IPPS / IPAS

Independent
Inspection Report

Centre:	Old Convent
	Shane Mac Loughlin
Inspector:	
	10/11/22
Date of Inspection:	
	3pm – 5.30pm
Time of Arrival &	•
Departure:	

Part 1 General Information on Services

Independent Inspection Report

Centre: Old Convent

Date of Inspection: 10/11/22

1. CENTRE DETAILS

Name and address of Centre	Old Convent, Ballyhaunis , Mayo

Contractor	Bridgestock Limited
Manager	John Nally
Who deputises for manager in his/her	Give Job Title only
absence?	Ass manager

Telephone Number	094 9632845
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Current Contracted Capacity	266
Current Occupancy (today)	245
Current Centre Profile (e.g., singles, families etc.)	families and single male/female

HSE Area	West
Public Health Nurse	Mairead Murphy
DSP / CWO name	Sinead O Brien
Environmental Health Officer name	Lynda Coyne
Local Fire Officer Name	Seamus Murphy
Local Fire Station	Ballyhaunis

Is the Centre certified by any Quality Management System	No
(i.e. Q Mark, ISO)?:	
If yes, please give details:	
What was the date of the last certification?	
Have you a copy of the Certification	

2. Please provide a copy of the following

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

GENERAL SECURITY & EMERGENCY DET	ταιι ς	
Is 24 hour supervision provided?	(Y/N)	Yes No
Give details of roster hours	(, ,	8-6 office manned, 6-8 night security
Is security provided by external company?	(Y/N)	Yes No
If yes, give name of company:	(, ,	
Does the centre have CCTV?	(Y/N)	Yes No
Is a list of emergency numbers available in the Manager's office?		Yes No 🗌
Does the list include the following numbers? Local Garda station 24 hr number Local hospital	(Y/N)	Yes 🔀 No 🗌
Local fire station		If no, give details:
Duty Social Work Team		, , , , , , , , , , , , , , , , , , , ,
Out of hours GP Service		
RIA out of hours number		
Are first aid kits available?	(Y/N)	Yes 🛛 No 🗌
Where and how many?		
Who is responsible for first aid restocking?		Job title <u>only</u> (not name) of person responsible: Manager
Is there a defibrillator in the centre?		Yes No 🖂
How many staff been trained to use it?		
HEATING ARRANGEMENTS What type of heating is used in the centre? Do residents have central of the heating in their of the heating in the heating		Oil Boilers
Do residents have control of the heating in their o bedroom?	wn	Yes 🗵 No 📙
If no, what arrangements are in place?		all are on temp stat
What are the heating 'ON' times?		, , , , , , , , , , , , , , , , , , ,
Are residents provided with a copy of the House		Yes 🛛 No 🗌
	s ind u	Yes No 🗌

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

Are residents issued with key for their bedroom?(Yes/No)	Yes No
Are residents issued with key for main door? (Yes/No)	Yes No
If no, give details	
Are there procedures to allow residents to receive visitors? (Give details)	yes visitors allowed in main building
Outline visiting times:	10am-10pm
In what areas are visitors allowed in the centre?	main building

s there a facility for storage of residents' valuables*?	room for excess luggage
(Give details.) (* Storage is at resident's own risk)	TOTAL CAUCUS IMABAMAC
What toiletries are provided to residents on arrival?	toothpaste and towels
What arrangements are in place to replenish these items?	on request or weekly
ARRANGEMENTS FOR MAINTENANCE	
Does the centre have a written procedure in place	Yes 🛛 No 🗌
for residents to report maintenance issues? (Yes/No)	
Is there a maintenance day book? (Yes/No)	Yes 🛛 No 🗌
Describe the maintenance procedure at the centre:	
tracking app in use "snapinspect"	
CHILD PROTECTION	
Are measures in place to inform staff and visitors of RIA's Child Protection Policy?	yes
Are measures in place to inform staff and visitors of RIA's Child Protection Policy? (Give details)	
Are measures in place to inform staff and visitors of RIA's Child Protection Policy? (Give details) Are visitors asked to sign a declaration agreeing to	yes
Are measures in place to inform staff and visitors of RIA's Child Protection Policy? (Give details) Are visitors asked to sign a declaration agreeing to adhere to the child protection policy?	yes
Are measures in place to inform staff and visitors of RIA's Child Protection Policy? (Give details) Are visitors asked to sign a declaration agreeing to adhere to the child protection policy? Where is declaration held?	yes
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10 NUTRITION / SCHOOL LUNCHES / BABY FORMULA (general arrangements)

Are residents consulted regarding menu / dietary requests? (Give details.)	shop in place for residents and residents now cook in own accommodations.
Provide details opposite: Which of the following are provided for school children's packed lunches: • Sandwich? What sandwich fillings are available: Cheese? Ham? Chicken? Tuna? Jam? Other? • Drinks? Juice? Water? • Yogurt? • Fruit? • Other	Residents prepare own children's lunches
Is infant formula kept out of public view?	yes
What arrangements are in place for distribution of infant formula?	Available in shop

11 ARRANGEMENTS FOR REFRESHMENTS / MEALS OUTSIDE NORMAL MEAL TIMES

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

12 FACILITIES FOR FEEDING BABIES

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

Is there a dedicated room provided?		Yes No	
Where?			
13 INDOOR FACILITIES			
Are the following are available to reside	ents?	Yes/No	
Computers with Internet access		Yes 🔀 No 🗌	
WIFI		Yes 🔀 No 🗌	
DVD player		Yes 🗌 No 🔀	
Computer Games		Yes 🗌 No 🔀	
Snooker Table		Yes 🗌 No 🔀	
Pool Table		Yes 🛛 No 🗌	
Table Tennis Table		Yes 🛛 No 🗌	
Board Games		Yes 🛛 No 🗌	
Newspapers		Yes No 🖂	
Books		Yes No	
Toys / games for children		Yes No	
Other		<u></u> Y	
Give details of any other arrangement or oth	ner		
comments:			
Is there a bus service provided? (Yes/No):		Yes No L	
Where does the service go to?	Galwa	ay and Castlebar	
What is the frequency of the service?	month		
(List time table opposite)			
15 TV SYSTEM			
Is there a specific TV system in place?		Yes 🛛 No 🗌	
(give details)	Saorvi	ew	
An average, how many TV channels are	200		
provided to residents?			
Are residents allowed to erect satellite	yes on	request	
dishes?			
		_	
16 LAUNDRY FACILITIES (General Arr	angeme	nts)	
Are Laundry facilities available in the centre		Yes No	
If No, what service is provided?			
Who launders towels and bedlinen?		residents & housekeeping	
vviio iduliueis toweis dilu beallileii!		residents & nousekeeping	
la a recidents staff other stal			
(e.g., residents, staff, other, etc) What procedures are in place for the exchar	ogo of	wookly changed	
What procedures are in place for the exchar	nge of	weekly changed	
What procedures are in place for the exchar towels and bed linen at the centre?			
What procedures are in place for the exchar		weekly changed available in laundry room	

Yes

No

Are these facilities available 24 hours a day

How is washing powder / tablets supplied?	tablets supplied daily
Are there specific arrangements for access to the	all houses/ABBEYVIEW have their own
laundry (give details):	washer/dryer

17 CLEANING (General Arrangements)

No 🗌
Bleach, washing up liquid,
shes & dust pans
each house/ABBEYVIEW
ng on site daily
•

PART 2

Room by Room Inspection

Independent Inspection

Centre: Old Convent, Ballyhaunis

Date of Inspection: 10/11/22

Section A- Administration / Communal areas

17 Have you seen the following?

		Location of display
Up to date House Rules	\boxtimes	Reception
Complaint Forms	\boxtimes	Reception
Accident/ Incident procedure		office

HSE Breastfeeding Posters	Dining room
(if applicable)	
Designated Liaison Person details	reception
(Child Protection)	
Supervision of children notice	throughout centre
Gym Notices (Child Safety – if applicable)	n/a
IOM Voluntary Return Posters	reception

18 Staff Awareness

Did you see the IPAS / IPPS Code of Practice*?	
Are all staff aware of IPAS / IPPS Code & House Rules?	
How are staff made aware of IPAS / IPPS Code & House Rules?	
staff sign declaration after reading it	

^{*}A Code of Practice for persons working in accommodation centres

19 FIRE SAFETY

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

19a EMERGENCY LIGHTING INSPECTION SCHEDULE

<u>Date</u>	Inspected By (Company Name / Position)	<u>Comments</u>
9/11/22	Night Porter	ok
10/11/22	Night Porter	ok

19b FIRE ALARM & DETECTION SYSTEM INSPECTION SCHEDULE

Date	Inspected By (Company Name / Position)	OK	Defect	Remedial Action Taken (Y/N)	Sign Off Y/N
16/8/22	Coleman electronics	\boxtimes			
10/11/22	Duty Mgr	\boxtimes			

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
30/10/22	Night Porter	\boxtimes			
5/11/22	Night Porter	\boxtimes			

19d FIRE EXIT DOORS / MEANS OF ESCAPE INSPECTION SCHEDULE

Date	Inspected By	ОК	Defect	Remedial	Sign Off
	(Company Name /			Action	Y/N
	Position)			Taken (Y/N)	
9/11/22	Porter	\boxtimes			
10/11/22	Night porter	\boxtimes			

19e FIRE DRILL PROCEDURE INSPECTION SCHEDULE

			_	
Date & Time	Numbers of staff involved in drill	No. of residents present / evacuated **	Evacuation Time	Comments
16/8/22	All staff	Drills done in all ABBEYVIEWs, apartments and house over 7 hour period	average 2 mins	very extensive drills done which included every property under Bridgestock Old Convent control
3/3/2021	As above	As above		

^{**}Both numbers must be recorded.

19f STAFF INSTRUCTION AND TRAINING (Fire Safety)

Job Description	Course	Instructor	Duration	Date
all staff	fire warden	Internal	1/2 day	15.9.15
	trainig			

19g FIRE ASSEMBLY POINTS

Where are the Fire Assembly Points located?	Outside main building
Are they marked?	yes
Are staff aware of locations?	yes
Comments:	

19h FIRE ALARM SYSTEM

Is there a fire alarm system in place?	yes
Are there smoke alarms throughout the	yes
premises, inc bedrooms?	
Are all smoke alarms linked back to a	no Houses and ABBEYVIEWs are
central control panel?	standalone buildings
Are there designated 'Smoking' areas?	No smoking inside buildings
Include locations	
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	yes
displayed in the centre?	
Are fire extinguishers clearly visible?	yes
Is there emergency lighting system in	yes
place?	
Comments:	

Administration Area:

Reception: Main Building				
Is the area generally clean?		Yes 🔀 No		
If no please give details:				
Visual Check: Have you noticed any issues re		ention? Yes No		
(e.g., fire exit signs, hazards, lighting, notices, de	cor, etc.)			
If yes please detail:				
Have you seen the following?				
		Location of display		
Up to date House Rules		Reception		
Complaint Forms		office		
Accident/ Incident procedure		office		
HSE Breastfeeding Posters		dining room		
(if applicable)				
Designated Liaison Person details		reception / dining room		
(Child Protection)				
Supervision of children notice		dining room		
Gym Notices (Child Safety – if applicable)		n/a		
, , , ,				
IOM Voluntary Return Posters		reception		
Anti Human-Trafficking Posters		reception		
'NO to Violence & Harassment' Posters				
Social Room / Tea Station (State Location kitchen What facilities are provided? Kettle, microw		commodation has its own		
Is the area generally clean?		Yes No		
If no please give details:				
Visual Check: Have you noticed any issues re	equiring atte	ention? Yes No 🖂		
If yes please detail:				
Pre-school Room:				
Is the area generally clean? Yes / No	YES			
If no please give details:				
Visual Check: Have you noticed any issues re	equiring atte	ention? Yes No		
(observe whether the area is colourful, has sufficient to				

Other comments:						
DINING AREA: Please outline th purchase produc and 9-1 Saturday	ts on points			-		
,	From			То		
Breakfast	n/a					
Lunch	n/a					
Dinner	n/a					
Which is the main	meal of the	day:	n/a			
Is menu cycle ava	ilable?		n/a			
If no, give details	of all menu	options on d	ay of i	nspection	1:	
Breakfast		n/a				
Lunch		n/a				
Dinner		n/a				
Is menu cycle on display? n/a						
Does menu cycle correspond with options available?			9?	? n/a		
If no, ask manage	r for explanat	ion and provi	de deta	ails:		
Which meal was s	sampled?	Break	fast		Lunch 🛚	Dinner 🗌
Please describe th	ne meal in det	ail (e.g. was i	t hot /	cold, bland	d / spicy etc.)	
Was there a vege	tarian option	?		Yes		
(note salad and ve	egetables <u>alo</u> ı	<u>ne</u> are not				
considered as veg		n)				
			Fruit and vegetable selections			
Were there ethnic dishes available? Yes large variety in shop Give details of this option: Curries, spices etc.			op			
Give details of this option: Was fresh foods available for Infants?						
Was fresh foods available for Infants? Yes No (as per HSE Infant Feeding Guidelines)						
In your opinion, does the food on offer appear to Yes No						
provide a good variety?						
			no			
If yes, please outl	If yes, please outline arrangements for provision of meals outside of normal mealtimes,					
(medical or other a	ppointments, e	tc.):				
Food will be held over until evening time						
Is there any dama					_ =	10 🔀
Is there enough seating for residents present to sit down and Yes No L						
eat their lunch?	Haratte t			.:!!:*! *		
Comments: All residents now have cooking facilities in own accommodations						

KITCHEN AREA: Food Safety Critical Requirements

Food Safety

Note: Hot food option has not been taken up by residnts and is no longer an option.

| Use the premises been inspected by an | Vest Linds Covne

Has the premises been inspected by an	Yes, Linda Coyne				
Environmental Health Officer?					
Date of Visit?	24/1/18				
issues highlight and rectified by management					
Has a HACCP system been implemented?	n/a				
Who designed the HACCP system?					
Who is responsible for reviewing the					
system?					
How frequently is the system reviewed?					
Food Hall - Shop					
Is the till system in place Electronic POS:		Yes	\boxtimes	No	
Relevant Certification (halal meats) in place/c	on display:	Yes	\boxtimes	No	
Is there appropriate storage; shelving, cold st	orage, dry storage:	Yes		No	
Were the points value of the items clearly dis	played:	Yes		No	
Is the area generally clean:		Yes	\square	No	
Visual Check: Have you noticed any issues re (Products in date, fresh food, ethnic food, Ha		Yes		No	
food products, toiletries and cleaning materia		iidbic, s	Januari	Liung	. 01
If yes to any issues please give detail:					
in yes to any issues pieuse give detain.					
Do food products available in the food hall re	flect the reasonable	needs	of the	differe	ent
ethnic groups; e.g. the provision of halal food for Muslim residents, the provision of food					
for gluten free, vegetarian, vegan residents, e		Yes		No	
If no please give details:					
Products (Available) Check:		Yes	$\overline{\boxtimes}$	No) 🔲
Adequately stocked in order to provide a cho			-	_	•
fish); Eggs; Non-meat proteins such as pulses,					_
fortified milk; Variety of breakfast cereals, including porridge; Potatoes, wholegrains, rice					

and pasta; Fresh fruit and vegetables; Olive, rape and other cooking oils; Spices and sauces; Ethnic goods; Tea, coffee and other hot drinks; Sweets, pastries and carbonated drinks.
Please Insert/List Some Items/Products Below;
Item/Product: Points Value: Expiry Date on Product:
Overall Comments/Additional Comments: Well managed area with delivery records in place. Wide variety of product available.
Social distancing in place
HACCP records:
Pest Control: Rentokill inspect every two months no issues found
Induction and Ongoing Staff Training:
Staff have received training in food safety hygiene Time & Temperature Records:
Food delivery, Fridge 1 & 2, Freezer 1 & 2, dishwasher (AM/PM). All records up to date.
Hygiene Audits: none necessary
List of Approved Suppliers: List of approved suppliers in place, with associated HACCP documentation. Very detailed and well done.
Cleaning Schedules: Daily and Weekly register in place. Evident that kitchen was maintained at high level of cleanliness.
Procedures for accepting deliveries: HACCP point plan in place. Copy of procedure delivery posted next to delivery door.
General Comments:

Structural Hygiene cont Dry Goods

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

Refrigerated Storage

XXII	1 01 + 0 - 1 0 - 11 0 - 2			
What type of refrigerated storage is	1 Chest freezers, cool room & walk in freezer, 2			
provided?	standing refrigerators.			
Comment on the condition and suitability of the refrigerated storage:				
All freezers, and refrigerators kept clean and are in a good working order.				
Are thermostats provided and in	Yes, all in working order.			
working order?				
Are food items date stamped?	Yes.			
Are samples of dishes being kept?	Yes. Samples are kept for one week.			

<u>Other</u>

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

Operational Hygiene

Do residents use the main kitchen?	No	
Is that use supervised to ensure safe & hys	gienic	N/A
practices are observed?		
By whom is it supervised?		N/A
Is the correct equipment provided? e.g. co	lour coded cho	opping boards
n/a		
Is the necessary holding equipment provide	led? e.g. bain n	naries, refrigerated units
Yes – all equipment in good condition and clean		· ·
Condition and suitability of serving equip	ment and utens	sils:
All serving equipment is clean and well maintaine	d.	
What procedures are in place for unused/u	inserved food a	at the end of service?
n/a		
Comments:		

Staff Facilities and Hygiene

Are desi	gnated sta	ff facilities	s provided? Yes.						
What fac	cilities are	in place?	Staff charoom.	inging room and toil	ets next to di	ining room, and staff			
Are all a	reas clean	and well n	naintained		Yes. All areas kept clean and in good condition, however flooring is damaged.				
	able hand v	washing &	drying		Yes, provided within toilet facilities.				
Is storag belongin	-	l for person	nal		Lockers and hanging space provided in staff changing room.				
	vers proviess& suita	ded? indica bility	ate	Yes					
			2 22	a. cc	1 6 1 1				
	Is a designated area provided for staff			Staff room in p provided.	lace for breal	ks, refrigerator			
	breaks? If yes, is it clean/suitable/well			provided.					
maintained If no, outline arrangements for breaks									
1) 110, 011	ume arran	igements je	or or cans						
Are unif	orms prov	ided for:							
Kitchen			- work as sh	op staff					
Serving	Staff?	n/a							
		•							
Are unif	orms clear	n and in go	od	All uniforms of	f a clean stan	dard.			
condition	n? (to incl	ude							
-		ed heel/toe							
Is person	nal grooming satisfactory?			Satisfactory.					
Are safe	habits pra	cticed?		Yes,	Yes,				
General	Comments	s on staff f	acilities:						
Staff facili	ities well ma	intained.							
23 PL	JBLIC TOIL	ET (State I	Location):	Corridor op	posite offic	ce			
	Number	Soap	Toilet	Hand Towels /	Hot	Sanitary Bins			
			Paper	Dryers	Water				
Unisex:	2	\boxtimes							
Ladies:									
Gents:									
	_	chedule dis	played?		Ye				
	he last tim					9/11/22			
is the are	a clean? (p	rovide com	ment) yes						

Viewal Charles Harris	ا منصم امم		.a.t: a ?		
Visual Check: Have you notic	ced any issues r	equiring atte	ntion?	Yes*	No 🗵
If No, give details:					
4 COMMUNAL ROOM	I (State Locati	on): G	round floo	or main bui	ilding
Storage area:					
Is the walkway through the a	rea clear?		Yes	No No	
Are the exit signs clearly mar	ked?		Yes	No No	
General Seating Area				_	
Is the seating in good conditi	on?		Yes	⊠ No	
What is the area generally us	sed for?		Yes	⊠ No	
Computer room:					
Is the area generally clean?			Yes	⊠ No	
<i>Visual Check</i> : Have you notic	ced any issues r	equiring atte	ntion? Yes	☐ No	\boxtimes
f yes please detail:					
UTDOOR GROUNDS / FAC					
OUTDOOR GROUNDS / FAC	CILITIES				
Any other comments? If yes OUTDOOR GROUNDS / FACTOR Ilease rate the following:		Adequate	Poor*	Needs urg	ent attentio
OUTDOOR GROUNDS / FAC	CILITIES	Adequate	Poor*	Needs urg	ent attentio
PUTDOOR GROUNDS / FAC lease rate the following: Condition of exterior of centre	CILITIES	Adequate	Poor*	Needs urg	ent attentio
Condition of exterior of centre Paintwork of the centre Maintenance standard of the grounds (e.g. grass cut,	CILITIES	Adequate		Needs urg	ent attentio
Condition of exterior of centre Paintwork of the centre Maintenance standard of the grounds (e.g. grass cut, walkways clear etc.)	CILITIES	Adequate		Needs urg	ent attentio
Condition of exterior of centre Paintwork of the centre Maintenance standard of the grounds (e.g. grass cut, walkways clear etc.) Cleanliness of the grounds	CILITIES	Adequate		Needs urg	ent attentio
Condition of exterior of centre Paintwork of the centre Maintenance standard of the	Very Good		x	Needs urg	ent attentio
Condition of exterior of centre Paintwork of the centre Maintenance standard of the grounds (e.g. grass cut, walkways clear etc.) Cleanliness of the grounds (ie., evidence of rubbish etc.)	Very Good U use provide det		x	Needs urg	ent attentio
Condition of exterior of centre Paintwork of the centre Maintenance standard of the grounds (e.g. grass cut, walkways clear etc.) Cleanliness of the grounds (ie., evidence of rubbish etc.) Where you have rated * plea	Very Good One of the control of the	ails and comm	x	Needs urg	ent attentio
Condition of exterior of centre Paintwork of the centre Maintenance standard of the grounds (e.g. grass cut, walkways clear etc.) Cleanliness of the grounds (ie., evidence of rubbish etc.) Where you have rated * pleatence of all houses need	Very Good One of the control of the	ails and comm	x		ent attentio
Condition of exterior of centre Paintwork of the centre Maintenance standard of the grounds (e.g. grass cut, walkways clear etc.) Cleanliness of the grounds (ie., evidence of rubbish etc.) Where you have rated * pleatesterior of all houses need the conditions availated.	Very Good One of the control of the	ails and comm	x		ent attentio
Condition of exterior of centre Paintwork of the centre Maintenance standard of the grounds (e.g. grass cut, walkways clear etc.) Cleanliness of the grounds (ie., evidence of rubbish etc.) Where you have rated * pleatesterior of all houses need Are there any facilities availated Comments	Very Good See provide det painting. ble for children	ails and comm	x		
Condition of exterior of centre Paintwork of the centre Maintenance standard of the grounds (e.g. grass cut, walkways clear etc.) Cleanliness of the grounds (ie., evidence of rubbish etc.) Where you have rated * pleatesterior of all houses need Are there any facilities availated Comments	Very Good See provide det painting. ble for children	ails and comm	x	No _	
Condition of exterior of centre Paintwork of the centre Maintenance standard of the grounds (e.g. grass cut, walkways clear etc.) Cleanliness of the grounds (ie., evidence of rubbish etc.) Where you have rated * pleate exterior of all houses need exterior of all houses need exterior of all houses need exterior of all comments AUNDRY ROOM	Very Good See provide det painting. ble for children	ails and common outdoors?	x	No	
Condition of exterior of centre Paintwork of the centre Maintenance standard of the grounds (e.g. grass cut, walkways clear etc.) Cleanliness of the grounds (ie., evidence of rubbish etc.) Where you have rated * pleatexterior of all houses need Are there any facilities availate Comments AUNDRY ROOM Number	Very Good See provide det painting. ble for children Washing	ails and common outdoors?	x	No	

If no please give details:			
Visual Check: Have you noticed any issues requiring attention?	Yes	No	
If yes please detail: +			
STAIRWAY (State Location): Main building			
Is the area generally clean?	Yes	No	
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	
If yes please detail:			

Bedrooms:

CLEANING	(General Arrangements)
----------	-----------------------	---

How often are bedrooms inspected?	Weekly
Who cleans the bedrooms?	Residents
How often do staff clean the bedrooms?	Other 🔀
Are there cleaning materials and equipment provided by management for residents?	Yes No No
What cleaning equipment is available to residents?	Detergents, brushes, dust pan, vacuum, bleach, toilet cleaners.
What arrangements are in place if rooms are not cleaned sufficiently by residents?	Housekeeping will assist

ABBEY VIEW

ABBEYVIEW 1

No of bedroo	ms	3								
profile				Capac	ity:		(Оссі	ipancy:	
Family				4			4	4		
TV		Bathroom kito		kitchen		Smoke	Aları	m	Fire	Notice
		Very Good	1	Adequate	Po	or *	Nee	eds ι	urgent a	ttention *
Cleanliness										
Is everything	in v	vorking order	?							
				Coc	ker	Ye	es $oxtime X$]	No *	
				Fri	dge	Υe	es $oxtime X$		No *	
Other a	ıppl	iances (toas	ter/m	iicrowave e	etc.)	Ye	es $oxtime $]	No *	
If *, please gi	ve c	letails:								

ABBEYVIEW 2

No of bedroo	oms 3						
profile				ity:		Oc	cupancy:
Family			4			5	
TV	Bathroom kito		chen		Smok	e Alarm	Fire Notice
			\boxtimes			\times	
	Very Good	Adeq	uate	Po	or *	Need	s urgent attention *
Cleanliness				[
Is everything	in working order	?					
			Coo	ker	Υ	′es 🛚	No * 🗌
			Fric	lge	Υ	′es 🖂	No * 🗌
Other a	appliances (toas	ter/microv	wave e	tc.)	Υ	′es ⊠	No * 🔲

If *, please gi	ve deta	ils:						
ABBEYVIEW 3								
No of bedroo	ms 3							
profile				Capa	city:		Oc	cupancy:
Family				4			4	
TV	Batl	room	ki	tchen		Smok	e Alarm	Fire Notice
		\boxtimes		\boxtimes			\boxtimes	
	\ \	ery Goo	d Adec	uate	Pc	or *	Needs	urgent attention *
Cleanliness	-		7,1456				Needs	
Is everything	in work	ing orde	r?		1		<u> </u>	
,		· ·			oker		′es 🗵	No * 🔲
011		//	-4		dge		′es ⊠	No *
		•	ster/micro	wave (etc.)	<u> </u>	∕es ⊠	No *
If *, please gi	ve ueta	115:						
ABBEYVIEW 4								
No of bedroo	ms 3			1			1	
profile				Capa	city:			cupancy:
Family	D-41		1 1.22	4		C 1-	4	Fine Notice
TV	Ваш	nroom	KI	tchen		Smok	e Alarm	Fire Notice
		\boxtimes						
	V	ery Goo	d Adec	luate	Pc	or *	Needs	urgent attention *
Cleanliness				\subseteq				
Is everything	in work	ing orde	r?					<u></u>
					ker		′es ⊠	No *
Other	nnlian	ooo (too	ster/micro		dge		′es ⊠ ′es ⊠	No * □ No * □
If *, please gi			Ster/IIIICI O	wave	= (C.)		1 ES 🔼	INO
ii , piease gi	ve deta	113.						
ABBEYVIEW 5								
No of bedroo	ms 3			Cana	city		0-	supanev:
•				Capa 4	city:		4	cupancy:
Family TV	Batl	nroom	ki	tchen		Smok	e Alarm	Fire Notice
	246			<u> </u>		J5K	<u> </u>	
		\boxtimes	1				$\stackrel{\triangle}{\longrightarrow}$	
	V	ery Goo	d Adec	uate	Pc	or *	Needs	urgent attention *
Cleanliness				\leq				
Is everything	in work	ing orde	r?	_	.1.		/ K 7	NI - + -
				Cod	oker	Y	′es ⊠	No *

				1		/ N/	1	Na *
Other a	appliances (toas	ter/micro	Frid wave et			∕es ⊠ Yes ⊠		No *
If *, please gi	• • • • • • • • • • • • • • • • • • • •	tor/moro	wave e	10.)		100 🔼	7	110
ABBEYVIEW 6								
No of bedroo	ms 3		ı					
profile			Capaci	ity:				pancy:
Family	D. H	1	4		C I		5	Et Niedła
TV	Bathroom	kit	chen		Smok	ke Aları	m	Fire Notice
	\boxtimes		\boxtimes			\boxtimes		\boxtimes
	Very Good	Adeq	uate	Ро	or *	Ne	eds u	rgent attention *
Cleanliness								
Is everything	in working order	?						
			Cool			∕es 🗵	=	No *
Other	appliances (toas	tor/miore	Frid	_		∕es ⊠ Yes ⊠]	No *
If *, please gi		ter/micro	wave e	ic.)		res 🔀	7	NO L
ii , piease gi	ve details.							
ABBEYVIEW 7 No of bedroo	oms 3		T					
profile			Capaci	ity:				pancy:
Family			4		<u> </u>		4	F: N
TV	Bathroom	Kit	chen		Smok	ke Aları	m	Fire Notice
\boxtimes	\boxtimes					\boxtimes		
	Very Good	Adeq	uate	Ро	or *	Ne	Needs urgent attention *	
Cleanliness								
Is everything	in working order	?	_	_	_	, .	7	
			Cool			∕es ⊠ ∕∘∘ ∇	=	No *
Other a	appliances (toas	ter/micro	Frid wave et	_		∕es ⊠ Yes ⊠]	No * 🔲 No * 🔲
If *, please gi		CI/IIIICI O	**avG G	.o. <i>j</i>		. 03 🔼	7	110 🗀
, 1 0.	· · ·							
ΔRRFYVIF\M Q								
	oms 3							
No of bedroo	oms 3		Capaci	itv:			Осси	pancy:
No of bedroo	oms 3		Capaci	ity:			Occu 4	pancy:
No of bedroo	o ms 3 Bathroom	kit		ity:	Smok		4	pancy: Fire Notice
profile Family		kit	4	ity:	Smok		4	

Cleanliness							
Is everything	in working orde	er?				_	
			Coo Frid	ker dge		es ⊠ es ⊠	No * □ No * □
Other a	ppliances (toa	aster/micro		-		'es ⊠	No * 🗌
If *, please giv	ve details:						
ABBEYVIEW 9							
No of bedroo	ms 3						
profile			Capac	ity:		Occ	upancy:
Family			4			4	T
TV	Bathroom	ki	tchen		Smok	e Alarm	Fire Notice
						\boxtimes	\boxtimes
	Very Goo	d Adec	quate	Ро	or *	Needs	urgent attention *
Cleanliness							
Is everything	in working orde	er?				. 5	
			Coo			es 🖂	No *
Other a	ppliances (toa	ster/micro		dge		es ⊠ ′es ⊠	No * □ No * □
If *, please giv		ister/IIIIci C	wave e	ic.)	'	63 🖂	140 📙
7,10							
ABBEYVIEW 10	1						
No of bedroo							
profile			Capac	itv:		Occ	upancy:
Family			4	,.		4	<u>араноў.</u>
TV	Bathroom	ki	tchen		Smok	e Alarm	Fire Notice
<u> </u>					F		
X					ا	<u> </u>	
	Very Goo	d Adec	quate	Po	or *	Needs	urgent attention *
Cleanliness			\leq				
Is everything	in working orde	er?	_		•		
			Coo			es ⊠ es ⊠	No * □ No * □
Other				מחר	Y	es ixi	
	nnliances (toa	seter/micro	Fric				
If *, please giv	ppliances (toa	aster/micro				es ⊠	No *
		aster/micro					
		aster/micro					
		aster/micro					
If *, please giv	ve details:	aster/micro					
If *, please giv	ve details:	aster/micro					
	ve details:	aster/micro		etc.)		es 🗵	

kitchen

 TV

Bathroom

Smoke Alarm

Fire Notice

		\boxtimes			\times	\boxtimes
	Very Good	Adequate	Ро	or *	Needs	urgent attention *
Cleanliness						
	in working order	Coo Fri	oker idge	Y	′es ⊠ ′es ⊠ ′es ⊠	No *
If *, please gi		termicrowave	cic. _j	<u>'</u>	C3 🖂	110
ABBEYVIEW 1						
No of bedroo	_					
profile	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Сара	city:		Occ	upancy:
Family		4	City.		4	арапсу.
TV	Bathroom	kitchen		Smok	e Alarm	Fire Notice
	\boxtimes	\boxtimes			\boxtimes	
	Very Good	Adequate	Ро	or *	Needs	urgent attention *
Cleanliness						
Other a If *, please gi HOUSES House 1	appliances (toas ve details:		dge etc.)		′es ⊠ ′es ⊠	No *
No of bedroo	oms 4 (2 upstair	s & 2 downstair	s)			
profile		Сара	city:		Осс	upancy:
2 Families		10			7	
TV	Bathroom	kitchen		Smok	e Alarm	Fire Notice
Cleanliness	Very Good	Adequate	Po	or *	Needs	urgent attention *
Other a	in working order	Coo Fri	oker dge etc.)	Y	es ⊠ ′es ⊠ ′es ⊠	No *
If *, please gi	ve details:					
House 2						
No of bedroo	oms 4 (2 upstair	s & 2 downstair	s)			

profile		Capac	city:		Occ	upancy:	
2 Families		8			7		
TV	Bathroom	kitchen		Smoke Ala	arm	Fire Notice	
	Very Good	Adequate	Poc	or* N	eeds	urgent attention *	
Cleanliness							
Other a		Coo	dge	Yes [Yes [Yes	$\overline{\boxtimes}$	No *	
If *, please gi	ve details:						
House 3	oms 4 (2 upstair	rs & 2 downstairs	.)				
profile	(= apecan	Capac	•		Occ	upancy:	
2 Families		6	,.		7		
TV	Bathroom	kitchen		Smoke Ala	arm	Fire Notice	
	Very Good	Adequate	Poc	Poor * Needs urgent attenti			
Cleanliness							
	in working order appliances (toas	Coo	dge	Yes [Yes [Yes	$\overline{\boxtimes}$	No *	
If *, please gi	ve details:		,				
House 4							
No of bedroo	oms 4 (2 upstaiı	rs & 2 downstairs	5)				
profile		Capac	city:		Occ	upancy:	
2 Families	T	10			7	Т	
TV	Bathroom	kitchen		Smoke Ala	arm	Fire Notice	
			I				
OL 1:	Very Good	Adequate	Poc	or* N	eeds	urgent attention *	
Cleanliness	_						
	in working order appliances (toas	Coo	dge	Yes [Yes [Yes	$\overline{\boxtimes}$	No *	
If *, please gi	ve details:						

House 5

No of bedrooms 4 (2 upstairs & 2 downstairs)

profile			Capac	city:			Осс	upancy:	
2 Families			7				5		
TV	Bathroom	kit	tchen		Smok	e Ala	rm	Fire	Notice
						X			
	Very Good	Adeq	uate	Po	or *	Ν	eeds	urgent a	ttention *
Cleanliness									
Is everything	in working order	.5							
			Coo			es 🏻	=	No *	
			Frie	dge	Y	es 🛭	\leq	No *	
Other a	appliances (toas	ster/micro	wave e	etc.)	Υ	'es [\boxtimes	No *	
If *, please gi	ve details:								

House 6

No of bedroo	ms	4 (2 upstair	s & 2 dov	vnstairs	s)					
profile				Capac	city:			Occi	upancy:	
2 Families				10				8		
TV		Bathroom	ki	tchen		Smok	e Alar	m	Fire	Notice
							X			
		Very Good	Ade	quate	Pc	or *	Ne	eds	urgent a	ttention *
Cleanliness				\leq						
Is everything	in v	vorking order	?							
				Coc	ker	Y	′es 🛚]	No *	
					dge	Υ	′es 🛚		No *	
Other a	ppl	liances (toas	ter/micro	wave e	etc.)	Υ	′es 🛚	<u> </u>	No *	
If *, please giv	ve c	details:								

House 7

No of bedroo	ms	4 (2 upstaii	rs & 2 dow	nstairs	s)					
profile				Capac	city:			Occ	upancy:	
2 Families				7				6		
TV		Bathroom	kit	chen		Smok	e Ala	rm	Fire	e Notice
		\boxtimes		\boxtimes			\boxtimes			
		Very Good	Adeq	uate	Po	or *	Ne	eeds	urgent a	attention *
Cleanliness										
Is everything	in v	vorking order	?							
				Coc	ker	Y	′es 🛭	abla	No *	
				Fri	dge	Y	′es 🛭	\leq	No *	
Other a	pp	liances (toas	ter/micro	wave e	etc.)	Υ	∕es 🏻	\leq	No *	
If *, please gi	ve c	details:								

House 8

No of bedroo	ms 4 (2 upstair	s & 2 dow	nstairs	3)				
profile			Capac	ity:		(Оссі	upancy:
2 Families			9			8	8	
TV	Bathroom	kit	tchen		Smok	e Alarr	m	Fire Notice
						X		\boxtimes
	Very Good	Adeq	uate	Po	or *	Nee	eds i	urgent attention *
Cleanliness			<u> </u>					
	in working order uppliances (toas			dge	Υ	′es ⊠ ′es ⊠ ′es ⊠	1	No *
If *, please giv	ve details:			-				
House 9 No of bedroo	ıms 4 (2 upstaiı	rs & 2 dow	nstairs	.)				
profile			Capac	ity:		(Оссі	upancy:
2 Families			7			(6	
TV	Bathroom	kit	tchen		Smok	e Alarm Fire Noti		Fire Notice
\boxtimes						X		\boxtimes
	Very Good	Adeq	uate	Po	or *	Nee	eds i	urgent attention *
Cleanliness								
	in working order appliances (toas ve details:			dge	Υ	′es ⊠ ′es ⊠ ′es ⊠	1	No *
House 10	4/2	·						
	oms 4 (2 upst	airs & 2 c	1			<u> </u>		
profile 2 Families			Capa 7	city:			<u>Осс</u> 6	upancy:
TV	Bathroom	kitchen	,		Smok		_	Fire Notice
					Sillok	C Alai	•••	Notice
	Voru Cood			Doo	<u> </u>	Nac	مام .	
Cleanliness	Very Good	Adeq	uate	Poo	ı .	ivee	us t	rgent attention *
·	g in working or policy policy property	F	ridge		Yes 🔀	Yes] N ∕es ∑	 \\o *	No *

House 11

No of bodroo	oms 4 (2 upstai	rs & 2 dou	ınstaire	٠١				
profile	ins 4 (2 upstan	15 & Z UUW	Capa			Occ	cupancy:	
2 Families			10	city.		7	aparicy.	
TV	Bathroom	ki	tchen		Smok	e Alarm	Fire Notice	
						\boxtimes		
	Very Good	Adec	uate	Po	or *	Needs	urgent attention *	
Cleanliness			<u>.</u>					
Is everything	in working order	·?				ı		
	_		Coc	ker	Υ	′es 🖂	No * 🗌	
-				dge		′es ⊠	No * 🔲	
	appliances (toas	ster/micro	wave e	etc.)		∕es ⊠	No * 🗌	
If *, please gi	ve details:							
louse 12								
	oms 4 (2 upstai	rs & 2 dov		-				
profile			Capa	city:			cupancy:	
2 Families	T	ı	7			7	<u> </u>	
TV	Bathroom	ki [.]	kitchen Smol		Smok	e Alarm	Fire Notice	
						\boxtimes		
	Very Good	Adec	uate	Po	or *	Needs	urgent attention *	
Cleanliness			<u>.</u>					
Is everything	in working order	·?				•		
			Coc	ker	Y	′es 🖂	No *	
				dge		′es 🔀	No * 🔲	
	appliances (toas	ster/micro	wave e	etc.)		∕es ⊠	No *	
If *, please gi	ve details:							
louse 14								
No of bedroo	ms 4 (2 upstai	rs & 2 dov	nstairs	s)				
profile	-		Capa	city:		Occ	cupancy:	
2 Families			10	-		5		
TV	Bathroom	ki [.]	tchen		Smok	e Alarm	Fire Notice	
	\boxtimes					\boxtimes		
	Very Good	Adec	uate	Po	or *	Needs	urgent attention *	
Cleanliness			1					
Is everything	in working order	·?	_			•		
. •	J			oker dge		′es ⊠ ′es ⊠	No * No *	
Other a	appliances (toas	ster/micro		_		es ⊠ ∕es ⊠	No *	
If *, please gi		,,,,,,,,,,	wave	J.(U.)	<u> </u>	C3 [7]	140 📙	
ii , picase gi	ve uctans.							

<u>House 15</u>

No of bedroo	ms	4 (2 upstair	s & 2 do	wnstairs	5)					
profile				Capa	city:			Occupancy:		
2 Families				7				7		
TV		Bathroom	ı	kitchen		Smok	e Ala	rm	Fir	e Notice
							X			
		Very Good	Ade	equate	Po	or *	Ne	eds	urgent	attention *
Cleanliness				\boxtimes						
Is everything	in v	vorking order	?							
				Coc	ker	Y	′es 🛭		No *	
				Fri	dge	Y	′es 🛭	abla	No *	
Other a	pp	liances (toas	ter/micr	owave e	etc.)	Υ	′es 🏻		No *	
If *, please gi	If *, please give details:									

House 16

No of bedroo	ms	4 (2 upstair	s & 2 dow	nstairs	5)				
profile				Capac	city:			Occupancy:	
2 Families				10				7	
TV		Bathroom	kit	chen		Smok	e Alaı	rm	Fire Notice
							X		
		Very Good	Adeq	uate	Po	or *	Ne	eds	urgent attention *
Cleanliness			\geq						
Is everything	in v	vorking order	?						
				Coo	ker	Υ	'es 🛭	\subseteq	No * 🗌
				Frie	dge	Y	es 🗌		No * x
Other a	ppl	liances (toas	ter/microv	wave e	etc.)	Y	′es 🛭		No * 🗌
If *, please given	ve c	letails:							

House 17

No of bedroo	ms 4 (2 upstai	rs & 2 dow	nstairs)					
profile			Capaci	ty:			Occ	upancy:
2 Families			8				8	
TV	Bathroom	kit	chen		Smok	e Ala	rm	Fire Notice
			\boxtimes			\times		\boxtimes
	Very Good	Adeq	uate	Po	or *	Ne	eeds	urgent attention *
Cleanliness		\geq						
Is everything	in working order	·?						
			Cook	er	Υ	es 🏻	\leq	No * 🗌
			Frid	ge	Υ	es 🛭	\leq	No *
Other a	appliances (toas	ster/microv	vave et	c.)	Υ	'es 🏻	\leq	No * 🗌

If *, please giv	ve details:			
House 18				
	ms 4 (2 upstairs			
profile		Capacity:		ccupancy:
2 Families		9	6	1
TV	Bathroom	kitchen	Smoke Alarm	Fire Notice
	Very Good	Adequate Po	or * Need	Is urgent attention *
Cleanliness		Ž [
Is everything	in working order?	<u>, s—</u>		<u> </u>
, ,	Ü	Cooker	Yes 🛚	No * 🗌
		Fridge	Yes 🔀	No * 🔲
		er/microwave etc.)	Yes 🛚	No * 🗌
If *, please giv	ve details:			
Upper Main St				
No of bedroo	ms 3)		T	
profile		Capacity:		ccupancy:
Families	<u></u>	5	5	1
TV	Bathroom	kitchen	Smoke Alarm	Fire Notice
	Very Good	Adequate Po	or * Need	ls urgent attention *
Cleanliness				
Is everything	in working order?			_
		Cooker	Yes ⊠	No *
Otherne		Fridge	Yes⊠	No *
		er/microwave etc.)	Yes 🛚	No *
If *, please giv	ve details:			
Apartment 1 A	<u>lbbeycourt</u>			
No of bedroo	ms 2			
profile	1115 4	Capacity:		consuct.
Family		3	3	ccupancy:
TV	Bathroom	kitchen	Smoke Alarm	Fire Notice
V	Datin John	NICETICII	SHOKE Alailli	THE NOTICE
	Very Good	Adequate Po	or * Need	Is urgent attention *
Cleanliness				
Is everything	in working order?	•		N. + -
		Cooker	Yes ⊠	No *
		Fridge	Yes 🔀	No *

Othor	annlianaaa (taas	tor/microwaya ata		/oo M	No *
	• • • • • • • • • • • • • • • • • • • •	ster/microwave etc.	1	∕es ⊠	No *
If *, please gi	ve details:				
Apartment 2 /	Abbeycourt				
No of bedroo	oms 2				
profile		Capacity:		Осс	upancy:
Family	T	3		3	
TV	Bathroom	kitchen	Smok	e Alarm	Fire Notice
				\boxtimes	
	Very Good	Adequate	Poor *	Needs	urgent attention *
Cleanliness					
, -		: Cooker Fridge ster/microwave etc.	Y	′es ⊠ ′es ⊠ ′es ⊠	No *
No of bedroo	oms 1	Capacity:		Осс	upancy:
Family	T	2		2	I
TV	Bathroom	kitchen	Smok	e Alarm	Fire Notice
\boxtimes				\boxtimes	
	Very Good	Adequate	Poor *	Needs	urgent attention *
Cleanliness					
, -		? Cooker Fridge ster/microwave etc.	Y	′es ⊠ ′es ⊠ ′es ⊠	No *
Apartment 4 <i>I</i>					
No of bedroo	-				
No of bedroo	-	Capacity:		Occ	upancy:
	-	Capacity:		Occ 3	upancy:
profile	-		Smok		upancy: Fire Notice
profile Family	oms 2	4	Smok	3	
profile Family	oms 2	kitchen	Smok Poor *	3 e Alarm	

Is everything	in working order	?							
			Cooke Fridg			es ⊠ es ⊠	No * No *		
Other a	appliances (toas	ter/micro	•			es 🖂	No *		
If *, please gi	ve details:								
Apartment 5 A	\hhevcourt								
Apartment 3 A	Abbeycourt								
No of bedrooms 2									
profile Family			Capacity 3	y:		4	upancy:		
TV	Bathroom		kitchen		Smoke Alarm		Fire Notice		
\square			\square			$\overline{\mathbf{X}}$	\square		
	Very Good	Adec	quate	Po	or *	Needs	urgent attention *		
Cleanliness	Very 0000	Auec	19010	- 5		140003			
Is everything	in working order	?							
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Other a	appliances (toas	ter/micro	U			es 🖂	No *		
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Apartment 6 A									
-partificit 0 F	Abbeycourt								
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			Capacity	y:		Оссі	upancy:		
No of bedroo			Capacity 4	y:		Occ. 3	upancy:		
No of bedroo		ki		y:	Smoke		upancy: Fire Notice		
No of bedroo profile Family	oms 2	ki	4	y:	Smoke	3			
No of bedrood profile Family TV	oms 2		4		Smoke	Alarm			
No of bedrood profile Family TV Cleanliness	Bathroom Very Good	Adec	tchen		Į.	Alarm	Fire Notice		
No of bedrood profile Family TV Cleanliness	Bathroom	Adec	tchen	Po	or *	Alarm Needs	Fire Notice Ungent attention *		
No of bedrood profile Family TV Cleanliness Is everything	Bathroom Very Good in working order	Adec	tchen quate Cooke	Po [er	oor *	Needs es 🖂	Fire Notice		
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	ppliances (toas				es 🗵	No * 🔲	
If *, please giv	ve details:						
Apartment8 Ab	obeycourt						
No of bedrooi	ms 2						
profile		Сар	acity:		Осс	upancy:	
Family	4	•		3	• •		
TV	Bathroom	kitchen		Smoke	e Alarm	Fire Notice	
			\boxtimes				
	Very Good	Adequate	Po	or *	Needs	urgent attention *	
Cleanliness	n working order						
If *, please giv	ppliances (toas ve details:		,				
Apartment 14							
No of bedroo	ms 2	I c.					
No of bedroom	ms 2		acity:			ирапсу:	
No of bedroo	ms 2 Bathroom	Cap 4 kitchen	acity:	Smoke	Occ 4 e Alarm	upancy: Fire Notice	
No of bedroom profile Family		4	acity:		4		
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No of bedroom profile Family TV Cleanliness Is everything i Other a If *, please give Apartment 15 No of bedroom	Bathroom Very Good n working order ppliances (toas re details:	Adequate Adequate Confident States Adequate Adequate Adequate	Pooker ridge etc.)	por * Y	Needs Needs ies ies ies ies ies ies ies ie	Fire Notice urgent attention * No * No * No * No *	

	Very Good	Adequate	Po	or *	Needs	urgent attention *			
Cleanliness									
Is everything in working order? Cooker Yes \(\sum \) No * \(\sum \) Fridge Yes \(\sum \) No * \(\sum \)									
Other a	Other appliances (toaster/microwave etc.) Yes No *								
If *, please giv									
Apartment 16									
No of bedroo	ms 5	1.	••						
profile			acity:			upancy:			
Family	Dotharoom	7		Con also A	7	Fine Metics			
TV	Bathroom	kitchen		Smoke A	uarm	Fire Notice			
\boxtimes	\boxtimes	\boxtimes							
	Very Good	Adequate	Po	or *	Needs	urgent attention *			
Cleanliness									
Is everything	in working order	?							
			ooker	Yes	_	No * 🔲			
011	Fridge Yes ⊠ No * □								
	ippliances (toas	ster/microwave	e etc.)	Yes	<u> </u>	No * 🗌			
If *, please give	ve details:								
Apartment 17									
No of bedroo	ms 5								
profile		Cap	acity:		Occ	upancy:			
Family		4	,		4	· · ·			
TV	Bathroom	kitchen		Smoke A	larm	Fire Notice			
Charaltana	Very Good	Adequate	Po	or *	Needs	urgent attention *			
Cleanliness	_								
Is everything	in working order		ookor	Voc	. 🖂	No * 🗆			
			ooker	Yes		No *			
Fridge Yes ⊠ No * ☐ Other appliances (toaster/microwave etc.) Yes ⊠ No * ☐									
	If *, please give details:								
Apartment 1 n	Apartment 1 main Building								
No of bedroo	oms 2		a aite e		0	unanew.			
profile			acity:		-	Occupancy:			
Family 4									

TV	Bathroom	Bathroom kitchen Smoke Alarm Fire Notice					Fire Notice	
	\boxtimes							
	Very Good	Very Good Adequate			or *	Ne	eds	urgent attention *
Cleanliness								
Is everything	in working order	.5					_	_
Other a	Cooker Yes ⊠ No * ☐ Fridge Yes ⊠ No * ☐ Other appliances (toaster/microwave etc.) Yes ⊠ No * ☐							
	If *, please give details:							
	main building							
No of bedro	oms 2			••				
profile			Capa	city:				upancy:
Family	5 .1		4				3	- ' 1 .'
TV	Bathroom	kitchen			Smoke Alarm			Fire Notice
	\boxtimes				Alarin			\square
	<u> </u>			Ι_				
Cleanliness	Very Good Adequate Poor * Needs urgent attent						argent attention	
Cleaniness								
-	g in working or	Fr	idge		Yes 🔀	Yes 'es D	No *	No * No * No *
If *, please g		tery milero	wave	ctc.,	•	<u> </u>	7	140
Apartment 3 No of bedro	main building							
profile			Capa	city:			Occ	upancy:
Family			2				3	
TV	Bathroom	kitchen			Smoke Alarm			Fire Notice
	\boxtimes							
Cleanliness	Very Good	Very Good Adequate Poor * Needs urgent attention *						
Is everything in working order?								
Cooker Yes ☑ No * ☐ Fridge Yes ☑ No * ☐ Other appliances (toaster/microwave etc.) Yes ☑ No * ☐								
If *, please give details:								

Apartment 4 main building

No of bedrooms 2										
profile				Capa	city:			Occ	upancy:	
Family			3				3			
TV	Ba	throom	kitchen				Smoke			Fire Notice
							Alarm			
	\geq									
		Very Good		Adequ	uate Poor * Needs urgent att			urgent attention		
Cleanliness								*		
				\boxtimes						
Is everything	g in	working or	der	?						
						Cooke	er	Yes	\boxtimes	No *
	Fridge Yes No *							*		
Other appliances (toaster/microwave etc.) Yes No *										
If *, please give details:										

Apartment 5 main building

No of bedrooms 1											
profile				Capa	city:			Occ	cupancy:		
Family			2				1				
TV	Ва	throom	kitchen		_ 		Smoke			Fire Notice	
							Alarm	1			
	\boxtimes		\boxtimes				\boxtimes				
		Very Good		Adequ	uate	ate Poor * Ne			eds urgent attention		
Cleanliness								*			
Is everythin	g in	working or	der	?							
						Cooke	er	Yes	\boxtimes	No *	
Fridge Yes No *											
Other appliances (toaster/microwave etc.) Yes No *											
If *, please give details:											

Apartment 6 main builling

No of bedrooms 2		
profile	Capacity:	Occupancy:
Family	4	0

TV	Bathr	oom	kitchen			Smoke		Fire Notice
	\square					Alarm		
					ı			
Cleanliness	Ve	ery Good	Adeq	uate	uate Poor * Needs *			urgent attention
Is everything	g in wo	rking or	der?					
Other a	Cooker Yes No * Fridge Yes No * Other appliances (toaster/microwave etc.) Yes No * If *, please give details:							
	Apartment 7 main building No of bedrooms 1							
profile				Capa	city:		Occ	cupancy:
Family				1			1	
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	-					Alarm		
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Cleanliness	Ve	ry Good	Adeq	uate	Poor * Need *			urgent attention
Other a	Is everything in working order? Cooker Yes No * Fridge Yes No * Other appliances (toaster/microwave etc.) Yes No * If *, please give details:							*
Apartment 8 main building No of bedrooms 1								
Family	profile Capacity: Occupancy: Family 2 2					cupancy.		
TV	Bathr	Bathroom kitchen				Smoke	2	Fire Notice
	\boxtimes							\boxtimes
Cleanliness	Ve	Very Good Adequate Poor * Needs urgent a				urgent attention		
1								
Is everything in working order? Cooker Yes No * Fridge Yes No *								

Other appliances (toaster/microwave etc.) Yes No *											
If *, please give details: shower not draining											
partment 9 main building											
No of hodge and 2											
No of bedrooms 2 profile Capacity: Occupancy:											
profile				Capa 5	city:			5	upancy	<u>: </u>	
Family TV	Bathroom	ı,	kitchen	<u> </u>		Smoke		3	Fire No		
1 V	Datinoon	"	AICHEH			Alarm			THEIN	Juic	C
			\boxtimes								
	Very Go	od	Adequ	uate	Poor	*	Nee	eds ι	urgent a	tte	ntion
Cleanliness							*				
Is everything	g in working	orde	er?				.,			u	
			E.	ridge		r Yes 🔀		∖∐ No ³		•	
Other a	ppliances (to	naste		_			_	_	No *	Г	1
If *, please g	• • • •	Juste	,	wave	ctc.,	•	<u> </u>		110		<u>J</u>
	Ge	ne	ral R	enr	esei	ntati	ion	S			
			<u> </u>	СРІ		itati		<u> </u>			
If you were	e approach	ned l	by any	<u>resid</u>	<u>ents</u>	regard	ding	ger	neral is	sue	es
while in th	e centre p	leas	e outli	ne th	e det	ails be	elow	':			
	If you were approached by any <u>members of staff</u> regarding general issues while in the centre please outline the details below:										
issues whi	ie in the ce	entre	e pleas	e out	ııne t	ne de	tails	pe	iow:		

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

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

Personal representations should be recorded in Part 3.

Summary Sheet

Name of Centre:		Old Convent
Address:		Ballyhaunis Co Mayo
Proprietor:		Bridgestock ltd
Manager:		John Nally
Contact Name:		John Nally
Capacity Per MOA	(Current	266 (245)
Occupancy):		
Date of	10/11/22	
Inspection:		

General:

General appearance and look of grounds and facilities is very good.

Fire Safety: No fire safety issues

Food Safety: No food safety issues

House / Apartment issues: Shower Apartment 2 in need of repair Hall heater in Apt 15 needs repair House 2 leak in kitchen ceiling Annex 11 bathroom ceiling needs painting

Other issues: none

IPPS / IPAS

Independent
Inspection Report

Centre:	Old Convent
	Shane Mac Loughlin
Inspector:	
	22/3/22
Date of Inspection:	
	3pm – 5.30pm
Time of Arrival &	
Departure:	

Part 1 General Information on Services

Independent Inspection Report

Centre: Old Convent

Date of Inspection: 22/3/22

1. CENTRE DETAILS

Name and address of Centre	Old Convent, Ballyhaunis , Mayo

Contractor	Bridgestock Limited
Manager	John Nally
Who deputises for manager in his/her	Give Job Title only
absence?	Ass manager

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

Current Contracted Capacity	266
Current Occupancy (today)	230
Current Centre Profile (e.g., singles, families etc.)	families and single male/female

HSE Area	West
Public Health Nurse	Mairead Murphy
DSP / CWO name	Sinead O Brien
Environmental Health Officer name	Lynda Coyne
Local Fire Officer Name	Seamus Murphy
Local Fire Station	Ballyhaunis

Is the Centre certified by any Quality Management System (i.e. Q Mark, ISO)?:	No
If yes, please give details:	
What was the date of the last certification?	
Have you a copy of the Certification	

2. Please provide a copy of the following

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

GENERAL SECURITY & EMERGENCY DET	ταιι ς	
Is 24 hour supervision provided?	(Y/N)	Yes No
Give details of roster hours	(, ,	8-6 office manned, 6-8 night security
Is security provided by external company?	(Y/N)	Yes No
If yes, give name of company:	(, ,	
Does the centre have CCTV?	(Y/N)	Yes No
Is a list of emergency numbers available in the Manager's office?		Yes No 🗌
Does the list include the following numbers? Local Garda station 24 hr number Local hospital	(Y/N)	Yes 🔀 No 🗌
Local fire station		If no, give details:
Duty Social Work Team		, , , , , , , , , , , , , , , , , , , ,
Out of hours GP Service		
RIA out of hours number		
Are first aid kits available?	(Y/N)	Yes 🛛 No 🗌
Where and how many?		
Who is responsible for first aid restocking?		Job title <u>only</u> (not name) of person responsible: Manager
Is there a defibrillator in the centre?		Yes No 🖂
How many staff been trained to use it?		
HEATING ARRANGEMENTS What type of heating is used in the centre? Do residents have central of the heating in their of the heating in the heating		Oil Boilers
Do residents have control of the heating in their o bedroom?	wn	Yes 🗵 No 📙
If no, what arrangements are in place?		all are on temp stat
What are the heating 'ON' times?		, , , , , , , , , , , , , , , , , , ,
Are residents provided with a copy of the House		Yes 🛛 No 🗌
	s ind u	Yes No 🗌

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

Are residents issued with key for their bedroom?(Yes/No)	Yes No
Are residents issued with key for main door? (Yes/No)	Yes No
If no, give details	
Are there procedures to allow residents to receive visitors? (Give details)	yes visitors allowed in main building
Outline visiting times:	10am-10pm
In what areas are visitors allowed in the centre?	main building

any other relevant information: s there a facility for storage of residents' valuables*?	room for excess luggage
(Give details.) (* Storage is at resident's own risk)	Toom for excess luggage
What toiletries are provided to residents on arrival?	toothpaste and towels
What arrangements are in place to replenish these	on request or weekly
items?	
ARRANGEMENTS FOR MAINTENANCE	Yes No
	Yes No
ARRANGEMENTS FOR MAINTENANCE Does the centre have a written procedure in place	Yes No Yes No

8 CHILD PROTECTION

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

9 FOOD SAFETY

Has a HACCP system been implemented? (Yes/No)	Yes No
Have the premises been inspected by an Environmental	Yes No
Health Officer? (Yes/No)	
Date of last visit:	n/a – food hall in place

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

Are residents consulted regarding menu / dietary requests? (Give details.)	shop in place for residents and residents now cook in own accommodations.
Provide details opposite: Which of the following are provided for school children's packed lunches: • Sandwich? What sandwich fillings are available: Cheese? Ham? Chicken? Tuna? Jam? Other? • Drinks? Juice? Water? • Yogurt? • Fruit? • Other	Residents prepare own children's lunches
Is infant formula kept out of public view?	yes
What arrangements are in place for distribution of infant formula?	Available in shop

11 ARRANGEMENTS FOR REFRESHMENTS / MEALS OUTSIDE NORMAL MEAL TIMES

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

12 FACILITIES FOR FEEDING BABIES

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

Is there a dedicated room provided?		Yes No	
Where?			
13 INDOOR FACILITIES			
Are the following are available to reside	ents?	Yes/No	
Computers with Internet access		Yes 🔀 No 🗌	
WIFI		Yes 🔀 No 🗌	
DVD player		Yes 🗌 No 🔀	
Computer Games		Yes 🗌 No 🔀	
Snooker Table		Yes 🗌 No 🔀	
Pool Table		Yes 🛛 No 🗌	
Table Tennis Table		Yes 🛛 No 🗌	
Board Games		Yes 🛛 No 🗌	
Newspapers		Yes No 🖂	
Books		Yes No	
Toys / games for children		Yes No	
Other		<u></u> Y	
Give details of any other arrangement or oth	ner		
comments:			
Is there a bus service provided? (Yes/No):		Yes No L	
Where does the service go to?	Galwa	ay and Castlebar	
What is the frequency of the service? mont			
(List time table opposite)			
15 TV SYSTEM			
Is there a specific TV system in place?		Yes 🛛 No 🗌	
(give details)	Saorvi	ew	
An average, how many TV channels are	200		
provided to residents?			
Are residents allowed to erect satellite	yes on	request	
dishes?			
		_	
16 LAUNDRY FACILITIES (General Arr	angeme	nts)	
Are Laundry facilities available in the centre		Yes No	
If No, what service is provided?			
Who launders towels and bedlinen?		residents & housekeeping	
		residents & nousekeeping	
la a recidents staff other stal			
(e.g., residents, staff, other, etc) What procedures are in place for the exchar	ogo of	wookly changed	
What procedures are in place for the exchar	nge of	weekly changed	
What procedures are in place for the exchar towels and bed linen at the centre?			
What procedures are in place for the exchar		weekly changed available in laundry room	

Yes

No

Are these facilities available 24 hours a day

How is washing powder / tablets supplied?	tablets supplied daily
Are there specific arrangements for access to the	all houses/ABBEYVIEW have their own
laundry (give details):	washer/dryer

17 CLEANING (General Arrangements)

No 🗌
Bleach, washing up liquid,
shes & dust pans
each house/ABBEYVIEW
ng on site daily
•

PART 2

Room by Room Inspection

Independent Inspection

Centre: Old Convent, Ballyhaunis

Date of Inspection: 22/3/22

Section A- Administration / Communal areas

17 Have you seen the following?

		Location of display
Up to date House Rules	\boxtimes	Reception
Complaint Forms	\boxtimes	Reception
Accident/ Incident procedure		office

HSE Breastfeeding Posters	Dining room
(if applicable)	
Designated Liaison Person details	reception
(Child Protection)	
Supervision of children notice	throughout centre
Gym Notices (Child Safety – if applicable)	n/a
IOM Voluntary Return Posters	reception

18 Staff Awareness

Did you see the IPAS / IPPS Code of Practice*?	
Are all staff aware of IPAS / IPPS Code & House Rules?	
How are staff made aware of IPAS / IPPS Code & House Rules?	
staff sign declaration after reading it	

^{*}A Code of Practice for persons working in accommodation centres

19 FIRE SAFETY

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

19a EMERGENCY LIGHTING INSPECTION SCHEDULE

<u>Date</u>	Inspected By (Company Name / Position)	<u>Comments</u>
20/3/22	Night Porter	ok
19/3/22	Night Porter	ok

19b FIRE ALARM & DETECTION SYSTEM INSPECTION SCHEDULE

Date	Inspected By (Company Name / Position)	OK	Defect	Remedial Action Taken (Y/N)	Sign Off Y/N
20/3/22	Duty Mgr	\boxtimes			
19/3/22	Duty Mgr	\boxtimes			

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
20/3/22	Night Porter	\boxtimes			
19/3/22	Night Porter	\boxtimes			

19d FIRE EXIT DOORS / MEANS OF ESCAPE INSPECTION SCHEDULE

Date	Inspected By	ОК	Defect	Remedial	Sign Off
	(Company Name /			Action	Y/N
	Position)			Taken (Y/N)	
20/3/22	Porter	\boxtimes			
19/3/22	Night porter	\boxtimes			

19e FIRE DRILL PROCEDURE INSPECTION SCHEDULE

Date & Time	Numbers of staff involved in drill	No. of residents present / evacuated **	Evacuation Time	Comments
18/8/2021	All staff	Drills done in all ABBEYVIEWs, apartments and house over 7 hour period	average 2 mins	very extensive drills done which included every property under Bridgestock Old Convent control

^{**}Both numbers must be recorded.

19f STAFF INSTRUCTION AND TRAINING (Fire Safety)

Job Description	Course	Instructor	Duration	Date
all staff	fire warden	Internal	1/2 day	15.9.15
	trainig			

19g FIRE ASSEMBLY POINTS

Where are the Fire Assembly Points located?	Outside main building
Are they marked?	yes
Are staff aware of locations?	yes
Comments:	

19h FIRE ALARM SYSTEM

Is there a fire alarm system in place?	yes
Are there smoke alarms throughout the	yes
premises, inc bedrooms?	
Are all smoke alarms linked back to a	no Houses and ABBEYVIEWs are
central control panel?	standalone buildings
Are there designated 'Smoking' areas?	No smoking inside buildings
Include locations	
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	yes
displayed in the centre?	
Are fire extinguishers clearly visible?	yes
Is there emergency lighting system in	yes
place?	
Comments:	

Administration Area:

Reception: Main Building		
Is the area generally clean?		Yes 🛚 No
If no please give details:		
Visual Check: Have you noticed any issues re		ention? Yes No
(e.g., fire exit signs, hazards, lighting, notices, de	cor, etc.)	
If yes please detail:		
Have you seen the following?		
		Location of display
Up to date House Rules		Reception
Complaint Forms		office
Accident/ Incident procedure		office
HSE Breastfeeding Posters		dining room
(if applicable)		
Designated Liaison Person details		reception / dining room
(Child Protection)		
Supervision of children notice		dining room
Gym Notices (Child Safety – if applicable)		n/a
, , , ,		
IOM Voluntary Return Posters		reception
Anti Human-Trafficking Posters		reception
'NO to Violence & Harassment' Posters	dining room	
Social Room / Tea Station (State Location kitchen What facilities are provided? Kettle, microw		commodation has its own
Is the area generally clean?		Yes No
If no please give details:		
Visual Check: Have you noticed any issues re	equiring atte	ention? Yes No 🖂
If yes please detail:		
Pre-school Room:		
Is the area generally clean? Yes / No	YES	
If no please give details:		
Visual Check: Have you noticed any issues re	equiring atte	ention? Yes No
(observe whether the area is colourful, has sufficient to		

Other comments:						
DINING AREA: Please outline th purchase produc and 9-1 Saturday	ts on points			-		
,	From			То		
Breakfast	n/a					
Lunch	n/a					
Dinner	n/a					
Which is the mair	meal of the	day:	n/a			
Is menu cycle ava	ilable?		n/a			
If no, give details	of all menu	options on d	ay of i	nspection	1:	
Breakfast		n/a				
Lunch		n/a				
Dinner		n/a				
Is menu cycle on display? n/a						
Does menu cycle correspond with options available			9?	n/a		
If no, ask manage	r for explanat	ion and provi	de deta	ails:		
Which meal was sampled? Breakfast				Lunch 🛚	Dinner 🗌	
Please describe th	ne meal in det	ail (e.g. was i	t hot /	cold, bland	d / spicy etc.)	
Was there a vegetarian option?		Yes				
(note salad and ve	egetables <u>alo</u> ı	<u>ne</u> are not				
considered as veg		n)				
Give details of thi				Fruit and vegetable selections		
Were there ethnic dishes available? Give details of this option: Yes large variety in shop Curries, spices etc.			op			
Give details of this option: Was fresh foods available for Infants?						
Was fresh foods available for Infants? Yes No (as per HSE Infant Feeding Guidelines)						
In your opinion, does the food on offer appear to Yes No						
provide a good variety?						
Did inspection take place during Ramadan?						
If yes, please outline arrangements for provision of meals outside of normal mealtimes,						
(medical or other appointments, etc.):						
Food will be held over until evening time						
Is there any damaged seating or tables in dining room? Yes No						
Is there enough seating for residents present to sit down and Yes No						
eat their lunch? Comments: All residents now have cooking facilities in own accommodations						
Comments: A	ii residents n	ow nave cook	cing tac	cilities in o	wn accommo	ations

KITCHEN AREA: Food Safety Critical Requirements

Food Safety
Note: Hot food option has not been taken up by residnts and is no longer an option.

mas the premises been hispected by an	1 es, Emaa coyne				
Environmental Health Officer?					
Date of Visit?	ate of Visit? 24/1/18				
issues highlight and rectified by management					
Has a HACCP system been implemented?	n/a				
Who designed the HACCP system?					
Who is responsible for reviewing the					
system?					
How frequently is the system reviewed?					
Food Hall - Shop					
Is the till system in place Electronic POS:		Yes	\boxtimes	No	
Relevant Certification (halal meats) in place/o	on display:	Yes	\boxtimes	No	
Is there appropriate storage; shelving, cold st	orage, dry storage:	Yes		No	
Were the points value of the items clearly displayed:				No	
Is the area generally clean:		Yes	\boxtimes	No	
Visual Check: Have you noticed any issues requiring attention? Yes No (Products in date, fresh food, ethnic food, Halal food, variety available, suitable range of					
food products, toiletries and cleaning materials.)					
If yes to any issues please give detail:					
Do food products available in the food hall reflect the reasonable needs of the different					
ethnic groups; e.g. the provision of halal food for Muslim residents, the provision of food					
for gluten free, vegetarian, vegan residents, e	tc.	Yes		No	
If no please give details:					
Products (Available) Check: Yes No) [
Adequately stocked in order to provide a cho	ice for residents. Me	at, fish	(includ	ding oi	ly
fish); Eggs; Non-meat proteins such as pulses	, beans and tofu; Dai	ry prod	ducts in	ıcludir	ıg
fortified milk; Variety of breakfast cereals, including porridge; Potatoes, wholegrains, rice					

and pasta; Fresh fruit and vegetables; Olive, rape and other cooking oils; Spices and sauces; Ethnic goods; Tea, coffee and other hot drinks; Sweets, pastries and carbonated drinks

Please Insert/List Some Items/Products Below;

Item/Product:	Points Value:	Expiry Date on
Product:		
White loaf	1.00	27/3/22
2L Milk	1.49	29/3/22
Chicken	4.00	9/4/22

Overall Comments/Additional Comments:

Well managed area with delivery records in place. Wide variety of product available.

Social distancing in place

HACCP records:

HACCP records:
Pest Control: Rentokill inspect every two months no issues found
Induction and Ongoing Staff Training:
Staff have received training in food safety hygiene
Time & Temperature Records:
Food delivery, Fridge 1 & 2, Freezer 1 & 2, dishwasher (AM/PM). All records up to date.
Hygiene Audits: none necessary
List of Approved Suppliers: List of approved suppliers in place, with associated HACCP documentation. Very detailed and well done.
Cleaning Schedules: Daily and Weekly register in place. Evident that kitchen was maintained at high level of cleanliness.
Procedures for accepting deliveries: HACCP point plan in place. Copy of procedure delivery posted next to delivery door.
General Comments:

Structural Hygiene *cont*Dry Goods

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

Refrigerated Storage

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

<u>Other</u>

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

Operational Hygiene

Do residents use the main kitchen?	No	
Is that use supervised to ensure safe & hys	gienic	N/A
practices are observed?		
By whom is it supervised?		N/A
Is the correct equipment provided? e.g. co	lour coded cho	opping boards
n/a		
Is the necessary holding equipment provide	led? e.g. bain n	naries, refrigerated units
Yes – all equipment in good condition and clean		· ·
Condition and suitability of serving equip	ment and utens	sils:
All serving equipment is clean and well maintaine	d.	
What procedures are in place for unused/u	inserved food a	at the end of service?
n/a		
Comments:		

Staff Facilities and Hygiene

Are desi	gnated sta	ff facilities	s provided? Yes.						
What fac	cilities are	in place?	Staff charoom.	inging room and toil	ets next to di	ning room, and staff			
Are all a	reas clean	and well n	naintained		Yes. All areas kept clean and in good condition, however flooring is damaged.				
	able hand v	washing &	drying		Yes, provided within toilet facilities.				
Is storag belongin	-	l for person	nal		Lockers and hanging space provided in staff changing room.				
	vers proviess& suita	ded? indica bility	ate	Yes					
				1 = 00 .					
Is a designated area provided for staff			Staff room in p provided.	lace for breal	ks, refrigerator				
	0 0	clean/suite	able/well	provided.					
maintained If no, outline arrangements for breaks									
1) 110, 00	une arran	igemenis jo	or oreans						
Are unif	orms prov	ided for:							
Kitchen			- work as sh	op staff					
Serving	Staff?	n/a							
Are unif	orms clear	and in go	od	All uniforms of	f a clean stan	dard.			
	n? (to incl	_							
caps/hai	rnets/close	ed heel/toe	shoes etc))					
Is person	nal groomi	ng satisfac	tory?	Satisfactory.					
Are safe	habits pra	cticed?		Yes,	Yes,				
General	Comment	s on staff f	acilities:	•					
Staff facili	ities well ma	intained							
Starr racin	ities well illa	illitallicu.							
23 PL		ET (State I	-	Corridor op					
	Number	Soap	Toilet	Hand Towels /	Hot	Sanitary Bins			
Unisex:	2	\square	Paper	Dryers	Water				
Ladies:									
Gents:									
	cloaning		ا ا		<u> </u>	s No 🗆			
	the last time	chedule dis _l e entry	piayeur		Ye	s			
		rovide com	ment) yes			10/ 12/ 21			
15 the are	ω cicuii; (p	. 5 1 1 1 1 1 1	circj yes						

Viewal Charles Harris	ا منصم امم				
Visual Check: Have you notic	ced any issues r	equiring atte	ntion?	Yes*	No 🗵
If No, give details:					
4 COMMUNAL ROOM	I (State Locati	on): G	round floo	or main bui	ilding
Storage area:					
Is the walkway through the a	rea clear?		Yes	⊠ No	
Are the exit signs clearly mar	ked?		Yes	⊠ No	
General Seating Area				_	_
Is the seating in good conditi	on?		Yes	⊠ No	
What is the area generally us	sed for?		Yes	⊠ No	
Computer room:					
Is the area generally clean?			Yes	No	
Visual Check: Have you notic	ced any issues r	equiring atte	ntion? Yes	☐ No	\boxtimes
f yes please detail:					
UTDOOR GROUNDS / FAC					
OUTDOOR GROUNDS / FAC	CILITIES				
OUTDOOR GROUNDS / FACtion for the following:		Adequate	Poor*	Needs urg	ent attentio
UTDOOR GROUNDS / FAC lease rate the following: Condition of exterior of	CILITIES	Adequate 🖂	Poor*	Needs urg	ent attentio
UTDOOR GROUNDS / FAC lease rate the following: Condition of exterior of centre Paintwork of the centre	CILITIES	Adequate	Poor*	Needs urg	ent attentio
Condition of exterior of centre Paintwork of the centre Maintenance standard of the grounds (e.g. grass cut,	CILITIES	Adequate		Needs urg	ent attentio
Condition of exterior of centre Paintwork of the centre Maintenance standard of the grounds (e.g. grass cut, walkways clear etc.)	CILITIES	Adequate		Needs urg	ent attentio
Condition of exterior of centre Paintwork of the centre Maintenance standard of the grounds (e.g. grass cut, walkways clear etc.) Cleanliness of the grounds (ie., evidence of rubbish etc.)	Very Good		x	Needs urg	ent attentio
Condition of exterior of centre Paintwork of the centre Maintenance standard of the grounds (e.g. grass cut, walkways clear etc.) Cleanliness of the grounds (ie., evidence of rubbish etc.) Where you have rated * plea	Very Good U use provide det		x	Needs urg	ent attentio
Condition of exterior of centre Paintwork of the centre Maintenance standard of the grounds (e.g. grass cut, walkways clear etc.) Cleanliness of the grounds (ie., evidence of rubbish etc.)	Very Good U use provide det		x	Needs urg	ent attentio
Condition of exterior of centre Paintwork of the centre Maintenance standard of the grounds (e.g. grass cut, walkways clear etc.) Cleanliness of the grounds (ie., evidence of rubbish etc.) Where you have rated * plea	Very Good One of the control of the	ails and comm	x	Needs urg	ent attentio
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Condition of exterior of centre Paintwork of the centre Maintenance standard of the grounds (e.g. grass cut, walkways clear etc.) Cleanliness of the grounds (ie., evidence of rubbish etc.) Where you have rated * pleatesterior of all houses need Are there any facilities availates Comments	Very Good See provide det painting. ble for children	ails and comm	x	No _	
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Condition of exterior of centre Paintwork of the centre Maintenance standard of the grounds (e.g. grass cut, walkways clear etc.) Cleanliness of the grounds (ie., evidence of rubbish etc.) Where you have rated * pleatexterior of all houses need Are there any facilities availate Comments AUNDRY ROOM Number	Very Good See provide det painting. ble for children Washing	ails and common outdoors?	x	No	

If no please give details:			
Visual Check: Have you noticed any issues requiring attention?	Yes	No	
If yes please detail: +			
STAIRWAY (State Location): Main building			
Is the area generally clean?	Yes	No	
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	
If yes please detail:			

Bedrooms:

CLEANING	(General Arrangements)
----------	-----------------------	---

How often are bedrooms inspected?	Weekly
Who cleans the bedrooms?	Residents
How often do staff clean the bedrooms?	Other 🔀
Are there cleaning materials and equipment provided by management for residents?	Yes No No
What cleaning equipment is available to residents?	Detergents, brushes, dust pan, vacuum, bleach, toilet cleaners.
What arrangements are in place if rooms are not cleaned sufficiently by residents?	Housekeeping will assist

ABBEY VIEW

ABBEYVIEW 1

No of bedroo	ms	3								
profile				Capac	ity:		(Оссі	ipancy:	
Family				4			4	4		
TV		Bathroom kite		kitchen		Smoke	Aları	m	Fire	Notice
				\boxtimes						
		Very Good	1	Adequate	Po	or *	Nee	eds ι	urgent a	ttention *
Cleanliness										
Is everything	in v	vorking order	?							
				Coc	ker	Ye	es $oxtime X$]	No *	
				Fri	dge	Υe	es $oxtime X$		No *	
Other a	ıppl	iances (toas	ter/m	iicrowave e	etc.)	Ye	es $oxtime $]	No *	
If *, please gi	ve c	letails:								

ABBEYVIEW 2

No of bedroo	oms 3						
profile	Capac	ity:		Oc	cupancy:		
Family			4			5	
TV	Bathroom kito		chen		Smok	e Alarm	Fire Notice
			\boxtimes			\times	
	Very Good	Adeq	uate	Po	or *	Need	s urgent attention *
Cleanliness				[
Is everything	in working order	?					
			Coo	ker	Y	′es 🛚	No * 🗌
			Fric	lge	Υ	′es 🖂	No * 🗌
Other a	appliances (toas	ter/microv	wave e	tc.)	Υ	′es ⊠	No * 🔲

If *, please gi	ve details	:							
ABBEYVIEW 3									
No of bedroo	ms 3								
profile				Capa	city:		Occ	cupancy:	
Family				4			4		
TV	Bathr	oom	kit	tchen		Smok	e Alarm	Fire Notice	
	\triangleright]		\boxtimes			\boxtimes		
	Ve	ry Good	l Adeo	ıuate	Pc	or *	Needs	urgent attention *	
Cleanliness	- 10		, , , , de G				110003		
Is everything	in workir	g order	·?		1				
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Cleanliness			_						
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Cleanliness				<u> </u>					
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Other a	appliances (toas	ter/micro	Frid wave et			∕es ⊠ Yes ⊠		No *
If *, please gi	• • • • • • • • • • • • • • • • • • • •	tor/moro	wave e	10.)		100 🔼	7	110
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Cleanliness								
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If *, please gi		ter/micro	wave e	ic.)		res 🔀	7	NO L
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No of bedroo	oms 3		Capaci	ity:			Occu 4	pancy:
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profile Family		kit	4	ity:	Smok		4	

Cleanliness							
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If *, please giv	ve details:						
ABBEYVIEW 9							
No of bedroo	ms 3						
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Other a	ppliances (toa	ster/micro		dge		es ⊠ ′es ⊠	No * □ No * □
If *, please giv		ister/IIIIci C	wave e	ic.)	'	63 🖂	140 📙
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Family			4	,.		4	<u>араноў.</u>
TV	Bathroom	ki	tchen		Smok	e Alarm	Fire Notice
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Cleanliness			\leq				
Is everything	in working orde	er?	_		•		
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Other				מחר	Y	es ixi	
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If *, please giv	ve details:	aster/micro					
If *, please giv	ve details:	aster/micro					
	ve details:	aster/micro		etc.)		es 🗵	

kitchen

 TV

Bathroom

Smoke Alarm

Fire Notice

		\boxtimes									
	Very Good	Adequate	Ро	or *	Needs	urgent attention *					
Cleanliness											
Is everything in working order? Cooker Yes ⊠ No * ☐ Fridge Yes ⊠ No * ☐ Other appliances (toaster/microwave etc.) Yes ⊠ No * ☐											
If *, please give details:											
No of bedroo	_										
profile)	Capac	ritv:		Occ	upancy:					
Family		4	orty.		4	ирансу.					
TV	Bathroom	kitchen		Smok	e Alarm	Fire Notice					
\square		\boxtimes			\times						
	Very Good	Adequate	Ро	or *	Needs urgent attention '						
Cleanliness											
Fridge Yes No * ☐ Other appliances (toaster/microwave etc.) If *, please give details: HOUSES House 1											
	oms 4 (2 upstair		-		1						
profile		Capa	city:			upancy:					
2 Families TV	Bathroom	10 kitchen		Smoke Alarm		Fire Notice					
					\times						
Cleanliness	Very Good	pod Adequate Poor * Needs urgent attention									
Is everything in working order? Cooker Yes No * Fridge Yes No * Other appliances (toaster/microwave etc.) Ves No * No *											
If *, please give details:											
House 2											
No of bedrooms 4 (2 upstairs & 2 downstairs)											

profile		Capac	city:	Occupancy:						
2 Families		8			4					
TV	Bathroom	kitchen		Smoke Ala	arm	Fire Notice				
	Very Good	Adequate	Poc	or* N	eeds	urgent attention *				
Cleanliness										
S everything in working order? Cooker Yes ☑ No * ☐ Fridge Yes ☑ No * ☐ Other appliances (toaster/microwave etc.) Yes ☑ No * ☐										
If *, please gi	ve details:									
House 3	House 3 No of bedrooms 4 (2 upstairs & 2 downstairs)									
profile	71113 4 (2 upstall	Capac	•		Occ	upancy:				
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Cleanliness	leanliness \									
	Is everything in working order? Cooker Yes \(\subseteq \text{No * } \subseteq \) Fridge Yes \(\subseteq \text{No * } \subseteq \) Other appliances (toaster/microwave etc.) Yes \(\subseteq \text{No * } \subseteq \)									
If *, please gi	ve details:		-							
House 4										
No of bedroo	oms 4 (2 upstaiı	rs & 2 downstairs	5)							
profile		Capac	city:		Occupancy:					
2 Families	T	10			7	T				
TV	Bathroom	kitchen		Smoke Ala	arm	Fire Notice				
GI 1:	Very Good	Adequate	Poc	or* N	eeds	urgent attention *				
	Cleanliness									
Is everything in working order? Cooker Yes ⊠ No * □ Fridge Yes ⊠ No * □ Other appliances (toaster/microwave etc.) Yes ⊠ No * □										
If *, please gi	ve details:									

House 5

No of bedrooms 4 (2 upstairs & 2 downstairs)

profile				Capacity:				Occupancy:		
2 Families				7			5			
TV	Bathroom	tchen	chen S		Smoke Alarm		Fire Notice			
								\boxtimes		
	d Adec	quate	uate Poor * N		Ne	eeds urgent attention *				
Cleanliness										
Is everything	in working orde	r?								
Cooker Yes ⊠ No * □										
			Fri	dge	Y	es 🛭	\leq	No * 🗌		
Other appliances (toaster/microwave etc.) Yes No *										
If *, please give details:										
<u>House</u> 6										

No of bedrooms 4 (2 upstairs & 2 downstairs)										
profile				Capac	Capacity:			Occupancy:		
2 Families					10			7		
TV	Bathroom kit			itchen	chen Smoke Alar			rm	Fire Notice	
							\boxtimes		\boxtimes	
Very Good Adeq					uate Poor * Ne			eeds urgent attention *		
Cleanliness				\boxtimes						
Is everything in working order?										
Cooker Yes ⊠ No * □										
Fridge Yes ⊠ No * □										
Other appliances (toaster/microwave etc.) Yes ⊠ No * □										
If *, please give details:										

House 7

No of bedrooms 4 (2 upstairs & 2 downstairs)											
profile					Capacity:			Occupancy:			
2 Families								3			
TV	Bathroom kit		chen Smoke Al		e Alar	rm	n Fire Notice				
					\boxtimes						
Very Good Adeq				uate Poor * Ne			eeds urgent attention *				
Cleanliness											
Is everything in working order?											
Cooker Ye							es 🛭		No *		
Fridge Yes ⊠ No * □											
Other appliances (toaster/microwave etc.) Yes No *											
If *, please give details:											

House 8

No of bedroo	ms 4 (2 upstair	s & 2 dow	nstairs)					
profile			Capac	ity:		Occ	cupancy:		
2 Families			9			8			
TV	Bathroom	kit	chen		Smok	e Alarm	Fire Notice		
			\boxtimes			\times	\boxtimes		
	Very Good	Adeq	uate	Po	or *	Needs	urgent attention *		
Cleanliness			1						
Is everything	in working order	?	Coo Frie	ker dge		′es ⊠ ′es ⊠	No * No *		
	appliances (toas	ter/micro	wave e	etc.)	Y	′es 🛚	No *		
If *, please given	ve details:								
House 9 No of bedrooms 4 (2 upstairs & 2 downstairs)									
profile			Capac	ity:		Occ	cupancy:		
2 Families			7			6			
TV	Bathroom	kit	chen		Smok	e Alarm	Fire Notice		
						\boxtimes	\boxtimes		
	Very Good	Adeq	uate	Po	or *	Needs	urgent attention *		
Cleanliness									
	in working order appliances (toas			dge	Υ	′es ⊠ ′es ⊠ ′es ⊠	No *		
<u> House 1</u> 0									
	oms 4 (2 upst	airs & 2 c	1						
profile 2 Families			Capa 7	city:		2	cupancy:		
TV	Bathroom	kitchen			Cmak	e Alarm	Fire Notice		
IV	bathroom	Kitchen			Smok	e Alarm	Fire Notice		
Claanlinaa	Very Good	Adeq	uate	Pool	T "	Needs	urgent attention *		
Cleanliness									
Cooker Yes No * Cooker Yes No									

House 11

No of bedroo	ms 4 (2 upstai	rs & 2 dow	nstair	s)			
profile	(<u>– upotan</u>	<u> </u>	Capa			Oc	cupancy:
2 Families			10	,.		7	
TV	Bathroom	kit	tchen		Smok	e Alarm	Fire Notice
\boxtimes	\boxtimes					\boxtimes	
	Very Good	Adeq	luate	Po	or *	Need	s urgent attention *
Cleanliness							
Is everything	in working order	?					
				oker		′es 🏻	No *
Othor	unnlianaaa /taaa	tar/maiara		dge		′es ⊠	No *
	ippliances (toas	iter/micro	wave e	etc.)	<u> </u>	∕es ⊠	No *
If *, please giv	ve details:						
louse 12							
No of bedroo	ms 4 (2 upstai	s & 2 dow	nstair	s)			
profile		Capa	city:		Oc	cupancy:	
2 Families			7			4	
TV	Bathroom	kit	kitchen S			e Alarm	Fire Notice
\square	\square		\square			eg	
						$\stackrel{\triangle}{-}$	
	Very Good	Adeq	uate	ate Poor * N		Need	s urgent attention *
Cleanliness							
Is everything	in working order	?			_	. 🗖	
			_	oker		′es ⊠	No *
Other	unnlianasa (taga	tor/mioro		dge		′es ⊠ ′ee ⊠	No *
	ippliances (toas	iter/micro	wave e	etc.)		∕es ⊠	No *
If *, please giv	ve details:						
louse 14							
No of bedroo	ms 4 (2 upstai	s & 2 dow	nstair	s)			
profile			Capa	city:		Oc	cupancy:
2 Families			10			7	
TV	Bathroom	kit	tchen		Smok	e Alarm	Fire Notice
			<u> </u>		<u> </u>		<u> </u>
oxdot					\boxtimes		
	Very Good	Adeq	uate	Po	or *	Need	s urgent attention *
Cleanliness			<u> </u>				
Is everything	in working order	?				•	
, 0	J		Cod	oker	Υ	′es 🛚	No * 🔲
			Fri	dge		′es 🖾	No * 🔲
Other a	ippliances (toas	ter/micro	wave e	etc.)	`	∕es ⊠	No * 🗌
If *, please giv	ve details:						

<u>House 15</u>

No of bedrooms 4 (2 upstairs & 2 downstairs)											
profile				Capac	city:			Occ	upancy:		
2 Families				7				2			
TV	Bathroom ki			itchen		Smoke Alarm			Fire	e Notice	
							X				
		Very Good	Ade	quate	uate Poor* Ne		Ne	eds urgent attention *			ķ
Cleanliness				\boxtimes							
Is everything	in v	vorking order	?								
				Coc	ker	Υ	′es 🛭		No *		
				Fri	dge	Υ	′es 🛭		No *		
Other appliances (toaster/microwave etc.) Yes ⊠ No * □											
If *, please give details:											

<u>House 1</u>6

No of bedroo	ms	4 (2 upstair	s & 2 do	wnstairs	s)				
profile				Capac	city:			Occ	upancy:
2 Families								7	
TV	TV Bathroom ki				en Smoke Alarm			rm	Fire Notice
							X		
		Very Good	Ade	equate	uate Poor* Ne		eds urgent attention *		
Cleanliness				\boxtimes					
Is everything	in v	vorking order	?						
				Coc	ker	Y	′es 🛭		No * 🗌
				Fri	dge	Υ	′es 🗌		No * x
Other a	ppl	iances (toas	ter/micr	owave e	etc.)	Υ	′es 🛭		No * 🗌
If *, please given	ve c	letails:							

House 17

No of bedroo	ms 4 (2 upstai	rs & 2 dow	nstairs)						
profile			Capacity:			Occupancy:			
2 Families			8				8		
TV	TV Bathroom kit				Smoke Alarm			Fire	Notice
						\times			
	Very Good	Adeq	uate	Ро	or *	Ne	eeds	urgent a	ttention *
Cleanliness		\boxtimes							
Is everything	in working order	.}							
			Cooker	٢	Y	'es 🛭	abla	No *	
			Fridge)	Y	'es ∑	\subseteq	No *	
Other a	ippliances (toas	wave etc.)	Y	′es 🛭	\leq	No *		

If *, please gi	ve details:							
House 18								
No of bedroo	ms 4 (2 ups	tairs & 2 dov	wnstairs	5)				
profile	- (Capa	-			Осс	upancy:
2 Families			9	<u> </u>			6	
TV	Bathroom	k	itchen		Smok	e Ala	rm	Fire Notice
			\square		ľ	\overline{X}		
	Von Co	ad Ada	auata	Do	or *		o d c	urgent attention *
Cleanliness	Very Go	ou Aue	quate	1		INE	eus	urgent attention *
	in working ord	l k der?	<u> </u>			<u> </u>		
is everything	III WOLKING OIL	uci ;	Cod	ker	Υ	′es 🏿	◁	No *
			Fri	dge		′es [=	No *
	ippliances (to	paster/micro	owave e	etc.)		∕es [\boxtimes	No *
If *, please gi	ve details:							
Apartment 1 A	<u> bbeycourt</u>							
No of bedroo	ms 2		1_			1		
profile			Capa	city:				upancy:
Family	Dathasasa	1.	3		C 1-	- 41-	3	Fine Notice
TV	Bathroom	K	itchen		Smok	e Ala	rm	Fire Notice
\boxtimes	\boxtimes		\boxtimes			\times		
	Very Go	ood Ade	quate	Po	or *	Ne	eeds	urgent attention *
Cleanliness			\times					
Is everything	in working ord	der?	-			•		
				ker		′es 🏻	_	No *
011	11 /1			dge		'es 🏻		No *
	ippliances (to	paster/micro	owave e	etc.)	<u> </u>	es [<u> </u>	No *
If *, please gi	ve details:							
Apartment 2 A	<u>lbbeycourt</u>							
No of bedroo	ms 2		Ι.	••		1		
profile			Capa	city:				upancy:
Family TV	Bathroom	L	3 itchen		Smok	م ۱۸ م	3 rm	Fire Notice
I V	Ddliii UUIII	K			SIIIUK	c Ald	1111	rii e Notice
\boxtimes			\boxtimes			\boxtimes		\boxtimes
	Very Go	ood Ade	quate	Po	or *	Ne	eeds	urgent attention *
Cleanliness		<u> </u>						
	in working ord	der?	<u></u>	<u>, </u>		1		
, 8	<u> </u>							

Cooker	Yes 🛚	No * 🗌	
Fridge	Yes 🖂	No * 🗌	
Other appliances (toaster/microwave etc.)	Yes 🛚	No * 🗌	
If *, please give details:			

Apartment 3 Abbeycourt

No of bedroo	ms	1												
profile					Capa	city:				Occupancy:				
Family					2					3				
TV	Bathroom kit			kitchen		Smoke Alarm			rm	Fire Notice				
									X					
		Very	Good (Ad	dequate	Po	or	*	N	eeds urgent attention *				
Cleanliness					\boxtimes									
Is everything	in v	vorking	order	?										
					Cod	ker		Υ	es 🏻	\leq	N	o *		
						dge		Υ	es 🏻	\leq	No	0 *		
Other a	ppl	iances	(toas	ter/mid	crowave e	etc.)		Y	es [\boxtimes	N	o *		
If *, please given	ve c	letails:												

Apartment 4 Abbeycourt

No of bedroo	ms	2								
profile				Capa	city:			Occ	upancy:	
Family								3		
TV	Bathroom kit			chen		Smoke Alarm			Fire	e Notice
							\boxtimes			
		Very Good	Adeq	uate	Po	or *	Ne	eeds	urgent a	ttention *
Cleanliness										
Is everything	in v	vorking order	?							
				Coc	ker	Y	'es 🛭	\leq	No *	
				Fri	dge	Y	′es 🏻	\leq	No *	
Other a	рр	liances (toas	ter/micro	wave e	etc.)	Υ	es [\boxtimes	No *	
If *, please gi	ve c	details:								

Apartment 5 Abbeycourt

No of bedrooms 2										
profile			Capacity	:	Occ	upancy:				
Family			3		4					
TV	Bathroom	kit	tchen	Smoke Ala	arm	Fire Notice				

Cleanliness	Very Good	Adequa	ate Po	or *	Needs	urgent attention *			
· .									
Is everything in v	working order	?			_	_			
			Cooker		′es ⊠	No *			
Other ann	liances (toas	ter/microws	Fridge		′es ⊠ ′es ⊠	No * 🔲 No * 🗍			
If *, please give	•	ter/ffilerowe	ave etc.)	<u>'</u>	63 🖂	110			
A C									
Apartment 6 Abb	<u>eycourt</u>								
No of bedrooms	s 2								
profile		(Capacity:		Occ	upancy:			
Family			1		3	• •			
TV	Bathroom	kitch	nen	Smok	e Alarm	Fire Notice			
	\square	$\overline{\nabla}$	7	<u> </u>					
			$\stackrel{\triangle}{-}$						
Clara P	Very Good Adequate Poor * Needs urgent attention								
Cleanliness									
Is everything in working order? Cooker Yes No *									
Fridge Yes No *									
Other appliances (toaster/microwave etc.) Yes No *									
If *, please give details:									
Apartment 7 Abb	evcourt								
Apartment 7 Abb	<u>eycourt</u>								
Apartment 7 Abb									
			Capacity:		Occ	upancy:			
No of bedrooms			Capacity:		Occ 3	ирапсу:			
profile			4	Smok		upancy: Fire Notice			
No of bedrooms profile Family TV	s 2	4	4	Smok	3				
No of bedrooms profile Family	Bathroom	kitch	nen		3 e Alarm	Fire Notice			
No of bedrooms profile Family TV	s 2	kitch	nen	Smok	3 e Alarm	-			
No of bedrooms profile Family TV Cleanliness	Bathroom Very Good	kitch Adequa	nen		3 e Alarm	Fire Notice			
No of bedrooms profile Family TV	Bathroom Very Good	kitch Adequa	nen ate Po	por *	a Alarm Needs	Fire Notice urgent attention *			
No of bedrooms profile Family TV Cleanliness	Bathroom Very Good	kitch Adequa	nen	por *	3 e Alarm	Fire Notice			
No of bedrooms profile Family TV Cleanliness Is everything in v	Bathroom Very Good	kitch Adequa	tenen ate Po Cooker Fridge	por *	a Alarm Needs Yes	Fire Notice urgent attention * No *			
No of bedrooms profile Family TV Cleanliness Is everything in v	Bathroom Very Good working order	kitch Adequa	tenen ate Po Cooker Fridge	por *	A Se Alarm Needs Yes Yes Yes	Fire Notice			
No of bedrooms profile Family TV Cleanliness Is everything in v	Bathroom Very Good working order	kitch Adequa	tenen ate Po Cooker Fridge	por *	A Se Alarm Needs Yes Yes Yes	Fire Notice			
No of bedrooms profile Family TV Cleanliness Is everything in v	Bathroom Very Good working order	kitch Adequa	tenen ate Po Cooker Fridge	por *	A Se Alarm Needs Yes Yes Yes	Fire Notice			
No of bedrooms profile Family TV Cleanliness Is everything in v Other app If *, please give of	Bathroom Very Good working order bliances (toas details:	kitch Adequa	tenen ate Po Cooker Fridge	por *	A Se Alarm Needs Yes Yes Yes	Fire Notice			
No of bedrooms profile Family TV Cleanliness Is everything in v Other app If *, please give of	Bathroom Very Good working order bliances (toas details:	kitch Adequa	tenen ate Po Cooker Fridge	por *	A Se Alarm Needs Yes Yes Yes	Fire Notice			
No of bedrooms profile Family TV Cleanliness Is everything in v Other app If *, please give of	Bathroom Very Good working order bliances (toas details:	kitch Adequa	tenen ate Po Cooker Fridge	por *	A Se Alarm Needs Yes Yes Yes	Fire Notice			
No of bedrooms profile Family TV Cleanliness Is everything in v Other app If *, please give of	Bathroom Very Good working order bliances (toas details:	Adequa Adequa P ter/microwa	tenen ate Po Cooker Fridge	por *	e Alarm Needs /es /es /es /es	Fire Notice			

TV	Bathroom	kit	chen		Smoke	Alarm	Fire Notice	
			\boxtimes		\geq]		
	Very Good	Adequ	uate	Ро	or *	Needs	urgent attention *	
Cleanliness		\geq						
Is everything	in working order	?						
			Cook			s 🔀	No *	
Other a	appliances (toas	ter/microv	Frid	_		s⊠ es⊠	No * □ No * □	
If *, please gi		tci/iiiciov	vave ci		- 10	,3 🔼	140	
, , ,								
Anartmont 14								
Apartment 14								
No of bedroo	oms 2							
profile fSCr5	5		Capaci	ty:		Осс	upancy:	
Family	I		4	ı		4	I	
TV	Bathroom	kite	chen		Smoke	Alarm	Fire Notice	
			\boxtimes		\geq			
	Very Good Adequate Poor * Needs urgent attention *							
Cleanliness		\geq						
Is everything	in working order	?				_		
			Cook			s 🛚	No *	
Other a	appliances (toas	ter/microv	Frid vave et	_		s⊠ es⊠	No * □ No * □	
If *, please gi		iter/friiterov	vave et		10	,3 <u> </u>	NO	
, p								
Anartmant 1E								
Apartment 15								
No of bedroo	oms 5							
profile			Capaci	ty:		Occ	upancy:	
Family			7			5	, ,	
TV	Bathroom	kit	chen		Smoke	Alarm	Fire Notice	
			\boxtimes		\triangleright			
	Very Good	Adequ	ıate	Po	or *	Needs	urgent attention *	
Cleanliness	70.7000	/ ideqi	1			.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
	in working order	<u> </u>	7					
, ,	9 - 1		Cook	er	Ye	s 🖂	No * 🗌	
			Frid			s 🗵	No * 🔲	
	appliances (toas	ter/microv	vave et	c.)	Υe	s 🖂	No *	
If *, please gi	ve details:							
L								
Apartment 16								
No of bedroo	ms 5							

profile		Capac	city:	Occ	cupancy:			
Family		7		3				
TV	Bathroom	kitchen	S	moke Alarm	Fire Notice			
					\boxtimes			
Cleanliness	Very Good	Adequate 🖂	Poor '	* Needs	urgent attention *			
	in working order?	<u> </u>						
Other a	appliances (toas	Coc Fri	dge	Yes ⊠ Yes ⊠ Yes ⊠	No * No * No *			
If *, please gi	ve details:							
Apartment 17								
No of bedroo	oms 5							
profile		Capac	city:		cupancy:			
Family	5	4		4	F: N			
TV	Bathroom	kitchen	S	moke Alarm	Fire Notice			
Cleanliness	Very Good	Adequate 🔀	Poor '	* Needs	urgent attention *			
	in working order							
Severything in working order? Cooker Yes No *								
Apartment 1 r								
No of bedroo	oms 2							
profile		Capa	city:		cupancy:			
Family	I I	4		4	·			
TV	Bathroom	kitchen	S	moke Alarm	Fire Notice			
Cleanliness	Very Good	Adequate 🔽	Poor '	* Needs	urgent attention *			
	in working order?	<u> </u>						
Cooker Yes No * Cooker Yes No								
If *, please gi	ve details:		,					
Apartment 2 No of bedro	main building							
5. 20010	-							

profile				Capacity:			Occupancy:		
Family	4				3				
TV	Bathroom	athroom kitchen			Smoke Alarm			Fire Notice	
\boxtimes	\boxtimes								
Cleanliness	Very Good Adequess			Poor * Nee			eds urgent attention		
Is everything in working order? Cooker Yes No * Fridge Yes No * Other appliances (toaster/microwave etc.) Yes No *									
If *, please g	give details:								
Apartment 3 No of bedro	main building								
profile			Capa	citv:			Occ	upancy:	
Family			2				2		
TV	Bathroom	athroom kitchen			Smoke Alarm		_	Fire Notice	
\boxtimes	\boxtimes								
Cleanliness Very Good Adequ			uate	Pooi	Poor * Ne		eeds urgent attention		
Is everything in working order?									
Other a	Cooker Yes No * Cooker Yes No * Cooker Yes No * If *, please give details:								
Apartment 4 main building									
No of bedro	oms 2		1						
profile				Capacity:			Occupancy:		
Family		T	3				2		
TV	Bathroom	Bathroom kitchen			Smoke Alarm			Fire Notice	
\boxtimes					\boxtimes			\boxtimes	
Cleanliness	Very Good Adequ				Poor * Ne		eeds urgent attention		
Is overething	Is everything in working order?								
is everytning	g in working or	uer:							

			г.		Cooke			No *	No *	
Other a	ilgq	iances (toas		_		Yes 🔀	es 🏿		No*	
If *, please g			<u> </u>				2		- Ш	
Apartment 5	ma	in building								
No of bedro	om	s 1					•			
profile				Capa	city:			Осс	upancy:	
Family				2				1		
TV	Ва	throom	kitchen			Smoke Alarm	9		Fire Notice	
\boxtimes	\boxtimes					\boxtimes			\boxtimes	
Cleanliness Very Good Adequ				vate Poor * Needs *			eds u	urgent attention		
Is everything in working order? Cooker Yes No * Fridge Yes No * Other appliances (toaster/microwave etc.) Yes No *										
If *, please g	give	details:								
Apartment 6										
No of bedro	om	s 2			•-		1			
profile				Capacity:				Occupancy:		
Family TV	Ва	throom	kitchen	4		Smoke		3	Fire Notice	
\boxtimes	\boxtimes					Alailii				
Cleanliness		Very Good	Adequ	uate	Pooi	*	Nec	eds ι	urgent attention	

Yes 🔀

Yes 🔀

No *

No *

No *

Cooker

Yes 🖂

Fridge

Apartment 7 main building

Is everything in working order?

Other appliances (toaster/microwave etc.)

If *, please give details:

No of bedro	om	s 1									
profile					Capa	city:			Occ	upancy:	
Family					1				1		
TV	Ba	athroom	ki				Fire Notice				
		7	_	7			Alarm			<u> </u>	
	\geq]								\boxtimes	
		Very Good		Adequ	uate	Poor	*	Ne	eds ι	urgent attention	
Cleanliness								*			
		<u> </u>									
Is everything in working order?											
				_		Cooke				_	
Other a	امما	iancas (taas	+~~		_		Yes 🔀	es 🏿	k oN ✓	`	
If *, please g		iances (toas	ter	micro	wave	etc.)	<u> </u>	es _L	<u> </u>	NO ·	
ii , piease g	sive	uetalis.									
Apartment 8	ma	<u>in building</u>									
No of bodge											
No of bedro	om	s 1			Cama	a:4			0		
profile					Capa	city:			Occupancy:		
Family	Da	**************************************	1.:	+ a la a .a	2		Consider		2	Fire Notice	
TV	Ba	athroom	KI	tchen	Smoke			Fire Notice			
	∇	1	∇	7			Alarm 🖂			\square	
		7		7		1					
									Needs urgent attention *		
Cleanliness						- - - - - - - - - - 		<u>*</u>			
	_ :		- -d	<u> </u>							
Is everything in working order? Cooker Yes No *											
				E.	ridge		ri Yes 🔀		°		
Other a	nnl	iances (toas	ter		_			es 🏿		No *	
If *, please g	<u> </u>	•	_				•	C3 <u>/</u>		140	
, picase g	,,,,				ara	לי'					
Apartment 9	ma	in building									
No of bodge											
No of bedrooms 2 profile Capacity: Occupancy:											
profile					Capa 5	city:				upancy:	
Family TV	D-	athroom	l/i·	tchen)		Smoke		5	Fire Notice	
ıv	Вс	ILIIIOOIII	KI	tchen			Smoke Alarm			rife Notice	
\square	\geq	1	\triangleright	1			Aldilli			\boxtimes	
Ol !!		Very Good		Adequ	uate	Pooi	r •		eds ı	urgent attention	
Cleanliness						1		*			

Is everything in working order?
Is everything in working order? Cooker Yes No *
<u> </u>
Fridge Yes No * L
Other appliances (toaster/microwave etc.) Yes No *
If *, please give details:
General Representations
If you were approached by any <u>residents</u> regarding general issues
while in the centre please outline the details below:
wille in the tentre please outline the details below.
If you were approached by any members of staff regarding general
issues while in the centre please outline the details below:
If you were approached by any other persons regarding general
issues while in the centre please outline the details below:
issues trime in the dentile pieuse outline the details below.

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

Personal representations should be recorded in Part 3.

Summary Sheet

Name of Centre:		Old Convent				
Address:		Ballyhaunis Co Mayo				
Proprietor :		Bridgestock ltd				
Manager:		John Nally				
Contact Name:		John Nally				
Capacity Per MOA (Current		266 (230)				
Occupancy):						
Date of	22/3/22					
Inspection:						

General:

All outsides of houses have been repainted and look very well – General appearance and look of grounds and facilities is very good.

Fire Safety: No fire safety issues

Food Safety: No food safety issues

.

House / Apartment issues: No major issues – minor maintenance and upkeep ongoing and tracked daily.

Other issues: none

From: David Lardner (DCEDIY)

Sent: Tuesday 29 November 2022 16:51

To:

Subject: IPPS - Inspection Reports The Old Convent Accommodation Centre - Please review and respond

Dear Mr Gillen,

Please find attached PDF copies of the IPPS Independent Inspection Reports from QTS Ltd for The Old Convent Accommodation Centre, dated 22/03/2022 and 10/11/2022 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

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Old Convent

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9th December 2022

Mr. David Lardner
International Protection Procurement Service
Department of Children, Equality, Disability, Integration & Youth

Re: QTS Inspection at the Old Convent on the 22nd March and the 10th November 2022.

Dear David,

I refer to the inspection carried out by QTS at the Old Convent, Ballyhaunis on the 22nd of March and the 10th November 2022.

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

Housing units:

• House 2- The leak in the kitchen ceiling has been repaired.

Annex:

• Annex 11-The bathroom ceiling was painted on the 11/11/22.

Abbey view Apartments

• Apartment 15- The radiator in the hallway was bleed on the 11/11/22.

Apartments

• Apartment 2, Abbey Court- The shower was repaired on the 11/11/22.

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

Yours Sincerely,	
John Nally	_
Centre Manager	

