Sligo
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Contractor	Bridgestock
Manager	David Kelly
Who deputises for manager in his/her absence?	Duty Manager

Telephone Number	071 9140380
------------------	--------------------

Current Contracted Capacity	218
Current Occupancy (today)	179
Current Centre Profile (e.g., singles, families etc.)	Single male, single female and Families

HSE Area	North West
Public Health Nurse	Sligo HSE Centre
DSP / CWO name	Mary Finn
Environmental Health Officer name	Olivia O'Gara
Local Fire Officer Name	Paul Coyle
Local Fire Station	Sligo Town

Is the Centre certified by any Quality Management System (i.e. Q Mark, ISO)?:	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
If yes, please give details:	EIQA Q Mark
What was the date of the last certification?	Dec 2020
Have you a copy of the Certification	Yes <input type="checkbox"/>

2. Please provide a copy of the following

	Check List
Official Register	x
Menu Cycle	n/a
Staffing Lists as follows:	
1. Full list of staff employed at the centre (indicating Names, Titles, Roles, etc.,)	x
2. Indicate who is on duty at time of inspection (today)	x
3. a separate list of Designated Liaison Persons (child protection)	x

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	12 hr shifts rotated
Is security provided by external company? (Y/N)	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
If yes, give name of company:	
Does the centre have CCTV? (Y/N)	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Is a list of emergency numbers available in the Manager's office?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Does the list include the following numbers? (Y/N) Local Garda station 24 hr number Local hospital Local fire station Duty Social Work Team Out of hours GP Service RIA out of hours number	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If no, give details:
Are first aid kits available? (Y/N)	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Where and how many?	Reception x2 and Kitchen
Who is responsible for first aid restocking?	Job title <u>only</u> (not name) of person responsible: Trained first aiders on staff
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?	oil
Do residents have control of the heating in their own bedroom?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
If no, what arrangements are in place?	Residents can turn off/down radiators
What are the heating 'ON' times?	Heating on all day except for few hours in middle of day

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?	Orientation/Induction on arrival

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

Are residents issued with key for their bedroom?(Yes/No)	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Are residents issued with key for main door? (Yes/No)	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
If no, give details	
Are there procedures to allow residents to receive visitors? (Give details)	Yes – in communal meeting room in main building
Outline visiting times :	10am to 10pm

In what areas are visitors allowed in the centre?	Main building communal room
Any other relevant information:	
Is there a facility for storage of residents' valuables*? (Give details.) (* Storage is at resident's own risk)	Storage rooms available
What toiletries are provided to residents on arrival?	Toothpaste, shampoo, soap, towels
What arrangements are in place to replenish these items?	On request at reception

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: Bridgestock group online tracking system for maintenance "snapinspect"	

8 CHILD PROTECTION

Are measures in place to inform staff and visitors of RIA's Child Protection Policy? (Give details)	Yes – all staff signed off
Are visitors asked to sign a declaration agreeing to adhere to the child protection policy?	yes
Where is declaration held?	Management File
Is there a sign in book for visitors? Where?	Yes at reception desk
Are there notices on public display giving name and contact details of Designated Liaison Person? Where?	Yes in dining room notice board
Have Designated Liaison Persons received HSE training?	Yes by HSE and Tusla
Are notices prominently displayed regarding parental supervision of children? Where?	Yes – in dining room hall

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:	EHO visit 3/4/19

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

Are residents consulted regarding menu / dietary requests? (Give details.)	shop in place for residents and residents now cook in own accommodations.
Provide details opposite: Which of the following are provided for school children's packed lunches: <ul style="list-style-type: none"> • Sandwich? What sandwich fillings are available: Cheese? Ham? Chicken? Tuna? Jam? Other? • Drinks? Juice? Water? • Yogurt? • Fruit? • Other 	Residents prepare own children's lunches
Is infant formula kept out of public view?	yes
What arrangements are in place for distribution of infant formula?	Available in shop

11 ARRANGEMENTS FOR REFRESHMENTS / MEALS OUTSIDE NORMAL MEAL TIMES

Are tea / coffee / drinking water / Snacks etc. available outside mealtimes?	Section does not apply as all residents now have cooking facilities of their own.
What food/snacks are available after hours or when kitchen is closed?	
Where are the snacks located and how are they accessed?	
Are meals available for residents who arrive late? (Give details.)	
Are meals available for new arrivals? (Give details)	
Are packed lunches available for residents travelling to Dublin on official business? (Give details)	
If the inspection takes place during Ramadan this section <u>must</u> be completed. What arrangements are in place to facilitate residents observing a fast during Ramadan?	

12 FACILITIES FOR FEEDING BABIES

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

Are these facilities available 24 hours a day	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Is there a dedicated room provided? Where?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>

13 INDOOR FACILITIES

<i>Are the following are available to residents?</i>	Yes/No	
Computers with Internet access	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
WIFI	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
DVD player	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Computer Games	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Snooker Table	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Pool Table	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Table Tennis Table	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Board Games	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Newspapers	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Books	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Toys / games for children	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Other	Table soccer in communal room	
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"/> Sky satellite
An average, how many TV channels are provided to residents?	50+
Are residents allowed to erect satellite dishes?	no

16 LAUNDRY FACILITIES (General Arrangements)

Are Laundry facilities available in the centre? (Y/N)	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
If No, what service is provided?	
Who launders towels and bedlinen? (e.g., residents, staff, other, etc)	Residents (staff will assist if requested)
What procedures are in place for the exchange of towels and bed linen at the centre?	On request or if identified need during room inspection
What procedures are in place for ironing boards and irons?	Reception sign out

How is washing powder / tablets supplied?	From reception as needed
Are there specific arrangements for access to the laundry (give details):	Open everyday

17 **CLEANING (General Arrangements)**

Are there cleaning materials and equipment provided by management for residents?	Yes x No <input type="checkbox"/>
What cleaning equipment is available to residents?	Full range of cleaning consumable as used by housekeeping is available
What is the procedure for residents to access vacuum cleaners, brushes & other cleaning equipment?	Will be provided by reception on request
What arrangements are in place if rooms are not cleaned sufficiently by residents?	Housekeeping will clean if residents are not maintaining cleanliness

PART 2

Room by Room Inspection

Independent Inspection

Centre: Globe House, Sligo

Date of Inspection: 23/6/22

Section A- Administration / Communal areas

17 Have you seen the following?

		Location of display
Up to date House Rules	x	Dining room & reception
Complaint Forms	x	Reception
Accident/ Incident procedure	x	Reception

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

18 Staff Awareness

Did you see the IPAs / IPPS Code of Practice*?	x
Are all staff aware of IPAS / IPPS Code & House Rules?	x
How are staff made aware of IPAS / IPPS Code & House Rules? <i>Sign off on copy kept in managers file</i>	

*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>
23/6/22	internal	
22/6/22	internal	

19b FIRE ALARM & DETECTION SYSTEM INSPECTION SCHEDULE

Date	Inspected By (Company Name / Position)	OK	Defect	Remedial Action Taken (Y/N)	Sign Off Y/N
11/3/22	Buddy Wright	x	None		
23/6/22	internal	x	None		

19c FIRE FIGHTING EQUIPMENT INSPECTION SCHEDULE

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

Date	Inspected By (Company Name / Position)	OK	Defect	Remedial Action Taken (Y/N)	Sign Off Y/N
19/6/22	McCormack	x	None		

23/6/22	internally	x	None		
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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
23/6/22	Internal Staff	x	None		
22/6/22	Internal staff	x	None		

19e FIRE DRILL PROCEDURE INSPECTION SCHEDULE

Date & Time	Numbers of staff involved in drill	No. of residents present / evacuated **	Evacuation Time	Comments
11/11/21 17.00hr	9	87/87	9min	
11/5/22 13.40	7	71/71	9min	

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

19f STAFF INSTRUCTION AND TRAINING (Fire Safety)

Job Description	Course	Instructor	Duration	Date
All staff	Fire warden	Fire Safety	1 day	30/10/2019
All staff	Fire Safety	First point Safety	½ day	12/11/2021

19g FIRE ASSEMBLY POINTS

Where are the Fire Assembly Points located?	Front of main 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>	No smoking allowed inside buildings
Comments:	

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

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

Administration Area:

Reception:

Is the area generally clean?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
If no please give details: Centre is kept very clean throughout	
Visual Check: 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"/>	Dining room & reception
Complaint Forms	<input checked="" type="checkbox"/>	Reception
Accident/ Incident procedure	<input checked="" type="checkbox"/>	Reception

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

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

Social Room / Tea Station (State Location): Upstairs main building

What facilities are provided? Couches and armchairs seating, Wifi area, fussball
Is the area generally clean? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
If no please give details:
Visual Check: Have you noticed any issues requiring attention? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
If yes please detail:

Pre-school Room:

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

Other comments:

DINING AREA:

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

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

KITCHEN AREA: Food Safety Critical Requirements

Food Safety

Note : 10 cooking stations have been installed in dining room for residents

Has the premises been inspected by an Environmental Health Officer?	Yes, Linda Coyne	
Date of Visit?	3/4/19	
issues highlight and rectified by management		

Has a HACCP system been implemented?	n/a
Who designed the HACCP system?	
Who is responsible for reviewing the system?	
How frequently is the system reviewed?	

HACCP record in Shop

Pest Control: Rentokill inspect every two months no issues found , last inspection 22/11/2021
Induction and Ongoing Staff Training: Staff have received training in food safety hygiene
Time & Temperature Records: Defrosting, hot holding, food delivery, cooking, cooling, reheating temperatures are taken. Fridge 1 & 2, Freezer 1 & 2, dishwasher (AM/PM). All records up to date.
Hygiene Audits: EHO audits complete on premises
List of Approved Suppliers: List of approved suppliers in place, with associated HACCP documentation. Very detailed and well done.
Cleaning Schedules: Daily and Weekly register in place. Evident that kitchen was maintained at high level of cleanliness.
Procedures for accepting deliveries: HACCP point plan in place. Copy of procedure delivery posted next to delivery door.
General Comments:

Food Hall - Shop

Is the till system in place Electronic POS:	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
Relevant Certification (halal meats) in place/on display:	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
Is there appropriate storage; shelving, cold storage, dry storage:	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
Were the points value of the items clearly displayed:	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

Is the area generally clean:		Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
If no for any of the above, please give details:					
Visual Check: Have you noticed any issues requiring attention?		Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
(Products in date , fresh food, ethnic food, Halal food, variety available, suitable range of food products, toiletries and cleaning materials.)					
If yes to any issues please give detail:					
Do food products available in the food hall reflect the reasonable needs of the different ethnic groups; e.g. the provision of halal food for Muslim residents, the provision of food for gluten free, vegetarian, vegan residents, etc.		Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
If no please give details:					
Products (Available) Check:		Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
Adequately stocked in order to provide a choice for residents. Meat, fish (including oily fish); Eggs; Non-meat proteins such as pulses, beans and tofu; Dairy products including fortified milk; Variety of breakfast cereals, including porridge; Potatoes, wholegrains, rice and pasta; Fresh fruit and vegetables; Olive, rape and other cooking oils; Spices and sauces; Ethnic goods; Tea, coffee and other hot drinks; Sweets, pastries and carbonated drinks.					
Please Insert/List Some Items/Products Below;					
Item/Product:	Points Value:	Expiry Date on			
Product:					
Tinned tuna	0.99	03/25			
2L Milk	1.79	25/6/22			
Rib Mince 500g	3.00	28/6/22			
600g Chicken wings	3.10	27/6/22			
Overall Comments/Additional Comments:					
Well managed area with delivery records in place. Wide variety of product available.					

HACCP and Kitchen Evaluation

General:

Is the kitchen commercial or domestic?	10 x domestic
What equipment is in place? 10 x 4 hob cookers	
In what condition is the equipment?	
Comments: 10 cooking stations have been installed in dining room for residents	

Structural Hygiene

Kitchen:

Is the refuse area suitably located?	Yes, located outside kitchen area.	
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?	n/a	
Are white coats, shoe covers and hats available for non kitchen staff?	n/a	
Comment of the structural hygiene of the kitchen (i.e. floors/walls/ceilings/doors/windows/work surfaces/ventilation, etc): Kitchen removed		
Are suitable hand washing and drying facilities provided?	Hand washing basin, soap dispenser and paper towel in place.	
General Comments: 10 cooking stations have been installed in dining room for residents		

Structural Hygiene cont

Dry Goods

Suitably equipped? <i>Shelving/containers etc</i>	Area is suitably equipped, shelving and plastic containers.
Condition and suitability of facilities: All shelving is clean and well maintained.	
What evidence is there of stock rotation?	All foods within expiry date.

Refrigerated Storage

What type of refrigerated storage is provided?	1 Chest freezers, cool room & walk in freezer, 2 standing refrigerators.
Comment on the condition and suitability of the refrigerated storage: All freezers, and refrigerators kept clean and are in a good working order.	
Are thermostats provided and in working order?	Yes, all in working order.
Are food items date stamped?	Yes.
Are samples of dishes being kept?	Yes. Samples are kept for one week.

Other

Is there appropriate storage for cleaning agents and chemicals?	Chemical room provided with adequate ventilation.
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Operational Hygiene

Do residents use the main kitchen?	No
Is that use supervised to ensure safe & hygienic practices are observed?	N/A
By whom is it supervised?	N/A

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

Is the necessary holding equipment provided? e.g. <i>bain maries, refrigerated units</i>
Yes – all equipment in good condition and clean

Condition and suitability of serving equipment and utensils:
All serving equipment is clean and well maintained.

What procedures are in place for unused/unserved food at the end of service?
n/a

Comments:

STAFF FACILITIES AND HYGIENE

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

Are all areas clean and well maintained?	Yes
Are suitable hand washing & drying facilities provided?	Yes
Is storage provided for personal belongings?	Yes
Are showers provided? <i>Indicate cleanliness & suitability</i>	Showers not used by staff

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

Are uniforms provided for:	
Kitchen Staff?	Yes
Serving Staff?	yes

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

23 PUBLIC TOILET (State Location):

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

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24 COMMUNAL ROOM (State Location):upstairs main building (old church)

Storage area:

Is the walkway through the area clear? Yes **X** No ☐

Are the exit signs clearly marked? Yes **X** No ☐

General Seating Area

Is the seating in good condition? Yes **X** No ☐

What is the area generally used for? Socialising & visitor ☐ Yes **X** No

Computer room:

Is the area generally clean? Yes **x** No ☐

Visual Check: Have you noticed any issues requiring attention? Yes ☐ No **X**

If yes please detail:

Any other comments? If yes please detail:

OUTDOOR GROUNDS / FACILITIES

Please rate the following:

	Very Good	Adequate	Poor*	Needs urgent attention*
Condition of exterior of centre	x	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Paintwork of the centre	x	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maintenance standard of the grounds (e.g. grass cut, walkways clear etc.)	x	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cleanliness of the grounds (ie., evidence of rubbish etc.)	x	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Where you have rated * please provide details and comments:				
Are there any facilities available for children outdoors? Yes x No <input type="checkbox"/>				
Comments 2 play areas – one for small children and soccer/basketball area				

LAUNDRY ROOM

	Washing Machines	Dryers
Number	Main building 6, men's block 4	Main building 5, men's block 4
Do they appear to be in working order? yes		
Comments:		

CORRIDOR (State Location): All corridors throughout Globe House

Is the area generally clean? Yes

If no please give details:
<i>Visual Check:</i> Have you noticed any issues requiring attention? no
If yes please detail:

CORRIDOR (State Location): All corridors throughout Men's Block

Is the area generally clean? Yes <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 (State Location): all stairwells both buildings

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? NP (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 checked="" type="checkbox"/> Weekly <input 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"/> x as needed
Are there cleaning materials and equipment provided by management for residents?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
What cleaning equipment is available to residents?	Mops, brushes, toilet cleaner, floor cleaner, vacuum
What arrangements are in place if rooms are not cleaned sufficiently by residents?	Staff will clean and management will discuss with resident

ROOM NUMBER 101				
Room Profile:		Room Capacity:		Room Occupancy:
family		4		3
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order? Yes <input checked="" type="checkbox"/> No * <input type="checkbox"/>				
If *, please give details:				

ROOM NUMBER 102				
Room Profile:		Room Capacity:		Room Occupancy:
family		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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order? Yes <input checked="" type="checkbox"/> No * <input type="checkbox"/>				
If *, please give details:				

ROOM NUMBER 103				
Room Profile:		Room Capacity:		Room Occupancy:
family		3		2
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice

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

ROOM NUMBER 104				
Room Profile:		Room Capacity:		Room Occupancy:
Single female		3		2
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
X	<input type="checkbox"/>	X	X	X
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes X	No * <input type="checkbox"/>
If *, please give details:				

ROOM NUMBER 105				
Room Profile:		Room Capacity:		Room Occupancy:
single		3		2
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
X	<input type="checkbox"/>	X	X	X
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes X	No * <input type="checkbox"/>
If *, please give details:				

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

ROOM NUMBER 109				
Room Profile:		Room Capacity:		Room Occupancy:
family		3		2
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice

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

ROOM NUMBER 118				
Room Profile:		Room Capacity:		Room Occupancy:
family		4		3
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
X	X	<input type="checkbox"/>	X	X
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes X	No * <input type="checkbox"/>
If *, please give details:				

ROOM NUMBER 110				
Room Profile:		Room Capacity:		Room Occupancy:
family		1		1
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
X	<input type="checkbox"/>	X	X	X
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes X	No * <input type="checkbox"/>
If *, please give details:				

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

ROOM NUMBER 112				
Room Profile:		Room Capacity:		Room Occupancy:
family		3		2
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
X	<input type="checkbox"/>	X	X	X

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

ROOM NUMBER 114				
Room Profile:		Room Capacity:		Room Occupancy:
family		3		2
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
X	<input type="checkbox"/>	X	X	X
	Very Good	Adequate	Poor *	Needs urgent attention *
Cleanliness	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order? Yes X No * <input type="checkbox"/>				
If *, please give details:				

ROOM NUMBER 115				
Room Profile:		Room Capacity:		Room Occupancy:
family		3		2
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
X	<input type="checkbox"/>	X	X	X
	Very Good	Adequate	Poor *	Needs urgent attention *
Cleanliness	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order? Yes X No * <input type="checkbox"/>				
If *, please give details:				

ROOM NUMBER 116				
Room Profile:		Room Capacity:		Room Occupancy:
family		3		2
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
X	<input type="checkbox"/>	X	X	X
	Very Good	Adequate	Poor *	Needs urgent attention *
Cleanliness	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order? Yes X No * <input type="checkbox"/>				
If *, please give details:				

ROOM NUMBER 117				
Room Profile:		Room Capacity:		Room Occupancy:
family		3		2
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
X	<input type="checkbox"/>	X	X	X

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

ROOM NUMBER 119				
Room Profile:		Room Capacity:		Room Occupancy:
family		4		0
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
X	X	<input type="checkbox"/>	X	X
	Very Good	Adequate	Poor *	Needs urgent attention *
Cleanliness	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order? Yes X No * <input type="checkbox"/>				
If *, please give details:				

ROOM NUMBER 120				
Room Profile:		Room Capacity:		Room Occupancy:
family		3		3
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
X	<input type="checkbox"/>	X	X	X
	Very Good	Adequate	Poor *	Needs urgent attention *
Cleanliness	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order? Yes X No * <input type="checkbox"/>				
If *, please give details:				

ROOM NUMBER 121				
Room Profile:		Room Capacity:		Room Occupancy:
family		3		2
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
X	<input type="checkbox"/>	X	X	X
	Very Good	Adequate	Poor *	Needs urgent attention *
Cleanliness	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order? Yes X No * <input type="checkbox"/>				
If *, please give details:				

ROOM NUMBER 122				
Room Profile:		Room Capacity:		Room Occupancy:
family		3		2
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
X	<input type="checkbox"/>	X	X	X

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

ROOM NUMBER 124				
Room Profile:		Room Capacity:		Room Occupancy:
family		3		2
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
X	<input type="checkbox"/>	X	X	X
	Very Good	Adequate	Poor *	Needs urgent attention *
Cleanliness	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order? Yes X No * <input type="checkbox"/>				
If *, please give details:				

ROOM NUMBER 127				
Room Profile:		Room Capacity:		Room Occupancy:
family		2		2
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
X	<input type="checkbox"/>	X	X	X
	Very Good	Adequate	Poor *	Needs urgent attention *
Cleanliness	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order? Yes X No * <input type="checkbox"/>				
If *, please give details:				

ROOM NUMBER 128				
Room Profile:		Room Capacity:		Room Occupancy:
family		2		2
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
X	<input type="checkbox"/>	X	X	X
	Very Good	Adequate	Poor *	Needs urgent attention *
Cleanliness	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order? Yes X No * <input type="checkbox"/>				
If *, please give details:				

ROOM NUMBER 129				
Room Profile:		Room Capacity:		Room Occupancy:
family		3		3
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
X	<input type="checkbox"/>	X	X	X

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

ROOM NUMBER 130				
Room Profile:		Room Capacity:		Room Occupancy:
singles		3		2
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
X	<input type="checkbox"/>	X	X	X
	Very Good	Adequate	Poor *	Needs urgent attention *
Cleanliness	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order? Yes X No * <input type="checkbox"/>				
If *, please give details:				

ROOM NUMBER 131/132 rooms joined				
Room Profile:		Room Capacity:		Room Occupancy:
family		6		5
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
X	<input type="checkbox"/>	X	X	X
	Very Good	Adequate	Poor *	Needs urgent attention *
Cleanliness	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order? Yes X No * <input type="checkbox"/>				
If *, please give details:				

ROOM NUMBER 133				
Room Profile:		Room Capacity:		Room Occupancy:
family		3		2
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
X	<input type="checkbox"/>	X	X	X
	Very Good	Adequate	Poor *	Needs urgent attention *
Cleanliness	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order? Yes X No * <input type="checkbox"/>				
If *, please give details:				

ROOM NUMBER 134				
Room Profile:		Room Capacity:		Room Occupancy:
family		4		0
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
X	X	<input type="checkbox"/>	X	X
	Very Good	Adequate	Poor *	Needs urgent attention *

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

ROOM NUMBER 144				
Room Profile:		Room Capacity:		Room Occupancy:
Single female		3		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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order? Yes <input checked="" type="checkbox"/> No * <input type="checkbox"/>				
If *, please give details:				

ROOM NUMBER 145				
Room Profile:		Room Capacity:		Room Occupancy:
Single female		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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order? Yes <input checked="" type="checkbox"/> No * <input type="checkbox"/>				
If *, please give details:				

ROOM NUMBER 136				
Room Profile:		Room Capacity:		Room Occupancy:
family		3		3
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order? Yes <input checked="" type="checkbox"/> No * <input type="checkbox"/>				
If *, please give details:				

ROOM NUMBER 137				
Room Profile:		Room Capacity:		Room Occupancy:
Single female		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"/>
	Very Good	Adequate	Poor *	Needs urgent attention *

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

ROOM NUMBER 138				
Room Profile:		Room Capacity:		Room Occupancy:
Single female		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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order? Yes <input checked="" type="checkbox"/> No * <input type="checkbox"/>				
If *, please give details:				

ROOM NUMBER 139				
Room Profile:		Room Capacity:		Room Occupancy:
family		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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order? Yes <input checked="" type="checkbox"/> No * <input type="checkbox"/>				
If *, please give details:				

ROOM NUMBER 140				
Room Profile:		Room Capacity:		Room Occupancy:
Single female		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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order? Yes <input checked="" type="checkbox"/> No * <input type="checkbox"/>				
If *, please give details:				

ROOM NUMBER 141				
Room Profile:		Room Capacity:		Room Occupancy:
family		4		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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

ROOM NUMBER 153				
Room Profile:		Room Capacity:		Room Occupancy:
family		3		3
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
X	<input type="checkbox"/>	X	X	X
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes X	No * <input type="checkbox"/>
If *, please give details:				

ROOM NUMBER 146				
Room Profile:		Room Capacity:		Room Occupancy:
Single female		2		2
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
X	X	<input type="checkbox"/>	X	X
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes X	No * <input type="checkbox"/>
If *, please give details:				

ROOM NUMBER 148				
Room Profile:		Room Capacity:		Room Occupancy:
family		3		2
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
X	X	<input type="checkbox"/>	X	X
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes X	No * <input type="checkbox"/>
If *, please give details:				

ROOM NUMBER 149				
Room Profile:		Room Capacity:		Room Occupancy:
family		2		2
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
X	<input type="checkbox"/>	X	X	X
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

ROOM NUMBER 150				
Room Profile:		Room Capacity:		Room Occupancy:
family		2		1
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
X	<input type="checkbox"/>	X	X	X
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes X	No * <input type="checkbox"/>
If *, please give details:				

ROOM NUMBER 151				
Room Profile:		Room Capacity:		Room Occupancy:
Single female		2		1
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
X	<input type="checkbox"/>	X	X	X
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes X	No * <input type="checkbox"/>
If *, please give details:				

ROOM NUMBER 152				
Room Profile:		Room Capacity:		Room Occupancy:
Single female		1		1
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
X	<input type="checkbox"/>	X	X	X
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	X	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes X	No * <input type="checkbox"/>
If *, please give details:				

ROOM NUMBER 153				
Room Profile:		Room Capacity:		Room Occupancy:
family		3		3
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
X	<input type="checkbox"/>	X	X	X
	Very Good	Adequate	Poor *	Needs urgent attention *

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

ROOM NUMBER 156				
Room Profile:		Room Capacity:		Room Occupancy:
family		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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order? Yes <input checked="" type="checkbox"/> No * <input type="checkbox"/>				
If *, please give details:				

ROOM NUMBER 157				
Room Profile:		Room Capacity:		Room Occupancy:
family		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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order? Yes <input checked="" type="checkbox"/> No * <input type="checkbox"/>				
If *, please give details:				

ROOM NUMBER 158				
Room Profile:		Room Capacity:		Room Occupancy:
family		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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order? Yes <input checked="" type="checkbox"/> No * <input type="checkbox"/>				
If *, please give details:				

ROOM NUMBER 159				
Room Profile:		Room Capacity:		Room Occupancy:
Single male		3		2
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
X	<input type="checkbox"/>	X	X	X
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes X	No * <input type="checkbox"/>
If *, please give details:				

ROOM NUMBER 160				
Room Profile:		Room Capacity:		Room Occupancy:
Single male		3		2
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
X	<input type="checkbox"/>	X	X	X
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes X	No * <input type="checkbox"/>
If *, please give details:				

ROOM NUMBER 161				
Room Profile:		Room Capacity:		Room Occupancy:
Single male		3		3
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
X	<input type="checkbox"/>	X	X	X
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes X	No * <input type="checkbox"/>
If *, please give details:				

ROOM NUMBER 162				
Room Profile:		Room Capacity:		Room Occupancy:
Single male		3		3
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
X	<input type="checkbox"/>	X	X	X
	Very Good	Adequate	Poor *	Needs urgent attention *

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

ROOM NUMBER 163				
Room Profile:		Room Capacity:		Room Occupancy:
Single male		2		2
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
X	<input type="checkbox"/>	X	X	X
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order? Yes X No * <input type="checkbox"/>				
If *, please give details:				

ROOM NUMBER 164				
Room Profile:		Room Capacity:		Room Occupancy:
Single male		3		3
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
X	<input type="checkbox"/>	X	X	X
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order? Yes X No * <input type="checkbox"/>				
If *, please give details:				

ROOM NUMBER 165				
Room Profile:		Room Capacity:		Room Occupancy:
Single male		3		1
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
X	<input type="checkbox"/>	X	X	X
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order? Yes X No * <input type="checkbox"/>				
If *, please give details:				

ROOM NUMBER 167				
Room Profile:		Room Capacity:		Room Occupancy:
Single male		2		2
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
X	<input type="checkbox"/>	X	X	X

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

ROOM NUMBER 168				
Room Profile:		Room Capacity:		Room Occupancy:
Single male		3		2
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
X	<input type="checkbox"/>	X	X	X
	Very Good	Adequate	Poor *	Needs urgent attention *
Cleanliness	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order? Yes X No * <input type="checkbox"/>				
If *, please give details:				

ROOM NUMBER 169				
Room Profile:		Room Capacity:		Room Occupancy:
Single male		2		2
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
X	<input type="checkbox"/>	X	X	X
	Very Good	Adequate	Poor *	Needs urgent attention *
Cleanliness	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order? Yes X No * <input type="checkbox"/>				
If *, please give details:				

ROOM NUMBER 170				
Room Profile:		Room Capacity:		Room Occupancy:
Single male		3		2
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
X	<input type="checkbox"/>	X	X	X
	Very Good	Adequate	Poor *	Needs urgent attention *
Cleanliness	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order? Yes X No * <input type="checkbox"/>				
If *, please give details:				

ROOM NUMBER 171				
Room Profile:		Room Capacity:		Room Occupancy:
Single male		3		3
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
X	<input type="checkbox"/>	X	X	X

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

ROOM NUMBER 172				
Room Profile:		Room Capacity:		Room Occupancy:
Single male		3		3
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
X	<input type="checkbox"/>	X	X	X
	Very Good	Adequate	Poor *	Needs urgent attention *
Cleanliness	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order? Yes X No * <input type="checkbox"/>				
If *, please give details:				

ROOM NUMBER 173				
Room Profile:		Room Capacity:		Room Occupancy:
Single male		3		3
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
X	<input type="checkbox"/>	X	X	X
	Very Good	Adequate	Poor *	Needs urgent attention *
Cleanliness	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order? Yes X No * <input type="checkbox"/>				
If *, please give details:				

ROOM NUMBER 174				
Room Profile:		Room Capacity:		Room Occupancy:
Single male		2		2
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
X	<input type="checkbox"/>	X	X	X
	Very Good	Adequate	Poor *	Needs urgent attention *
Cleanliness	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order? Yes X No * <input type="checkbox"/>				
If *, please give details:				

ROOM NUMBER 175				
Room Profile:		Room Capacity:		Room Occupancy:
Single male		3		2
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
X	<input type="checkbox"/>	X	X	X

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

ROOM NUMBER 176				
Room Profile:		Room Capacity:		Room Occupancy:
Single male		3		3
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
X	<input type="checkbox"/>	X	X	X
	Very Good	Adequate	Poor *	Needs urgent attention *
Cleanliness	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order? Yes X No * <input type="checkbox"/>				
If *, please give details:				

ROOM NUMBER 178				
Room Profile:		Room Capacity:		Room Occupancy:
Single male		2		1
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
X	<input type="checkbox"/>	X	X	X
	Very Good	Adequate	Poor *	Needs urgent attention *
Cleanliness	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order? Yes X No * <input type="checkbox"/>				
If *, please give details:				

ROOM NUMBER 179				
Room Profile:		Room Capacity:		Room Occupancy:
Single male		3		3
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
X	<input type="checkbox"/>	X	X	X
	Very Good	Adequate	Poor *	Needs urgent attention *
Cleanliness	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order? Yes X No * <input type="checkbox"/>				
If *, please give details:				

ROOM NUMBER 180		
Room Profile:		Room Capacity:
Single male		2
		2

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

ROOM NUMBER 181				
Room Profile:		Room Capacity:		Room Occupancy:
Single male		3		3
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
X	<input type="checkbox"/>	X	X	X
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order? Yes X No * <input type="checkbox"/>				
If *, please give details:				

ROOM NUMBER 182				
Room Profile:		Room Capacity:		Room Occupancy:
Single male		3		2
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
X	<input type="checkbox"/>	X	X	X
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order? Yes X No * <input type="checkbox"/>				
If *, please give details:				

ROOM NUMBER 184				
Room Profile:		Room Capacity:		Room Occupancy:
Single male		3		2
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
X	<input type="checkbox"/>	X	X	X
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order? Yes X No * <input type="checkbox"/>				
If *, please give details:				

ROOM NUMBER 185				
Room Profile:		Room Capacity:		Room Occupancy:
Single male		2		2

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

ROOM NUMBER 186				
Room Profile:		Room Capacity:		Room Occupancy:
Single male		3		3
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
X	<input type="checkbox"/>	X	X	X
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order? Yes X No * <input type="checkbox"/>				
If *, please give details:				

ROOM NUMBER 187				
Room Profile:		Room Capacity:		Room Occupancy:
Single male		3		3
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
X	<input type="checkbox"/>	X	X	X
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order? No				
If *, please give details:				

ROOM NUMBER 188				
Room Profile:		Room Capacity:		Room Occupancy:
Single male		3		2
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
X	X	<input type="checkbox"/>	X	X
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order? Yes X No * <input type="checkbox"/>				
If *, please give details:				

ROOM NUMBER 189				
Room Profile:		Room Capacity:		Room Occupancy:

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

ROOM NUMBER 190				
Room Profile:		Room Capacity:		Room Occupancy:
Single male		3		0
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
X	X	<input type="checkbox"/>	X	X
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes X	No * <input type="checkbox"/>
If *, please give details:				

ROOM NUMBER 191				
Room Profile:		Room Capacity:		Room Occupancy:
Single male		3		2
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
X	X	<input type="checkbox"/>	X	X
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes X	No * <input type="checkbox"/>
If *, please give details:				

ROOM NUMBER 192				
Room Profile:		Room Capacity:		Room Occupancy:
Single male		3		0
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
X	<input type="checkbox"/>	X	X	X
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes X	No * <input type="checkbox"/>
If *, please give details:				

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

2 isolation rooms – communal room and room 153
& and further 2 isolation rooms in mens block.

General Representations

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

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

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

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

Personal representations should be recorded in Part 3.

Summary Sheet

Name of Centre:	GLOBE HOUSE
Address:	Chapel Hill, Sligo
Contractor :	Bridgestock
Manager:	David Kelly
Contact Name:	David Kelly
Capacity Per MOA (Current Occupancy):	218 (179)
Date of Inspection:	23/6/22

General comments;

Good maintenance and cleaning programme in place.

Fire Safety:

No issues

Food Safety:

No issues – shop and points system working well. Residents kitchen is really well maintained.

Bedrooms: no issues excellent real time facility management app ensures issues get resolved immediately.

From: David Lardner (DCEDIY)

Sent: Tuesday 29 November 2022 14:32

To: [REDACTED]

Subject: IPPS - Inspection Reports Globe House Accommodation Centre - Please review and respond

Dear Mr Gillen

Please find attached PDF copies of the IPPS Independent Inspection Reports from QTS Ltd for Globe House Accommodation Centre, dated 23/06/2022 and 22/09/2022 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>

Mr. David Lardner
International Protection Accommodation Service
Department of Justice, Equality & Law Reform

12th December 2022

Re: QTS Inspection on behalf of IPAS at Globe House on 22nd September 2022

Dear David,

I refer to the inspection carried out by QTS on behalf of the International Protection Accommodation Service at Globe House, Sligo on 22nd September 2022. The following are our comments in relation to the items highlighted:

Administration Area: Food Hall & Entertainment

- The Food Hall is open Monday to Saturday 10 am to 6.00 pm

Entertainment

- Please note that we have computer games and DVD players plus play stations on site, residents can request them at reception

Laundry facilities

- Washing gel is available in the Food Hall (shop)

Bedrooms

- The shaving light in room 189 was replaced and a new radiator was installed

Fire Safety

- The rice cooker was removed on the day from room 130
- The wardrobe was relocated in room 111, door now opens fully

Communal Areas

- Light over emergency door Block 2 replaced
- Tiles replaced in bathroom 12 Block 3

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

Yours Sincerely,

David Kelly
Centre Manager

Mr. David Lardner
International Protection Accommodation Service
Department of Justice, Equality & Law Reform

12th December 2022

Re: QTS Inspection on behalf of IPAS at Globe House on 23rd June 2022

Dear David,

I refer to the inspection carried out by QTS on behalf of the International Protection Accommodation Service at Globe House, Sligo on 23rd June 2022

I am pleased to note the overall outcome of the inspection which is very positive with only a handful of items being highlighted for attention. The following are our comments in relation to the items highlighted:

Health& Safety

- We have a defibrillator at reception
- All staff are trained on the use of the defibrillator

Administration Area: Food Hall

- The Food Hall is open Monday to Saturday 10 am to 6.00 pm

Entertainment

- Please note that we have computer games and DVD players plus play stations on site, residents can request them at reception

Laundry facilities

- Washing gel is available in the Food Hall (shop)
- We have on site a new laundry room which covers all buildings with 10 washing machines plus 10 dryers.

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

Yours Sincerely,

David Kelly
Centre Manager