

IPAS/IPPS

Independent Inspection Report

| | |
|---|--|
| Centre: | Johnson Marina, Tralee Accommodation Centre |
| Inspector: | Fergal Duane |
| Date of Inspection: | 21/10/2022 |
| Time of Arrival & Departure: | 14.30-1700 |

Part 1
General Information on Services

Independent Inspection Report

Centre: Johnson Marina, Tralee

Date of Inspection: 21/10/2022

1. CENTRE DETAILS

| | |
|----------------------------|---|
| Name and address of Centre | Johnson Marina, Tralee, Co Kerry |
|----------------------------|---|

| | |
|---|---|
| Contractor | OFM |
| Manager | Jamie Carnegie |
| Who deputises for manager in his/her absence? | Give Job Title only Assistant manager / Receptionist |

| | |
|------------------|---------------------|
| Telephone Number | 066 718 0177 |
|------------------|---------------------|

| | |
|---|--|
| Current Contracted Capacity | 90 |
| Current Occupancy (today) | 127 inc temporary accommodation |
| Current Centre Profile (e.g., singles, families etc.) | Families/Single Female |

| | |
|-----------------------------------|-------------------------------------|
| HSE Area | South West |
| Public Health Nurse | Catherine O'Sullivan |
| DSP / CWO name | CWO: Caroline O'Brien |
| Environmental Health Officer name | Isabel Kennelly |
| Local Fire Officer Name | Fire officer: Vincent Hussey |
| Local Fire Station | Tralee |

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

2. Please provide a copy of the following

| | Check List |
|---|-------------------|
| Official Register | x |
| Menu Cycle | x |
| 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 | Night Porter 8pm to 8 am |
| Is security provided by external company? (Y/N) | Yes |
| If yes, give name of company: | Top Security |
| 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 <input type="checkbox"/> No <input type="checkbox"/> If no, give details: |
| Are first aid kits available? (Y/N) | Yesx No <input type="checkbox"/> |
| Where and how many? | kitchen and reception |
| Who is responsible for first aid restocking? | Job title <u>only</u> (not name) of person responsible: Assistant Manager |
| Is there a defibrillator in the centre? How many staff been trained to use it? | Yes <input type="checkbox"/> Nox |

4 HEATING ARRANGEMENTS

| | |
|--|---|
| What type of heating is used in the centre? | Electric |
| Do residents have control of the heating in their own bedroom? | Yesx No <input type="checkbox"/> |
| If no, what arrangements are in place? | |
| What are the heating 'ON' times? | Electric heating available 24/7 controlled (on/off) in resident room |

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? | Post in reception and made available on arrival induction with Manager. IPAS/IPPS booklet issued |

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) | Yes <input type="checkbox"/> Nox |
| If no, give details | Door is locked in evening time by Porter on duty (locked at 10pm) |
| Are there procedures to allow residents to receive visitors? (Give details) | Yes |
| Outline visiting times : | 10am to 10pm |
| In what areas are visitors allowed in the centre? | Reception lobby and restaurant seating |
| Any other relevant information: | |
| Is there a facility for storage of residents' valuables*? (Give details.)(*Storage is at resident's own risk) | Yes. Excess belongings are stored in the Loft space above the GYM / Children's play area. Residents are advised to not store expensive items |
| What toiletries are provided to residents on arrival? | Soap, shampoo, toothpaste, toilet paper |
| What arrangements are in place to replenish these items? | Go to reception to request – checked also monthly |

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: Log in managers office for maintenance to do etc. | |

8 CHILD PROTECTION

| | |
|--|--|
| Are measures in place to inform staff and visitors of RIA's Child Protection Policy? (Give details) | Yes – all staff issued Child Protection Policy and signs off. |
| Are visitors asked to sign a declaration agreeing to adhere to the child protection policy? | Yes |
| Where is declaration held? | Office |
| Is there a sign in book for visitors? Where? | Yes – reception desk |
| Are there notices on public display giving name and contact details of Designated Liaison Person? Where? | Yes – in dining room and main reception corridors |
| Have Designated Liaison Persons received HSE training? | Yes |
| Are notices prominently displayed regarding parental supervision of children? Where? | Yes in Dining room and reception notice boards |

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: | 23/11/20 – two minor issues none since |

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

| | |
|--|---|
| Are residents consulted regarding menu / dietary requests? (Give details.) | Chef openly meets with residents |
| 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 | Selection of fruit and juices everyday with yogurt drink once a week. Residents have dining room set out for them every school morning with bread , ham, chicken, cheese, salads and butter/spread |
| Is infant formula kept out of public view? | yes |
| What arrangements are in place for distribution of infant formula? | Issued by manager and recorded on issue log. |

11 ARRANGEMENTS FOR REFRESHMENTS / MEALS OUTSIDE NORMAL MEAL TIMES

| | |
|---|--|
| Are tea / coffee / drinking water / Snacks etc. available outside mealtimes? | Yesx No <input type="checkbox"/> |
| What food/snacks are available after hours or when kitchen is closed? | Fruit, Bread, coffee, tea and milk |
| Where are the snacks located and how are they accessed? | Dining room |
| Are meals available for residents who arrive late? (Give details.) | Yesx No <input type="checkbox"/> Meal left covered for re-heating once notified |
| Are meals available for new arrivals? (Give details) | Yes on arrival if outside main meal times , meals will have been set aside from previous service. |
| Are packed lunches available for residents travelling to Dublin on official business? (Give details) | Yesx No <input type="checkbox"/> Sandwich, juice/water and fruit |
| If the inspection takes place during Ramadan this section <u>must</u> be completed. What arrangements are in place to facilitate residents observing a fast during Ramadan? | n/a |

12 FACILITIES FOR FEEDING BABIES

| | |
|--|----------------------------------|
| Are the following available? | Yes/No |
| Access to drinking water (for breastfeeding mothers / for preparation of infant formula) | Yesx No <input type="checkbox"/> |

| | |
|--|--|
| Sterilisers | Yesx No <input type="checkbox"/> |
| Kettles | Yesx No <input type="checkbox"/> |
| Fridge (for bottles of EBM* / formula)* <i>Expressed Breast Milk</i> | Yesx No <input type="checkbox"/> |
| Bottle Warmer | Yes <input type="checkbox"/> Nox |
| Microwave | Yesx No <input type="checkbox"/> |
| Are these facilities available 24 hours a day | Yesx No <input type="checkbox"/> |
| Is there a dedicated room provided? Where? | Yesx No Dining room or their own rooms |

13 INDOOR FACILITIES

| <i>Are the following are available to residents?</i> | Yes/No |
|---|--|
| Computers with Internet access | Yesx No <input type="checkbox"/> |
| WIFI | Yesx No <input type="checkbox"/> |
| DVD player | Yesx No <input type="checkbox"/> |
| Computer Games | Yes <input type="checkbox"/> Nox |
| Snooker Table | Yes <input type="checkbox"/> Nox |
| Pool Table | Yes <input type="checkbox"/> Nox |
| Table Tennis Table | Yes <input type="checkbox"/> Nox |
| Board Games | Yesx No <input type="checkbox"/> |
| Newspapers | Yes <input type="checkbox"/> Nox |
| Books | Yesx No <input type="checkbox"/> |
| Toys / games for children | Yesx No <input type="checkbox"/> |
| Other | |
| Give details of any other arrangement or other comments: | The children's play room is a multipurpose space for resident use. Access to the GYM is through this space. |

14 TRANSPORT ARRANGEMENTS

| | |
|---|----------------------------------|
| Is there a bus service provided? (Yes/No): | Yes <input type="checkbox"/> Nox |
| 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) | Yesx No <input type="checkbox"/> |
| An average, how many TV channels are provided to residents? | Saorview available to all residents |
| Are residents allowed to erect satellite dishes? | No |

16 LAUNDRY FACILITIES (General Arrangements)

| | |
|--|---|
| Are Laundry facilities available in the centre? (Y/N) | Yesx No <input type="checkbox"/> |
| If No, what service is provided? | |
| Who launders towels and bedlinen? (e.g., residents, staff, other, etc) | Staff (4 washers / 4 dryers) |
| What procedures are in place for the exchange of towels and bed linen at the centre? | On request with manger |
| What procedures are in place for ironing boards and irons? | Available from reception both irons and ironing boards |
| How is washing powder / tablets supplied? | Washing machines on automatic dosing |
| Are there specific arrangements for access to the laundry (give details): | Open from 8am to 10pm |

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? | Cleaning Agent/Toilet cleaner/Vacuum/Mops and brushes |
| What is the procedure for residents to access vacuum cleaners, brushes & other cleaning equipment? | Request them from managers office |
| What arrangements are in place if rooms are not cleaned sufficiently by residents? | Manager speaks to resident and if necessary assistance provided |

PART 2

Room by Room Inspection

Independent Inspection

Centre: Johnson Marina, Tralee

Date of Inspection: 21/10/2022

Section A- Administration / Communal areas

17 Have you seen the following?

| | | Location of display |
|------------------------------|---|----------------------------------|
| Up to date House Rules | x | Dining room and lobby |
| Complaint Forms | x | Stairwell lobby beside reception |
| Accident/ Incident procedure | x | Mangers office |

| | | |
|---|---|----------------------------------|
| HSE Breastfeeding Posters (if applicable) | x | Dining room and lobby |
| Designated Liaison Person details (Child Protection) | x | Dining room and lobby |
| Supervision of children notice | x | Dining room and lobby |
| Gym Notices(Child Safety – if applicable) | x | Gym door |
| IOM Voluntary Return Posters | x | Stairwell lobby beside reception |

18 Staff Awareness

| | |
|---|---|
| Did you see the RIA Code of Practice*? | x |
| Are all staff aware of RIA Code & House Rules? | x |
| How are staff made aware of RIA Code & House Rules? Training session by manager and sign off. | |

**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> |
|-------------|--|-----------------|
| 18/10/22 | Internal | Ok |
| 26/09/22 | NEL Services | Ok |

19b FIRE ALARM & DETECTION SYSTEM INSPECTION SCHEDULE

| Date | Inspected By (Company Name / Position) | OK | Defect | Remedial Action Taken (Y/N) | Sign Off Y/N |
|-------------------|---|----|--------|---------------------------------|-----------------|
| 21/10/22 | Internal | x | | | |
| 08/08/2022 | external by Chubb | x | | | |

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 |
|------------------|---|----------|--------|---------------------------------|-----------------|
| 20/10/2022 | Internal | x | | | |
| Nov /2021 | external by M&K Fire | x | | | |

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 |
|----------|---|----------|--------|------------------------------------|-----------------|
| 20/10/22 | Internal security | x | | | |
| 18/10/22 | Internal Security | x | | | |

19e FIRE DRILL PROCEDURE INSPECTION SCHEDULE

| Date & Time | Numbers of staff involved in drill | No. of residents present / evacuated ** | Evacuation Time | Comments |
|-----------------|---------------------------------------|---|--------------------|------------------|
| 7/10/22 | 6 | 128 | 10mins | No issues |
| 08/03/22 | 5 | 71 | 9min | All OK |
| | | | | |

****Both numbers must be recorded.****19f STAFF INSTRUCTION AND TRAINING (Fire Safety)**

| Job Description | Course | Instructor | Duration | Date |
|------------------|--------------------|--------------------------------|--------------|-----------------|
| All staff | Fire Safety | M Morley (M&K Fire) | 1 day | Nov 2021 |
| | | | | |

19g FIRE ASSEMBLY POINTS

| | |
|---|--------------------------|
| Where are the Fire Assembly Points located? | Front of 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 building |
| 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: | |
| Visual Check: Have you noticed any issues requiring attention? (e.g., fire exit signs, hazards, lighting, notices, décor, etc.) | Yes 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 and lobby |
| Complaint Forms | <input checked="" type="checkbox"/> | Dining room and lobby |
| Accident/ Incident procedure | <input checked="" type="checkbox"/> | Managers office |

| | | |
|---|-------------------------------------|---------------------------|
| 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 and corridors |
| Gym Notices (Child Safety – if applicable) | <input checked="" type="checkbox"/> | Gym door |

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

Social Room / Tea Station (State Location):

| | |
|--|---|
| What facilities are provided? Dining 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"/> |
| 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? (observe whether the area is colourful, has sufficient toys, changing areas, toilets in working order, etc) | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| Other comments: | |

DINING AREA:

Please outline the meal times:

| | From | To |
|------------------|-------|-------|
| Breakfast | 7.30 | 9.30 |
| Lunch | 12.30 | 14.00 |
| Dinner | 17.00 | 19.00 |

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

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

| | |
|------------------|--|
| Breakfast | |
| Lunch | |
| Dinner | |

| | |
|--|--|
| Is menu cycle on display? | Yes x No <input type="checkbox"/> |
| Does menu cycle correspond with options available? | Yes x No |
| If no, ask manager for explanation and provide details: | |
| Daily Menu matched menu cycle | |
| Which meal was sampled? | lunch |
| Please describe the meal in detail (e.g. was it hot / cold, bland / spicy etc.)Tandoori chicken and Selection of Salad | |
| Was there a vegetarian option? (note salad and vegetables <u>alone</u> are not considered as vegetarian option) | Yes X No |
| Give details of this option: | Veg cream soup, |
| Were there ethnic dishes available? | Yes No x |
| Give details of this option: | Menu based on resident feedback |
| Was fresh foods available for Infants? (as per HSE Infant Feeding Guidelines) | Yes x No <input type="checkbox"/> |
| In your opinion, does the food on offer appear to provide a good variety? | Yes x No <input type="checkbox"/> |
| Did inspection take place during Ramadan? | Yes No x |
| If yes, please outline arrangements for provision of meals outside of normal mealtimes, (medical or other appointments, etc.): | |
| Is there any damaged seating or tables in dining room? | Yes <input type="checkbox"/> No x |
| Is there enough seating for residents present to sit down and eat their lunch? | Yes x No <input type="checkbox"/> |
| Comments: Food, service and hygiene all to a very good standard. | |

KITCHEN AREA: Food Safety Critical Requirements

FOOD SAFETY

| | |
|---|--------------------------|
| Has the premises been inspected by an Environmental Health Officer? | Yes |
| Date of Visit? | 23/11/20 no visit since. |
| Comments: No issues | |

| | |
|--|-----------------------|
| Has a HACCP system been implemented? | Yes |
| Who designed the HACCP system? | OFM |
| Who is responsible for reviewing the system? | Chef |
| How frequently is the system reviewed? | Not determined |

HACCP Records:

| |
|---|
| Pest Control: Alphasen Pest Control Ltd.– no activity 06/09/2022 |
| Induction and Ongoing Staff Training: HACCP training has been provided to all kitchen staff, training records viewed in employee file. |
| Time & Temperature Records: As part of HACCP plan, Cooking, re-heating, service temperatures are taken at each service and recorded as required |
| Hygiene Audits: Done by Chef |
| List of Approved Suppliers: Detailed list of approved suppliers in place. |
| Cleaning Schedules: Daily/weekly cleaning registers in place, checked by Head Chef on a daily/weekly basis, separate server and kitchen cleaning registers. |
| Procedures for accepting deliveries: Follow strict HACCP control point system and acceptance of delivery process in place. |
| General Comments: Very clean kitchen and well maintained. Excellent HACCP system in place. |

HACCP and Kitchen Evaluation

General

| | |
|---|---|
| Is the kitchen commercial or domestic? | Commercial. |
| What equipment is in place? | Oven, gas burner, deep fryer, commercial microwave, commercial mixer, milk dispenser, commercial dishwasher, worktops for cooked meat, raw meat and vegetables. |
| In what condition is the equipment? | Appeared in good condition, no complaints from Head Chef. Majority of equipment is clean and well maintained. New fridge |
| Comments: | Separate room for dish washing. Area well ventilated, clean and well maintained |

Structural Hygiene

Kitchen:

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

Structural Hygiene cont

Dry Goods

| | |
|--|---|
| Suitably equipped? <i>Shelving/containers etc</i> | Yes, separate dry goods storage room. |
| Condition and suitability of facilities: Suitable shelving area is provided. All items clearly displayed and shelving kept in a clean state. | |
| What evidence is there of stock rotation? | All stock observed within expiry dates. |

Refrigerated Storage

| | |
|---|--|
| What type of refrigerated storage is provided? | Free standing commercial refrigerators and chest freezers. |
| Comment on the condition and suitability of the refrigerated storage: Two commercial refrigerators in place, with separated areas for raw meats, cooked meats and vegetables. | |
| Are thermostats provided and in working order? | Yes, all in good working order. |
| Are food items date stamped? | yes |
| Are samples of dishes being kept? | Yes, kept in refrigerated display unit in service area. |

Other

| | |
|--|----------------------|
| Is there appropriate storage for cleaning agents and chemicals? | Yes, separate locked |
|--|----------------------|

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. colour coded chopping boards |
| Yes |

| |
|--|
| <p>Is the necessary holding equipment provided? <i>e.g.bainmaries, refrigerated units</i></p> <p>Bain marie and refrigerated display unit provided in service area. Both units are clean and well maintained.</p> |
|--|

| |
|---|
| Condition and suitability of serving equipment and utensils: |
| All serving equipment and utensils are clean and well maintained. |

| |
|--|
| <p>What procedures are in place for unused/unserved food at the end of service?</p> <p>Food waste is disposed of after every service.</p> <p>Uncontaminated Food which can be saved and cooled within time controls, such as rice, is recycled correctly to reduce food waste</p> |
|--|

Comments:

Staff Facilities and Hygiene

| | |
|--|---|
| Are designated staff facilities provided? | Yes. |
| What facilities are in place? | staff locker room and toilets in place. |

| | |
|---|---|
| Are all areas clean and well maintained? | Yes. All areas are regularly cleaned and are in a good condition. |
| Are suitable hand washing & drying facilities provided? | Yes, hand washing facilities in both toilet areas. |
| Is storage provided for personal belongings? | Yes, lockers are provided. |
| Are showers provided? <i>indicate cleanliness& suitability</i> | No. |

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

| | |
|-----------------------------------|--|
| Are uniforms provided for: | |
| Kitchen Staff? | Yes, uniforms, hats and aprons are provided. |
| Serving Staff? | Yes, uniforms, hats and aprons are provided. |

| | |
|--|---|
| Are uniforms clean and in good condition? <i>(to include caps/hairnets/closed heel/toe shoes etc)</i> | Appropriate uniforms, hats, hairnets are provided. Appropriate shoes are also worn. |
| Is personal grooming satisfactory? | Yes. |
| Are safe habits practiced? | Yes, use of serving equipment, and use of gloves are practiced. |
| General Comments on staff facilities: | |

23 PUBLIC TOILET (State Location):

| | Number | Soap | Toilet Paper | Hand Towels / Dryers | Hot Water | Sanitary Bins |
|--|----------|----------|--------------|----------------------|-----------|---------------|
| Unisex: | | | | | | |
| Ladies: | 4 | x | x | x | x | x |
| Gents: | 4 | x | x | x | x | |
| Is there a cleaning schedule displayed? Yes <input type="checkbox"/> No x | | | | | | |
| Record the last time entry. 20/10/22 | | | | | | |
| Is the area clean? (provide comment) yes | | | | | | |
| Are all facilities working? Yes x No | | | | | | |
| Visual Check: Have you noticed any issues requiring attention? Yes No x | | | | | | |
| If No, give details: | | | | | | |

24 COMMUNAL ROOM (State Location): down from reception on right hand side

| | | | |
|--|---------------------------------|--------------------------|--|
| Storage area: | | | |
| Is the walkway through the area clear? | Yes x No | <input type="checkbox"/> | |
| Are the exit signs clearly marked? | Yes x No | <input type="checkbox"/> | |
| General Seating Area | | | |
| Is the seating in good condition? | Yes x No | <input type="checkbox"/> | |
| What is the area generally used for? | Socialising and visitors | | |
| Computer room: | | | |
| Is the area generally clean? | Yes No x | | |
| Visual Check: Have you noticed any issues requiring attention? | Yes <input type="checkbox"/> 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"/> |
| 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"/> |
| Cleanliness of the grounds (ie., evidence of rubbish etc.) | | x | <input type="checkbox"/> | <input type="checkbox"/> |
| Where you have rated * please provide details and comments: | | | | |
| Are there any facilities available for children outdoors? Open spaces and a dedicated play areas | | | | |
| Comments | | | | |

LAUNDRY ROOM

| | Washing Machines | Dryers |
|--|------------------|----------|
| Number | 4 | 4 |
| Do they appear to be in working order Comments: yes all in use | | |

CORRIDOR all corridors are maintained exceptionally well

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

STAIRWAY all stairwells are clean and kept clear

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

Bedrooms:

CLEANING (General Arrangements)

| | |
|--|--|
| How often are bedrooms inspected? | twice weekly <input type="checkbox"/> Weekly <input checked="" type="checkbox"/> |
| Who cleans the bedrooms? | Staff <input type="checkbox"/> Residents <input checked="" type="checkbox"/> |
| How often do staff clean the bedrooms? | Weekly <input type="checkbox"/> fortnightly <input type="checkbox"/> Monthly <input type="checkbox"/> Other <input checked="" type="checkbox"/> |
| Are there cleaning materials and equipment provided by management for residents? | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| What cleaning equipment is available to residents? | Mops, brushes, toilet cleaner, vacuum etc |
| What arrangements are in place if rooms are not cleaned sufficiently by residents? | Management will work with resident and if necessary get housekeeping to assist in cleaning. |

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

| | | | | |
|---|-----------|--------------------------|--------------------------|--------------------------|
| ROOM NUMBER102 | | | | |
| Room Profile: Family Room | | Room Capacity: | | Room Occupancy: |
| Family | | 2 | | 1 |
| TV | Ensuite | Shared Bathroom | Smoke Alarm | Fire Notice |
| x | x | n/a | 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 <input checked="" type="checkbox"/> No * <input type="checkbox"/> | | | | |
| If *, please give details: | | | | |

| | | | | |
|--|-----------|--------------------------|--------------------------|--------------------------|
| ROOM NUMBER103 | | | | |
| Room Profile:family | | Room Capacity: | | Room Occupancy: |
| | | 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"/> |
| Is everything in working order? Yes x No * <input type="checkbox"/> | | | | |
| If *, please give details: | | | | |

| | | | | |
|--|-----------|-----------------|--------------------------|--------------------------|
| ROOM NUMBER104 | | | | |
| Room Profile: Family Room | | Room Capacity: | | Room Occupancy: |
| | | 2 | | 2 |
| TV | Ensuite | Shared Bathroom | Smoke Alarm | Fire Notice |
| x | x | | x | x |
| Cleanliness | Very Good | Adequate | Poor * | Needs urgent attention * |
| | | x | <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: Family Room | | Room Capacity: | | Room Occupancy: |
| | | 2 | | 1 |
| 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"/> |
| Is everything in working order? No | | | | |
| If *, please give details: | | | | |

| | | | | |
|--|-----------|--------------------------|--------------------------|--------------------------|
| ROOM NUMBER106 | | | | |
| Room Profile: Family Room | | Room Capacity: | | Room Occupancy: |
| | | 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"/> |
| Is everything in working order? Yes x No * <input type="checkbox"/> | | | | |
| If *, please give details: | | | | |

| | | | | |
|--|-----------|--------------------------|--------------------------|--------------------------|
| ROOM NUMBER201 | | | | |
| Room Profile:family | | Room Capacity: | | Room Occupancy: |
| | | 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"/> |
| Is everything in working order? Yes x No * <input type="checkbox"/> | | | | |
| If *, please give details: | | | | |

| | | | | |
|--|-----------|--------------------------|--------------------------|--------------------------|
| ROOM NUMBER202 | | | | |
| Room Profile:family | | Room Capacity: | | Room Occupancy: |
| | | 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"/> |
| Is everything in working order? Yes x No * <input type="checkbox"/> | | | | |
| If *, please give details: | | | | |

| | | | | |
|--|-----------|--------------------------|--------------------------|--------------------------|
| ROOM NUMBER203 | | | | |
| Room Profile: Family Room | | Room Capacity: | | Room Occupancy: |
| | | 2 | | 1 |
| 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"/> |
| Is everything in working order? Yes x No * <input type="checkbox"/> | | | | |
| If *, please give details: Paint ceiling in bathroom | | | | |

| | | | | |
|--|-----------|--------------------------|--------------------------|--------------------------|
| ROOM NUMBER204 | | | | |
| Room Profile: Family Room | | Room Capacity: | | Room Occupancy: |
| | | 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 NUMBER205 | | | | |
| Room Profile: Family Room | | Room Capacity: | | Room Occupancy: |
| | | 2 | | 1 |
| 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"/> |
| Is everything in working order? no | | | | |
| If *, please give details: Cooking equipment in the room. | | | | |

| | | | | |
|--|-----------|--------------------------|--------------------------|--------------------------|
| ROOM NUMBER206 | | | | |
| Room Profile: Family Room | | Room Capacity: | | Room Occupancy: |
| | | 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"/> |
| Is everything in working order? Yes x No * <input type="checkbox"/> | | | | |
| If *, please give details: | | | | |

| | | | | |
|--|-----------|--------------------------|--------------------------|--------------------------|
| ROOM NUMBER207 | | | | |
| Room Profile: Family Room | | Room Capacity: | | Room Occupancy: |
| | | 4 | | 4 |
| 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"/> |
| Is everything in working order? Yes x No * <input type="checkbox"/> | | | | |
| If *, please give details: | | | | |

| | | | | |
|--|-----------|--------------------------|--------------------------|--------------------------|
| ROOM NUMBER208 | | | | |
| Room Profile: Family Room | | Room Capacity: | | Room Occupancy: |
| | | 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"/> |
| Is everything in working order? Yes x No * <input type="checkbox"/> | | | | |
| If *, please give details: | | | | |

| | | | | |
|--|-----------|--------------------------|--------------------------|--------------------------|
| ROOM NUMBER209 | | | | |
| Room Profile: Family Room | | Room Capacity: | | Room Occupancy: |
| | | 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: Cooking equipment in the room | | | | |

| | | | | |
|---|-----------|--------------------------|--------------------------|--------------------------|
| ROOM NUMBER 210 | | | | |
| Room Profile: Family Room | | Room Capacity: | | Room Occupancy: |
| | | 2 | | 2 |
| TV | Ensuite | Shared Bathroom | Smoke Alarm | Fire Notice |
| x | X | X Note | 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 211 | | | | |
| Room Profile: Family Room | | Room Capacity: | | Room Occupancy: |
| | | 5 | | 5 |
| 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 NUMBER212 | | | | |
| Room Profile: Family Rooms | | Room Capacity: | | Room Occupancy: |
| | | 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 NUMBER215 | | | | |
| Room Profile: Family Room | | Room Capacity: | | Room Occupancy: |
| | | 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: Plaster coming off wall | | | | |

| | | | | |
|---|---------------------|--------------------------|--------------------------|--------------------------|
| ROOM NUMBER217 | | | | |
| Room Profile:Single female | | Room Capacity: | | Room Occupancy: |
| | | 2 | | 2 |
| TV | Ensuite | Shared Bathroom | Smoke Alarm | Fire Notice |
| x | x note below | <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: Cooking in the room, repair handle into the room | | | | |

| | | | | |
|--|-----------|--------------------------|--------------------------|--------------------------|
| ROOM NUMBER301 | | | | |
| Room Profile: Family Room | | Room Capacity: | | Room Occupancy: |
| | | 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"/> |
| Is everything in working order? Yes x No * <input type="checkbox"/> | | | | |
| If *, please give details: | | | | |

| | | | | |
|--|-----------|--------------------------|--------------------------|--------------------------|
| ROOM NUMBER302 | | | | |
| Room Profile: Family Room | | Room Capacity: | | Room Occupancy: |
| | | 2 | | 1 |
| 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"/> |
| Is everything in working order? Yes x No * <input type="checkbox"/> | | | | |
| If *, please give details: | | | | |

| | | | | |
|--|-----------|--------------------------|--------------------------|--------------------------|
| ROOM NUMBER303 | | | | |
| Room Profile: Family Room | | Room Capacity: | | Room Occupancy: |
| | | 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"/> |
| Is everything in working order? Yes x No * <input type="checkbox"/> | | | | |
| If *, please give details | | | | |

| | | | | |
|--|-----------|--------------------------|--------------------------|--------------------------|
| ROOM NUMBER304 | | | | |
| Room Profile: Family Room | | Room Capacity: | | Room Occupancy: |
| | | 3 | | 1 |
| 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"/> |
| Is everything in working order? Yes x No * <input type="checkbox"/> | | | | |
| If *, please give details: | | | | |

| | | | | |
|--|-----------|--------------------------|--------------------------|--------------------------|
| ROOM NUMBER305 | | | | |
| Room Profile: Family Room | | Room Capacity: | | Room Occupancy: |
| | | 4 | | 4 |
| 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"/> |
| Is everything in working order? Yes x No * <input type="checkbox"/> | | | | |
| If *, please give details: Hot plate in the room | | | | |

| | | | | |
|--|-----------|--------------------------|--------------------------|--------------------------|
| ROOM NUMBER306 | | | | |
| Room Profile: Family Room | | Room Capacity: | | Room Occupancy: |
| | | 2 | | 1 |
| 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"/> |
| Is everything in working order? Yes x No * <input type="checkbox"/> | | | | |
| If *, please give details: | | | | |

| | | | | |
|--|-----------|--------------------------|--------------------------|--------------------------|
| ROOM NUMBER307 | | | | |
| Room Profile: Family Room | | Room Capacity: | | Room Occupancy: |
| | | 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"/> |
| Is everything in working order? Yes x No * <input type="checkbox"/> | | | | |
| If *, please give details: | | | | |

| | | | | |
|--|-----------|--------------------------|--------------------------|--------------------------|
| ROOM NUMBER308 | | | | |
| Room Profile: Family Room | | Room Capacity: | | Room Occupancy: |
| | | 4 | | 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"/> |
| Is everything in working order? Yes x No * <input type="checkbox"/> | | | | |
| If *, please give details: | | | | |

| | | | | |
|--|-----------|--------------------------|--------------------------|--------------------------|
| ROOM NUMBER309 | | | | |
| Room Profile: Family Room | | Room Capacity: | | Room Occupancy: |
| | | 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 NUMBER310 | | | | |
| Room Profile: Family Room | | Room Capacity: | | Room Occupancy: |
| | | 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? No | | | | |
| If *, please give details: Bath panel needs repair | | | | |

| | | | | |
|--|-----------|--------------------------|--------------------------|-------------------------------|
| ROOM NUMBER311 | | | | |
| Room Profile: Family Room | | Room Capacity: | | Room Occupancy: |
| | | 4 | | 4 |
| 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: Paint ceiling in bathroom | | | | |

| | | | | |
|---------------------------------|-----------|--------------------------|--------------------------|-------------------------------|
| ROOM NUMBER312 | | | | |
| Room Profile: Family Room | | Room Capacity: | | Room Occupancy: |
| | | 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 NUMBER315 | | | | |
| Room Profile: Family Room | | Room Capacity: | | Room Occupancy: |
| | | 2 | | 1 |
| 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: Cooking in room & fix tap in bathroom | | | | |

| | | | | |
|---------------------------------|-----------|--------------------------|--------------------------|-------------------------------|
| ROOM NUMBER317 | | | | |
| Room Profile: Family Room | | Room Capacity: | | Room Occupancy: |
| | | 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: | | | | |

General Representations

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

N/a

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

N/A

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

N/A

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

Personal representations should be recorded in Part 3.

| |
|----------------------|
| Summary Sheet |
|----------------------|

| | |
|--|----------------|
| Name of Centre: | Johnson Marina |
| Address: | Tralee |
| Contractor : | OFM |
| Manager: | Jamie Carnegie |
| Contact Name: | Jamie Carnegie |
| Capacity Per MOA (Current Occupancy): | 90 (91) |
| Date of Inspection: | 21/10/2022 |

Fire Safety:

Rm 315, 305, 217, 209, 205, Cooking in Room

Food Safety:

No issues

Bedrooms:

Rm 311 Paint ceiling in Bathroom

Rm 315 Fix tap in Bathroom

Rm 217 repair handle into room from corridor

Rm 203 Paint ceiling in bathroom

Corridor

Socket slightly exposed outside room 217. Requires repair.

Additional Accommodation

Walked through the additional accommodation – clothes being left in front of heaters may pose a fire hazard.

Many extension leads on the floor.

IPAS/IPPS

Independent Inspection Report

| | |
|---|--|
| Centre: | Johnson Marina, Tralee Accommodation Centre |
| Inspector: | Fergal Duane |
| Date of Inspection: | 06/07/2022 |
| Time of Arrival & Departure: | 15.30-1700 |

Part 1
General Information on Services

Independent Inspection Report

Centre: Johnson Marina, Tralee

Date of Inspection: 6/7/2022

1. CENTRE DETAILS

| | |
|----------------------------|---|
| Name and address of Centre | Johnson Marina, Tralee, Co Kerry |
|----------------------------|---|

| | |
|---|---|
| Contractor | OFM |
| Manager | Jamie Carnegie |
| Who deputises for manager in his/her absence? | Give Job Title only Assistant manager / Receptionist |

| | |
|------------------|---------------------|
| Telephone Number | 066 718 0177 |
|------------------|---------------------|

| | |
|---|-------------------------------|
| Current Contracted Capacity | 90 |
| Current Occupancy (today) | 91 |
| Current Centre Profile (e.g., singles, families etc.) | Families/Single Female |

| | |
|-----------------------------------|-------------------------------------|
| HSE Area | South West |
| Public Health Nurse | Catherine O'Sullivan |
| DSP / CWO name | CWO: Caroline O'Brien |
| Environmental Health Officer name | Isabel Kennelly |
| Local Fire Officer Name | Fire officer: Vincent Hussey |
| Local Fire Station | Tralee |

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

2. Please provide a copy of the following

| | Check List |
|---|-------------------|
| Official Register | x |
| Menu Cycle | x |
| 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 | Night Porter 8pm to 8 am |
| Is security provided by external company? (Y/N) | Yes |
| If yes, give name of company: | Guard Force |
| 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 <input type="checkbox"/> No <input type="checkbox"/> If no, give details: |
| Are first aid kits available? (Y/N) | Yesx No <input type="checkbox"/> |
| Where and how many? | kitchen and reception |
| Who is responsible for first aid restocking? | Job title <u>only</u> (not name) of person responsible: Assistant Manager |
| Is there a defibrillator in the centre? How many staff been trained to use it? | Yes <input type="checkbox"/> Nox |

4 HEATING ARRANGEMENTS

| | |
|--|---|
| What type of heating is used in the centre? | Electric |
| Do residents have control of the heating in their own bedroom? | Yesx No <input type="checkbox"/> |
| If no, what arrangements are in place? | |
| What are the heating 'ON' times? | Electric heating available 24/7 controlled (on/off) in resident room |

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? | Post in reception and made available on arrival induction with Manager. IPAS/IPPS booklet issued |

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) | Yes <input type="checkbox"/> Nox |
| If no, give details | Door is locked in evening time by Porter on duty (locked at 10pm) |
| Are there procedures to allow residents to receive visitors? (Give details) | Yes |
| Outline visiting times : | 10am to 10pm |
| In what areas are visitors allowed in the centre? | Reception lobby and restaurant seating |
| Any other relevant information: | |
| Is there a facility for storage of residents' valuables*? (Give details.)(*Storage is at resident's own risk) | Yes. Excess belongings are stored in the Loft space above the GYM / Children's play area. Residents are advised to not store expensive items |
| What toiletries are provided to residents on arrival? | Soap, shampoo, toothpaste, toilet paper |
| What arrangements are in place to replenish these items? | Go to reception to request – checked also monthly |

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: Log in managers office for maintenance to do etc. | |

8 CHILD PROTECTION

| | |
|--|--|
| Are measures in place to inform staff and visitors of RIA's Child Protection Policy? (Give details) | Yes – all staff issued Child Protection Policy and signs off. |
| Are visitors asked to sign a declaration agreeing to adhere to the child protection policy? | Yes |
| Where is declaration held? | Office |
| Is there a sign in book for visitors? Where? | Yes – reception desk |
| Are there notices on public display giving name and contact details of Designated Liaison Person? Where? | Yes – in dining room and main reception corridors |
| Have Designated Liaison Persons received HSE training? | Yes |
| Are notices prominently displayed regarding parental supervision of children? Where? | Yes in Dining room and reception notice boards |

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: | 23/11/20 – two minor issues |

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

| | |
|--|---|
| Are residents consulted regarding menu / dietary requests? (Give details.) | Chef openly meets with residents |
| 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 | Selection of fruit and juices everyday with yogurt drink once a week. Residents have dining room set out for them every school morning with bread , ham, chicken, cheese, salads and butter/spread |
| Is infant formula kept out of public view? | yes |
| What arrangements are in place for distribution of infant formula? | Issued by manager and recorded on issue log. |

11 ARRANGEMENTS FOR REFRESHMENTS / MEALS OUTSIDE NORMAL MEAL TIMES

| | |
|---|--|
| Are tea / coffee / drinking water / Snacks etc. available outside mealtimes? | Yesx No <input type="checkbox"/> |
| What food/snacks are available after hours or when kitchen is closed? | Fruit, Bread, coffee, tea and milk |
| Where are the snacks located and how are they accessed? | Dining room |
| Are meals available for residents who arrive late? (Give details.) | Yesx No <input type="checkbox"/> Meal left covered for re-heating once notified |
| Are meals available for new arrivals? (Give details) | Yes on arrival if outside main meal times , meals will have been set aside from previous service. |
| Are packed lunches available for residents travelling to Dublin on official business? (Give details) | Yesx No <input type="checkbox"/> Sandwich, juice/water and fruit |
| If the inspection takes place during Ramadan this section <u>must</u> be completed. What arrangements are in place to facilitate residents observing a fast during Ramadan? | n/a |

12 FACILITIES FOR FEEDING BABIES

| | |
|--|----------------------------------|
| Are the following available? | Yes/No |
| Access to drinking water (for breastfeeding mothers / for preparation of infant formula) | Yesx No <input type="checkbox"/> |

| | |
|--|----------------------------------|
| Sterilisers | Yesx No <input type="checkbox"/> |
| Kettles | Yesx No <input type="checkbox"/> |
| Fridge (for bottles of EBM* / formula)* <i>Expressed Breast Milk</i> | Yesx No <input type="checkbox"/> |
| Bottle Warmer | Yes <input type="checkbox"/> Nox |
| Microwave | Yesx No <input type="checkbox"/> |
| Are these facilities available 24 hours a day | Yesx No <input type="checkbox"/> |
| Is there a dedicated room provided? Where? | Yesx No Dining room |

13 INDOOR FACILITIES

| <i>Are the following are available to residents?</i> | Yes/No |
|---|--|
| Computers with Internet access | Yesx No <input type="checkbox"/> |
| WIFI | Yesx No <input type="checkbox"/> |
| DVD player | Yesx No <input type="checkbox"/> |
| Computer Games | Yes <input type="checkbox"/> Nox |
| Snooker Table | Yes <input type="checkbox"/> Nox |
| Pool Table | Yes <input type="checkbox"/> Nox |
| Table Tennis Table | Yes <input type="checkbox"/> Nox |
| Board Games | Yesx No <input type="checkbox"/> |
| Newspapers | Yes <input type="checkbox"/> Nox |
| Books | Yesx No <input type="checkbox"/> |
| Toys / games for children | Yesx No <input type="checkbox"/> |
| Other | |
| Give details of any other arrangement or other comments: | The children's play room is a multipurpose space for resident use. Access to the GYM is through this space. |

14 TRANSPORT ARRANGEMENTS

| | |
|---|----------------------------------|
| Is there a bus service provided? (Yes/No): | Yes <input type="checkbox"/> Nox |
| 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) | Yesx No <input type="checkbox"/> |
| An average, how many TV channels are provided to residents? | Saorview available to all residents |
| Are residents allowed to erect satellite dishes? | No |

16 LAUNDRY FACILITIES (General Arrangements)

| | |
|--|---|
| Are Laundry facilities available in the centre? (Y/N) | Yesx No <input type="checkbox"/> |
| If No, what service is provided? | |
| Who launders towels and bedlinen? (e.g., residents, staff, other, etc) | Staff (4 washers / 1 dryers) |
| What procedures are in place for the exchange of towels and bed linen at the centre? | On request with manger |
| What procedures are in place for ironing boards and irons? | Available from reception both irons and ironing boards |
| How is washing powder / tablets supplied? | Washing machines on automatic dosing |
| Are there specific arrangements for access to the laundry (give details): | Open from 8am to 10pm |

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? | Cleaning Agent/Toilet cleaner/Vacuum/Mops and brushes |
| What is the procedure for residents to access vacuum cleaners, brushes & other cleaning equipment? | Request them from managers office |
| What arrangements are in place if rooms are not cleaned sufficiently by residents? | Manager speaks to resident and if necessary assistance provided |

PART 2

Room by Room Inspection

Independent Inspection

Centre: Johnson Marina, Tralee

Date of Inspection: 06/07/2022

Section A- Administration / Communal areas

17 Have you seen the following?

| | | Location of display |
|------------------------------|---|----------------------------------|
| Up to date House Rules | x | Dining room and lobby |
| Complaint Forms | x | Stairwell lobby beside reception |
| Accident/ Incident procedure | x | Mangers office |

| | | |
|---|---|----------------------------------|
| HSE Breastfeeding Posters (if applicable) | x | Dining room and lobby |
| Designated Liaison Person details (Child Protection) | x | Dining room and lobby |
| Supervision of children notice | x | Dining room and lobby |
| Gym Notices(Child Safety – if applicable) | x | Gym door |
| IOM Voluntary Return Posters | x | Stairwell lobby beside reception |

18 Staff Awareness

| | |
|---|---|
| Did you see the RIA Code of Practice*? | x |
| Are all staff aware of RIA Code & House Rules? | x |
| How are staff made aware of RIA Code & House Rules? Training session by manager and sign off. | |

**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> |
|-------------|--|-----------------|
| 23/06/22 | Internal | Ok |
| 30/06/22 | internal | Ok |

19b FIRE ALARM & DETECTION SYSTEM INSPECTION SCHEDULE

| Date | Inspected By (Company Name / Position) | OK | Defect | Remedial Action Taken (Y/N) | Sign Off Y/N |
|---------|---|----|--------|---------------------------------|-----------------|
| 6/7/22 | Internal | x | | | |
| 10/3/21 | external by Chubb | x | | | |

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 |
|------------------|---|----------|--------|---------------------------------|-----------------|
| 29/06/22 | Internal | x | | | |
| Nov /2021 | external by M&K Fire | x | | | |

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 |
|----------|---|----------|--------|------------------------------------|-----------------|
| 5/7/22 | Internal security | x | | | |
| 23/07/22 | Internal Security | x | | | |

19e FIRE DRILL PROCEDURE INSPECTION SCHEDULE

| Date & Time | Numbers of staff involved in drill | No. of residents present / evacuated ** | Evacuation Time | Comments |
|---------------------|---------------------------------------|---|--------------------|------------------|
| 25/2/21 | 6 | 52/66 | 10mins | No issues |
| 1/9/21 | No details on log | | | |
| None in 2022 | | | | |

****Both numbers must be recorded.****19f STAFF INSTRUCTION AND TRAINING (Fire Safety)**

| Job Description | Course | Instructor | Duration | Date |
|------------------|--------------------|--------------------------------|--------------|----------------|
| All staff | Fire Safety | M Morley (M&K Fire) | 1 day | 30.3.15 |
| | | | | |

19g FIRE ASSEMBLY POINTS

| | |
|---|--------------------------|
| Where are the Fire Assembly Points located? | Front of 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 building |
| 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: | |
| Visual Check: Have you noticed any issues requiring attention? (e.g., fire exit signs, hazards, lighting, notices, décor, etc.) | Yes 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 and lobby |
| Complaint Forms | <input checked="" type="checkbox"/> | Dining room and lobby |
| Accident/ Incident procedure | <input checked="" type="checkbox"/> | Managers office |

| | | |
|---|-------------------------------------|---------------------------|
| 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 and corridors |
| Gym Notices (Child Safety – if applicable) | <input checked="" type="checkbox"/> | Gym door |

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

Social Room / Tea Station (State Location):

| | |
|--|---|
| What facilities are provided? Dining 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"/> |
| 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? (observe whether the area is colourful, has sufficient toys, changing areas, toilets in working order, etc) | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| Other comments: | |

DINING AREA:

Please outline the meal times:

| | From | To |
|------------------|-------|-------|
| Breakfast | 7.30 | 9.30 |
| Lunch | 12.30 | 14.00 |
| Dinner | 17.00 | 19.00 |

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

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

| | |
|------------------|--|
| Breakfast | |
| Lunch | |
| Dinner | |

| | |
|---|--|
| Is menu cycle on display? | Yes x No <input type="checkbox"/> |
| Does menu cycle correspond with options available? | Yes x No |
| If no, ask manager for explanation and provide details: | |
| Daily Menu matched menu cycle | |
| Which meal was sampled? | lunch |
| Please describe the meal in detail (e.g. was it hot / cold, bland / spicy etc.)Tandoori chicken and Lamb Biryani – food very nice and tasty | |
| Was there a vegetarian option? (note salad and vegetables <u>alone</u> are not considered as vegetarian option) | Yes X No |
| Give details of this option: | Pasta with mix veg |
| Were there ethnic dishes available? | Yes No x |
| Give details of this option: | Menu based on resident feedback |
| Was fresh foods available for Infants? (as per HSE Infant Feeding Guidelines) | Yes x No <input type="checkbox"/> |
| In your opinion, does the food on offer appear to provide a good variety? | Yes x No <input type="checkbox"/> |
| Did inspection take place during Ramadan? | Yes No x |
| If yes, please outline arrangements for provision of meals outside of normal mealtimes, (medical or other appointments, etc.): | |
| Is there any damaged seating or tables in dining room? | Yes <input type="checkbox"/> No x |
| Is there enough seating for residents present to sit down and eat their lunch? | Yes x No <input type="checkbox"/> |
| Comments: Food, service and hygiene all to a very good standard. | |

KITCHEN AREA:Food Safety Critical Requirements

FOOD SAFETY

| | |
|---|----------|
| Has the premises been inspected by an Environmental Health Officer? | Yes |
| Date of Visit? | 23/11/20 |
| Comments: No issues | |

| | |
|--|-----------------------|
| Has a HACCP system been implemented? | Yes |
| Who designed the HACCP system? | OFM |
| Who is responsible for reviewing the system? | Chef |
| How frequently is the system reviewed? | Not determined |

HACCP Records:

Pest Control:

Alphasan Pest Control Ltd.– no activity 22/06/2022

Induction and Ongoing Staff Training:

HACCP training has been provided to all kitchen staff, training records viewed in employee file.

Time & Temperature Records:

As part of HACCP plan, Cooking, re-heating, service temperatures are taken at each service and recorded as required

Hygiene Audits: Done by Chef**List of Approved Suppliers:** Detailed list of approved suppliers in place.**Cleaning Schedules:**

Daily/weekly cleaning registers in place, checked by Head Chef on a daily/weekly basis, separate server and kitchen cleaning registers.

Procedures for accepting deliveries: Follow strict HACCP control point system and acceptance of delivery process in place.

General Comments:

Very clean kitchen and well maintained. Excellent HACCP system in place.

HACCP and Kitchen Evaluation

General

| | |
|---|-------------|
| Is the kitchen commercial or domestic? | Commercial. |
| What equipment is in place? Oven, gas burner, deep fryer, commercial microwave, commercial mixer, milk dispenser, commercial dishwasher, worktops for cooked meat, raw meat and vegetables. | |
| In what condition is the equipment? Appeared in good condition, no complaints from Head Chef. Majority of equipment is clean and well maintained. New fridge | |
| Comments: Separate room for dish washing. Area well ventilated, clean and well maintained | |

Structural Hygiene

Kitchen:

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

Structural Hygiene cont

Dry Goods

| | |
|--|---|
| Suitably equipped? <i>Shelving/containers etc</i> | Yes, separate dry goods storage room. |
| Condition and suitability of facilities: Suitable shelving area is provided. All items clearly displayed and shelving kept in a clean state. | |
| What evidence is there of stock rotation? | All stock observed within expiry dates. |

Refrigerated Storage

| | |
|---|--|
| What type of refrigerated storage is provided? | Free standing commercial refrigerators and chest freezers. |
| Comment on the condition and suitability of the refrigerated storage: Two commercial refrigerators in place, with separated areas for raw meats, cooked meats and vegetables. | |
| Are thermostats provided and in working order? | Yes, all in good working order. |
| Are food items date stamped? | yes |
| Are samples of dishes being kept? | Yes, kept in refrigerated display unit in service area. |

Other

| | |
|--|----------------------|
| Is there appropriate storage for cleaning agents and chemicals? | Yes, separate locked |
|--|----------------------|

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. colour coded chopping boards |
| Yes |

| |
|--|
| <p>Is the necessary holding equipment provided? <i>e.g.bainmaries, refrigerated units</i></p> <p>Bain marie and refrigerated display unit provided in service area. Both units are clean and well maintained.</p> |
|--|

| |
|---|
| Condition and suitability of serving equipment and utensils: |
| All serving equipment and utensils are clean and well maintained. |

| |
|--|
| <p>What procedures are in place for unused/unserved food at the end of service?</p> <p>Food waste is disposed of after every service.</p> <p>Uncontaminated Food which can be saved and cooled within time controls, such as rice, is recycled correctly to reduce food waste</p> |
|--|

Comments:

Staff Facilities and Hygiene

| | |
|--|---|
| Are designated staff facilities provided? | Yes. |
| What facilities are in place? | staff locker room and toilets in place. |

| | |
|---|---|
| Are all areas clean and well maintained? | Yes. All areas are regularly cleaned and are in a good condition. |
| Are suitable hand washing & drying facilities provided? | Yes, hand washing facilities in both toilet areas. |
| Is storage provided for personal belongings? | Yes, lockers are provided. |
| Are showers provided? <i>indicate cleanliness& suitability</i> | No. |

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

| | |
|-----------------------------------|--|
| Are uniforms provided for: | |
| Kitchen Staff? | Yes, uniforms, hats and aprons are provided. |
| Serving Staff? | Yes, uniforms, hats and aprons are provided. |

| | |
|--|---|
| Are uniforms clean and in good condition? <i>(to include caps/hairnets/closed heel/toe shoes etc)</i> | Appropriate uniforms, hats, hairnets are provided. Appropriate shoes are also worn. |
| Is personal grooming satisfactory? | Yes. |
| Are safe habits practiced? | Yes, use of serving equipment, and use of gloves are practiced. |
| General Comments on staff facilities: | |

23 PUBLIC TOILET (State Location):

| | Number | Soap | Toilet Paper | Hand Towels / Dryers | Hot Water | Sanitary Bins |
|---|--------|------|--------------|----------------------|-----------|---------------|
| Unisex: | | | | | | |
| Ladies: | 4 | x | x | x | x | x |
| Gents: | 4 | x | x | x | x | |
| Is there a cleaning schedule displayed? Yes <input type="checkbox"/> No x | | | | | | |
| Record the last time entry. 06/22 | | | | | | |
| Is the area clean? (provide comment) yes | | | | | | |
| Are all facilities working? Yes x No | | | | | | |
| Visual Check: Have you noticed any issues requiring attention? Yes No x | | | | | | |
| If No, give details: | | | | | | |

24 COMMUNAL ROOM (State Location): down from reception on right hand side

| | | | |
|--|--------------------------|-----------------------------|--------------------------|
| Storage area: | | | |
| Is the walkway through the area clear? | Yes | X No | <input type="checkbox"/> |
| Are the exit signs clearly marked? | Yes | X No | <input type="checkbox"/> |
| General Seating Area | | | |
| Is the seating in good condition? | Yes | X No | <input type="checkbox"/> |
| What is the area generally used for? | Socialising and visitors | | |
| Computer room: | | | |
| Is the area generally clean? | Yes | No | X |
| Visual Check: Have you noticed any issues requiring attention? | Yes | <input type="checkbox"/> 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"/> |
| 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"/> |
| Cleanliness of the grounds (ie., evidence of rubbish etc.) | | x | <input type="checkbox"/> | <input type="checkbox"/> |
| Where you have rated * please provide details and comments: | | | | |
| Are there any facilities available for children outdoors? Open spaces and a dedicated play areas | | | | |
| Comments | | | | |

LAUNDRY ROOM

| | Washing Machines | Dryers |
|---|------------------|----------|
| Number | 4 | 1 |
| Do they appear to be in working order Comments: yes | | |

CORRIDOR all corridors are maintained exceptionally well

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

STAIRWAY all stairwells are clean and kept clear

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

Bedrooms:

CLEANING (General Arrangements)

| | |
|--|--|
| How often are bedrooms inspected? | twice weekly <input type="checkbox"/> Weekly <input checked="" type="checkbox"/> |
| Who cleans the bedrooms? | Staff <input type="checkbox"/> Residents <input checked="" type="checkbox"/> |
| How often do staff clean the bedrooms? | Weekly <input type="checkbox"/> fortnightly <input type="checkbox"/> Monthly <input type="checkbox"/> Other <input checked="" type="checkbox"/> |
| Are there cleaning materials and equipment provided by management for residents? | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| What cleaning equipment is available to residents? | Mops, brushes, toilet cleaner, vacuum etc |
| What arrangements are in place if rooms are not cleaned sufficiently by residents? | Management will work with resident and if necessary get housekeeping to assist in cleaning. |

| | | | | |
|--|-----------|-----------------|------------------------------|--|
| ROOM NUMBER101 | | | | |
| Room Profile: Family Room | | Room Capacity: | | Room Occupancy: |
| | | 4 | | 3 |
| TV | Ensuite | Shared Bathroom | Smoke Alarm | Fire Notice |
| x | x | n/a | x | x |
| Cleanliness | Very Good | Adequate | Poor * | Needs urgent attention * |
| | | x | <input type="checkbox"/> | <input type="checkbox"/> |
| Is everything in working order? | | | Yes <input type="checkbox"/> | No * <input checked="" type="checkbox"/> |
| If *, please give details: Double socket requires the front part to be replaced | | | | |

| | | | | |
|---------------------------------|-----------|--------------------------|---|-------------------------------|
| ROOM NUMBER102 | | | | |
| Room Profile: Family Room | | Room Capacity: | | Room Occupancy: |
| Family | | 2 | | 1 |
| TV | Ensuite | Shared Bathroom | Smoke Alarm | Fire Notice |
| x | x | n/a | 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 <input checked="" type="checkbox"/> | No * <input type="checkbox"/> |
| If *, please give details: | | | | |

| | | | | |
|--|-----------|--------------------------|--------------------------|--------------------------|
| ROOM NUMBER103 | | | | |
| Room Profile:family | | Room Capacity: | | Room Occupancy: |
| | | 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"/> |
| Is everything in working order? Yes x No * <input type="checkbox"/> | | | | |
| If *, please give details: | | | | |

| | | | | |
|--|-----------|-----------------|--------------------------|--------------------------|
| ROOM NUMBER104 | | | | |
| Room Profile: Family Room | | Room Capacity: | | Room Occupancy: |
| | | 2 | | 2 |
| TV | Ensuite | Shared Bathroom | Smoke Alarm | Fire Notice |
| x | x | | x | x |
| Cleanliness | Very Good | Adequate | Poor * | Needs urgent attention * |
| | | x | <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: Family Room | | Room Capacity: | | Room Occupancy: |
| | | 2 | | 1 |
| 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"/> |
| Is everything in working order? No | | | | |
| If *, please give details: | | | | |

| | | | | |
|--|-----------|--------------------------|--------------------------|--------------------------|
| ROOM NUMBER106 | | | | |
| Room Profile: Family Room | | Room Capacity: | | Room Occupancy: |
| | | 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"/> |
| Is everything in working order? Yes x No * <input type="checkbox"/> | | | | |
| If *, please give details: | | | | |

| | | | | |
|--|-----------|--------------------------|--------------------------|--------------------------|
| ROOM NUMBER201 | | | | |
| Room Profile:family | | Room Capacity: | | Room Occupancy: |
| | | 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"/> |
| Is everything in working order? Yes x No * <input type="checkbox"/> | | | | |
| If *, please give details: | | | | |

| | | | | |
|--|-----------|--------------------------|--------------------------|--------------------------|
| ROOM NUMBER202 | | | | |
| Room Profile:family | | Room Capacity: | | Room Occupancy: |
| | | 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"/> |
| Is everything in working order? Yes x No * <input type="checkbox"/> | | | | |
| If *, please give details: | | | | |

| | | | | |
|--|-----------|--------------------------|--------------------------|--------------------------|
| ROOM NUMBER203 | | | | |
| Room Profile: Family Room | | Room Capacity: | | Room Occupancy: |
| | | 2 | | 1 |
| 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"/> |
| Is everything in working order? Yes x No * <input type="checkbox"/> | | | | |
| If *, please give details: | | | | |

| | | | | |
|--|-----------|--------------------------|--------------------------|--------------------------|
| ROOM NUMBER204 | | | | |
| Room Profile: Family Room | | Room Capacity: | | Room Occupancy: |
| | | 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 NUMBER205 | | | | |
| Room Profile: Family Room | | Room Capacity: | | Room Occupancy: |
| | | 2 | | 1 |
| 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"/> |
| Is everything in working order? no | | | | |
| If *, please give details: | | | | |

| | | | | |
|--|-----------|--------------------------|--------------------------|--------------------------|
| ROOM NUMBER206 | | | | |
| Room Profile: Family Room | | Room Capacity: | | Room Occupancy: |
| | | 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"/> |
| Is everything in working order? Yes x No * <input type="checkbox"/> | | | | |
| If *, please give details: | | | | |

| | | | | |
|--|-----------|--------------------------|--------------------------|--------------------------|
| ROOM NUMBER207 | | | | |
| Room Profile: Family Room | | Room Capacity: | | Room Occupancy: |
| | | 4 | | 4 |
| 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"/> |
| Is everything in working order? Yes x No * <input type="checkbox"/> | | | | |
| If *, please give details: | | | | |

| | | | | |
|--|-----------|--------------------------|--------------------------|--------------------------|
| ROOM NUMBER208 | | | | |
| Room Profile: Family Room | | Room Capacity: | | Room Occupancy: |
| | | 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"/> |
| Is everything in working order? Yes x No * <input type="checkbox"/> | | | | |
| If *, please give details: | | | | |

| | | | | |
|--|-----------|--------------------------|--------------------------|--------------------------|
| ROOM NUMBER209 | | | | |
| Room Profile: Family Room | | Room Capacity: | | Room Occupancy: |
| | | 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 210 | | | | |
| Room Profile: Family Room | | Room Capacity: | | Room Occupancy: |
| | | 2 | | 2 |
| TV | Ensuite | Shared Bathroom | Smoke Alarm | Fire Notice |
| x | X | X Note | 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: No Cover over light in bathroom | | | | |

| | | | | |
|--|-----------|--------------------------|--------------------------|--------------------------|
| ROOM NUMBER 211 | | | | |
| Room Profile: Family Room | | Room Capacity: | | Room Occupancy: |
| | | 5 | | 5 |
| 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 NUMBER212 | | | | |
| Room Profile: Family Rooms | | Room Capacity: | | Room Occupancy: |
| | | 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 NUMBER215 | | | | |
| Room Profile: Family Room | | Room Capacity: | | Room Occupancy: |
| | | 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: Plaster coming off wall | | | | |

| | | | | |
|--|---------------------|--------------------------|--------------------------|--------------------------|
| ROOM NUMBER217 | | | | |
| Room Profile:Single female | | Room Capacity: | | Room Occupancy: |
| | | 2 | | 2 |
| TV | Ensuite | Shared Bathroom | Smoke Alarm | Fire Notice |
| x | x note below | <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 NUMBER301 | | | | |
| Room Profile: Family Room | | Room Capacity: | | Room Occupancy: |
| | | 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"/> |
| Is everything in working order? Yes x No * <input type="checkbox"/> | | | | |
| If *, please give details: | | | | |

| | | | | |
|--|-----------|--------------------------|--------------------------|--------------------------|
| ROOM NUMBER302 | | | | |
| Room Profile: Family Room | | Room Capacity: | | Room Occupancy: |
| | | 2 | | 1 |
| 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"/> |
| Is everything in working order? Yes x No * <input type="checkbox"/> | | | | |
| If *, please give details: | | | | |

| | | | | |
|--|-----------|--------------------------|--------------------------|--------------------------|
| ROOM NUMBER303 | | | | |
| Room Profile: Family Room | | Room Capacity: | | Room Occupancy: |
| | | 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"/> |
| Is everything in working order? Yes x No * <input type="checkbox"/> | | | | |
| If *, please give details | | | | |

| | | | | |
|--|-----------|--------------------------|--------------------------|--------------------------|
| ROOM NUMBER304 | | | | |
| Room Profile: Family Room | | Room Capacity: | | Room Occupancy: |
| | | 3 | | 1 |
| 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"/> |
| Is everything in working order? Yes x No * <input type="checkbox"/> | | | | |
| If *, please give details: | | | | |

| | | | | |
|--|-----------|--------------------------|--------------------------|--------------------------|
| ROOM NUMBER305 | | | | |
| Room Profile: Family Room | | Room Capacity: | | Room Occupancy: |
| | | 4 | | 4 |
| 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"/> |
| Is everything in working order? Yes x No * <input type="checkbox"/> | | | | |
| If *, please give details: | | | | |

| | | | | |
|--|-----------|--------------------------|--------------------------|--------------------------|
| ROOM NUMBER306 | | | | |
| Room Profile: Family Room | | Room Capacity: | | Room Occupancy: |
| | | 2 | | 1 |
| 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"/> |
| Is everything in working order? Yes x No * <input type="checkbox"/> | | | | |
| If *, please give details: | | | | |

| | | | | |
|--|-----------|--------------------------|--------------------------|--------------------------|
| ROOM NUMBER307 | | | | |
| Room Profile: Family Room | | Room Capacity: | | Room Occupancy: |
| | | 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"/> |
| Is everything in working order? Yes x No * <input type="checkbox"/> | | | | |
| If *, please give details: | | | | |

| | | | | |
|--|-----------|--------------------------|--------------------------|--------------------------|
| ROOM NUMBER308 | | | | |
| Room Profile: Family Room | | Room Capacity: | | Room Occupancy: |
| | | 4 | | 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"/> |
| Is everything in working order? Yes x No * <input type="checkbox"/> | | | | |
| If *, please give details: | | | | |

| | | | | |
|--|-----------|--------------------------|--------------------------|--------------------------|
| ROOM NUMBER309 | | | | |
| Room Profile: Family Room | | Room Capacity: | | Room Occupancy: |
| | | 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 NUMBER310 | | | | |
| Room Profile: Family Room | | Room Capacity: | | Room Occupancy: |
| | | 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? No | | | | |
| If *, please give details: Bath panel needs repair | | | | |

| | | | | |
|--|-----------|--------------------------|--------------------------|--------------------------|
| ROOM NUMBER311 | | | | |
| Room Profile: Family Room | | Room Capacity: | | Room Occupancy: |
| | | 4 | | 4 |
| 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 NUMBER312 | | | | |
| Room Profile: Family Room | | Room Capacity: | | Room Occupancy: |
| | | 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 NUMBER315 | | | | |
| Room Profile: Family Room | | Room Capacity: | | Room Occupancy: |
| | | 2 | | 1 |
| 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 NUMBER317 | | | | |
| Room Profile: Family Room | | Room Capacity: | | Room Occupancy: |
| | | 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: | | | | |

General Representations

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

N/a

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

N/A

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

N/A

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

Personal representations should be recorded in Part 3.

| |
|----------------------|
| Summary Sheet |
|----------------------|

| | |
|--|----------------|
| Name of Centre: | Johnson Marina |
| Address: | Tralee |
| Contractor : | OFM |
| Manager: | Jamie Carnegie |
| Contact Name: | Jamie Carnegie |
| Capacity Per MOA (Current Occupancy): | 90 (91) |
| Date of Inspection: | 06/07/2022 |

Fire Safety:

No fire Drill

Food Safety:

No issues

Bedrooms:

2 issues 1 in relation to a socket cover and the other in relation to a cover for light in a bathroom.

From: David Lardner (DCEDIY)

Sent: Tuesday 29 November 2022 11:58

To: [REDACTED]

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

Dear Mr Carnegie,

Please find attached PDF copies of the IPPS Independent Inspection Reports from QTS Ltd for Johnston Marina Hotel Accommodation Centre, dated 06/07/2022 and 21/10/2022 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>

Johnston Marina
Dingle Road
Tralee
Co. Kerry

29.11.2022
RE: Audit

Dear David,

In response to the 21.10.2022 audit in this centre the following action has been taken.

Rooms 205, 209, 217, 305, & 315 residents reminded on house rules regarding cooking in rooms.
Rooms 203 & 311 painted.
Room 315 tap fixed.
Room 207 socket replaced.
Room 217 door handle repaired.
Additional accommodation has gone.

Yours faithfully,



Jamie Carnegie
Manager.

Johnston Marina
Dingle Road
Tralee
Co. Kerry

29.11.2022
RE: Audit

Dear David,

In response to the 06.07.2022 QTS audit in this centre the following action has been taken.

Fire drill carried out.
Room 101 socket repaired.
Room 210 light repaired
Room 310 bath panel replaced.

Yours faithfully,



Jamie Carnegie
Manager.