

# **IPAS/IPPS**

## **Independent Inspection Report**

<b>Centre:</b>	<b>RICHMOND COURT</b>
<b>Inspector:</b>	<b>Shane Mac Loughlin</b>
<b>Date of Inspection:</b>	<b>8/4/22</b>
<b>Time of Arrival &amp; Departure:</b>	<b>15-18.00</b>

/

*Part 1*  
*General Information on Services*

# Independent Inspection Report

*Centre:* **Richmond Court**

*Date of Inspection:* **8/4/22**

**1. CENTRE DETAILS**

Name and address of Centre	<b>Richmond Court, Richmond Street, Longford Town, Co.Longford</b>
----------------------------	--

Contractor	<b>Sean Lyons /Graham Carry</b>
Manager	<b>Carmel Foley</b>
Who deputises for manager in his/her absence?	<b>Give Job Title only Assistant Manager</b>

Telephone Number	<b>043 3362051</b>
------------------	--------------------

Current Contracted Capacity	<b>82</b>
Current Occupancy (today)	<b>67</b>
Current Centre Profile (e.g., singles, families etc.)	<b>Single male only</b>

HSE Area	<b>Midlands - Longford / Westmeath</b>
Public Health Nurse	<b>TBD</b>
DSP / CWO name	<b>TBD</b>
Environmental Health Officer name	<b>No visits</b>
Local Fire Officer Name	<b>Declan Kilcloyne</b>
Local Fire Station	<b>Longford</b>

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

**2. Please provide a copy of the following**

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

### 3 GENERAL SECURITY & EMERGENCY DETAILS

Is 24 hour supervision provided? (Y/N)	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Give details of roster hours	<b>8am-8pm / 8pm-8am</b>
Is security provided by external company? (Y/N)	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
If yes, give name of company:	
Does the centre have CCTV? (Y/N)	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Is a list of emergency numbers available in the Manager's office?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Does the list include the following numbers? (Y/N) Local Garda station 24 hr number Local hospital Local fire station Duty Social Work Team Out of hours GP Service RIA out of hours number	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  If no, give details:
Are first aid kits available? (Y/N)	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Where and how many?	<b>2 one in managers office , 1 in kitchen</b>
Who is responsible for first aid restocking?	<i>Job title <b>only</b> (not name) of person responsible: <b>manager</b></i>
Is there a defibrillator in the centre? How many staff been trained to use it?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

### 4 HEATING ARRANGEMENTS

What type of heating is used in the centre?	<b>Gas</b>
Do residents have control of the heating in their own bedroom?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
If no, what arrangements are in place?	<b>On thermostat and timer</b>
What are the heating 'ON' times?	<b>Depending on outside temperature</b>

### 5 HOUSE RULES

Are residents provided with a copy of the House Rules on arrival?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
How does centre management explain house rules to residents on arrival?	<b>Discussion and goes through RIA booklet</b>

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

Are residents issued with key for their bedroom?(Yes/No)	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Are residents issued with key for main door? (Yes/No)	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
If no, give details	
Are there procedures to allow residents to receive visitors? (Give details)	<b>Yes but only in communal room beside reception</b>
Outline visiting times :	<b>10am-10pm</b>
In what areas are visitors allowed in the centre?	<b>Communal room only</b>

Any other relevant information:	
Is there a facility for storage of residents' valuables*? (Give details.) (* Storage is at resident's own risk)	<b>Each resident has their own locker in their bedroom</b>
What toiletries are provided to residents on arrival?	<b>Toothpaste, shampoo / soaps provided in shower rooms</b>
What arrangements are in place to replenish these items?	<b>Checked daily by Manager</b>

## 7 ARRANGEMENTS FOR MAINTENANCE

Does the centre have a written procedure in place for residents to report maintenance issues? (Yes/No)	Yes
Is there a maintenance day book? (Yes/No)	Yes
Describe the maintenance procedure at the centre: <b>Office has day maintenance book</b>	

## 8 CHILD PROTECTION

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

## 9 FOOD SAFETY

Has a HACCP system been implemented? (Yes/No)	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Have the premises been inspected by an Environmental Health Officer? (Yes/No)	Yes
Date of last visit:	<b>Visited in April 2016 no report received - no issues found</b>

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

Are residents consulted regarding menu / dietary requests? (Give details.)	n/a – residents cook own meals
Provide details opposite: Which of the following are provided for school children's packed lunches: <ul style="list-style-type: none"> <li>Sandwich? What sandwich fillings are available: Cheese? Ham? Chicken? Tuna? Jam? Other?</li> <li>Drinks? Juice? Water?</li> <li>Yogurt?</li> <li>Fruit?</li> <li>Other</li> </ul>	n/a  Please also provide details of the system for distribution of school lunches:
Is infant formula kept out of public view?	n/a
What arrangements are in place for distribution of infant formula?	n/a

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

Are tea / coffee / drinking water / Snacks etc. available outside mealtimes?	New cooking facilities & residents shop now in place with two dedicated kitchens for residents to prepare own meals.
What food/snacks are available after hours or when kitchen is closed?	Residents purchase own foods In shop and have storage presses for their own groceries
Where are the snacks located and how are they accessed?	n/a
Are meals available for residents who arrive late? (Give details.)	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Fridge and microwave in dining room meals will be left plated of heating on arrival
Are meals available for new arrivals? (Give details)	<b>Yes – as above</b>
Are packed lunches available for residents travelling to Dublin on official business? (Give details)	No residents do their own meals
<b>If the inspection takes place during Ramadan this section <u>must</u> be completed.</b> What arrangements are in place to facilitate residents observing a fast during Ramadan?	n/a

## 12 Food Hall - Shop

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



**14 TRANSPORT ARRANGEMENTS**

Is there a bus service provided? (Yes/No):	No
Where does the service go to?	
What is the frequency of the service? (List time table opposite)	

**15 TV SYSTEM**

Is there a specific TV system in place? (give details)	Yes <b>x</b> No <input type="checkbox"/>
An average, how many TV channels are provided to residents?	<b>Cable channels in each room , sky sports in lounge</b>
Are residents allowed to erect satellite dishes?	<b>No</b>

**16 LAUNDRY FACILITIES (General Arrangements)**

Are Laundry facilities available in the centre? (Y/N)	Yes <b>x</b> No <input type="checkbox"/>
If No, what service is provided?	
Who launders towels and bedlinen? (e.g., residents, staff, other, etc)	<b>Residents</b>
What procedures are in place for the exchange of towels and bed linen at the centre?	<b>Provided as needed and on request by Manager</b>
What procedures are in place for ironing boards and irons?	<b>Available in laundry</b>
How is washing powder / tablets supplied?	<b>Supplied at reception</b>
Are there specific arrangements for access to the laundry (give details):	<b>No specific arrangements - open access</b>

**17 CLEANING (General Arrangements)**

Are there cleaning materials and equipment provided by management for residents?	Yes <b>x</b> No <input type="checkbox"/>
What cleaning equipment is available to residents?	<b>Mops, Brushes, Detergents</b>
What is the procedure for residents to access vacuum cleaners, brushes & other cleaning equipment?	<b>Cleaning personnel in house do routine room cleaning – residents may request equipment at anytime and it is provided</b>
What arrangements are in place if rooms are not cleaned sufficiently by residents?	<b>Cleaner on staff</b>



## *PART 2*

### *Room by Room Inspection*

#### Independent Inspection

*Centre: Richmond Court*

*Date of Inspection:* 8/4/22

## Section A- Administration / Communal areas

### 17 Have you seen the following?

		Location of display
Up to date House Rules	x	Reception Desk
Complaint Forms	x	Reception Desk
Accident/ Incident procedure	x	Reception Desk

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

### 18 Staff Awareness

Did you see the RIA Code of Practice*?	X
Are all staff aware of RIA Code & House Rules?	X
How are staff made aware of RIA Code & House Rules? <b>On hiring all staff are fully inducted</b>	

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

### 19 FIRE SAFETY

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

#### 19a EMERGENCY LIGHTING INSPECTION SCHEDULE

<u>Date</u>	<u>Inspected By</u> (Company Name / Position)	<u>Comments</u>
6/4/22 & 30/3/22	Security in-house	All in working order

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

Date	Inspected By (Company Name / Position)	OK	Defect	Remedial Action Taken ( Y/N)	Sign Off Y/N
18/2/22	Sharp Security	x	n/a	n/a	Y
6/4/22	Internal	x	n/a	n/a	Y

#### 19c FIRE FIGHTING EQUIPMENT INSPECTION SCHEDULE

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

Date	Inspected By (Company Name / Position)	OK	Defect	Remedial Action Taken ( Y/N)	Sign Off Y/N
10/8/21	sharp	x	n/a	n/a	Y
6/4/22	internal	<input checked="" type="checkbox"/>			

**19d FIRE EXIT DOORS / MEANS OF ESCAPE INSPECTION SCHEDULE**

Date	Inspected By (Company Name / Position)	OK	Defect	Remedial Action Taken ( Y/N)	Sign Off Y/N
6/4/22	Security in-house	<b>x</b>	<b>n/a</b>	<b>n/a</b>	<b>Y</b>
7/4/22	Security in-house	<b>x</b>			

**19e FIRE DRILL PROCEDURE INSPECTION SCHEDULE**

Date & Time	Numbers of staff involved in drill	No. of residents present / evacuated **	Evacuation Time	Comments
<b>1/3/22</b>	<b>3</b>	<b>15/15</b>	<b>3 mins</b>	
<b>3/12/21</b>	<b>3</b>	<b>16/16</b>	<b>3mins</b>	

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

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

Job Description	Course	Instructor	Duration	Date
<b>All staff</b>	<b>Fire Safety</b>	<b>Apex</b>	<b>½ DAY</b>	<b>22/6/21</b>

**19g FIRE ASSEMBLY POINTS**

Where are the Fire Assembly Points located?	<b>Outside on Richmond Street</b>
Are they marked?	<b>no</b>
Are staff aware of locations?	<b>yes</b>
Comments:	

**19h FIRE ALARM SYSTEM**

Is there a fire alarm system in place?	<b>Yes</b>
Are there smoke alarms throughout the premises, inc bedrooms?	<b>yes</b>
Are all smoke alarms linked back to a central control panel?	<b>yes</b>
Are there designated 'Smoking' areas? <i>Include locations</i>	<b>Yes – outside dining room door in courtyard</b>
Comments: <b>certified by Sharp Group</b>	

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

(in corridors & common areas)

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

## Administration Area:

### Reception:

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

### Have you seen the following?

		Location of display
Up to date House Rules	Yes	
Complaint Forms	No	
Accident/ Incident procedure	No	
HSE Breastfeeding Posters (if applicable)	<input type="checkbox"/>	n/a
Designated Liaison Person details (Child Protection)	<input type="checkbox"/>	
Supervision of children notice	<input type="checkbox"/>	
Gym Notices (Child Safety – if applicable)	<input type="checkbox"/>	
IOM Voluntary Return Posters	Yes	main hall
Anti Human-Trafficking Posters	Yes	main hall
‘NO to Violence & Harassment’ Posters	yes	main hall

### Social Room / Tea Station (State Location): opposite main office

What facilities are provided? <b>Kettle, microwave, toaster in dining room</b>
Is the area generally clean? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
If no please give details:
Visual Check: Have you noticed any issues requiring attention? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
If yes please detail:

### Pre-school Room:

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

**DINING AREA:**

**Please outline the meal times:**

Cooking facilities & residents shop now in place with two dedicated kitchens for residents to prepare own meals.

**KITCHEN AREA: Food Safety Critical Requirements****FOOD SAFETY**

Has the premises been inspected by an Environmental Health Officer?	Yes
Date of Visit?	2016
Comments: New cooking facilities & residents shop now in place with two dedicated kitchens for residents to prepare own meals.	

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

**HACCP Records in Shop**

Pest Control: no evidence of infestation , all clear
Induction and Ongoing Staff Training: all in order
Time & Temperature Records: all in order
Hygiene Audits: all in order
List of Approved Suppliers: all in order
Cleaning Schedules: all in order
Procedures for accepting deliveries: There is 100% traceability on all food delivered
General Comments:

## HACCP and Kitchen Evaluation

### General:

Is the kitchen commercial or domestic?	commercial
Cooking facilities for residents & residents shop now in place with two dedicated kitchens for residents to prepare own meals.	
In what condition is the equipment? Well maintained and clean	
Comments: Nicely laid out new kitchen.	

## STRUCTURAL HYGIENE

### Kitchen:

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

### Dry Goods:

Suitably equipped? <i>Shelving/containers etc</i>	Shelves on order for dry goods
Condition and suitability of facilities: excellent	



What evidence is there of stock rotation?	Yes – minimal amount of frozen and dry goods, all deliveries local and daily
---	--

#### **Refrigerated Storage:**

What type of refrigerated storage is provided?	Walk in cold storage & 1 chest freezer
Comment on the condition and suitability of the refrigerated storage: Brand new and in perfect condition	
Are thermostats provided and in working order?	Yes
Are food items date stamped?	Yes
Are samples of dishes being kept?	No

#### **Other:**

Is there appropriate storage for cleaning agents and chemicals?	Yes
---	-----

#### **OPERERATIONAL HYGIENE**

Do residents use the main kitchen?	yes
Is that use supervised to ensure safe & hygienic practices are observed?	n/a
By whom is it supervised?	n/a

Is the correct equipment provided? <i>e.g. colour coded chopping boards</i>
Yes kitchen fully refurbished and kitted out with necessary equipment

Is the necessary holding equipment provided? <i>e.g. bain maries, refridgerated units.</i>
yes

Condition and suitability of serving equipment and utensils:
Very good

What procedures are in place for unused/unserved food at the end of service?
All unused foods are bined

Comments: <b>Kitchen in excellent condition</b>
--

## STAFF FACILITIES AND HYGIENE

Are designated staff facilities provided?	Yes
What facilities are in place?	Dedicated staff

Are all areas clean and well maintained?	Yes very clean
Are suitable hand washing & drying facilities provided?	Yes
Is storage provided for personal belongings?	Yes
Are showers provided? <i>Indicate cleanliness &amp; suitability</i>	Shower facilities on 3 <sup>rd</sup> floor (brand new)

Is a designated area provided for staff breaks? <i>If yes, is it clean/suitable/well maintained. If no, outline arrangements for breaks</i>	Yes lockers provided for staff in rooms 301-307
---	---

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

Are uniforms clean and in good condition? <i>(to include caps/hairnets/closed heel/toe shoes etc)</i>	Yes
Is personal grooming satisfactory?	Yes
Are safe habits practiced?	Yes
General Comments on staff facilities: Kitchen is brand new and in excellent condition – very clean and well laid out	

**23 PUBLIC TOILET (State Location): One large restroom with toilet on ground floor**

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

**24 COMMUNAL ROOM (State Location):**

**Storage area: No storage area plenty room in bedrooms**

Is the walkway through the area clear? Yes ☐ No ☐  
 Are the exit signs clearly marked? Yes ☐ No ☐

**General Seating Area**

Is the seating in good condition? Yes ☒ No ☐

What is the area generally used for? Yes ☒ No ☐

Residents and visitors meetings, watching TV, general socialising

**Computer room:**

Is the area generally clean? Yes ☒ No ☐

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

If yes please detail:

**Any other comments?** If yes please detail:

**OUTDOOR GROUNDS / FACILITIES**

Please rate the following:

	Very Good	Adequate	Poor*	Needs urgent attention*
--	-----------	----------	-------	-------------------------

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

### LAUNDRY ROOM

	Washing Machines	Dryers
Number	3	3
Do they appear to be in working order? yes		
Comments: all working well		

### CORRIDOR (State Location):

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

### STAIRWAY (State Location):

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

## **Bedrooms:**

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

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

### **Toilet/showers 401-407**

	Number	Soap	Toilet Paper	Hand Towels / Dryers	Hot Water	shower
Gents:	<b>4</b>	<b>x</b>	<b>x</b>	<b>x</b>	<b>x</b>	<b>4</b>
Is there a cleaning schedule displayed? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Record the last time entry.						
Is the area clean? (provide comment) yes – very clean all new installations						
Are all facilities working? Yes <input checked="" type="checkbox"/> No * <input type="checkbox"/>						
<i>Visual Check:</i> Have you noticed any issues requiring attention? Yes* <input type="checkbox"/> No <input checked="" type="checkbox"/>						
If No, give details:						

### **Toilet/Showers 301-307**

	Number	Soap	Toilet Paper	Hand Towels / Dryers	Hot Water	shower
Gents:	<b>4</b>	<b>x</b>	<b>x</b>	<b>x</b>	<b>x</b>	<b>4</b>
Is there a cleaning schedule displayed? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Record the last time entry.						
Is the area clean? (provide comment) yes – very clean all new installations						
Are all facilities working? Yes <input checked="" type="checkbox"/> No * <input type="checkbox"/>						
<i>Visual Check:</i> Have you noticed any issues requiring attention? Yes* <input type="checkbox"/> No <input checked="" type="checkbox"/>						
If No, give details:						

### **Toilet/Showers 201 - 209**

	Number	Soap	Toilet Paper	Hand Towels / Dryers	Hot Water	shower
Gents:	<b>4</b>	<b>x</b>	<b>x</b>	<b>x</b>	<b>x</b>	<b>4</b>
Is there a cleaning schedule displayed? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						

Record the last time entry.	
Is the area clean? (provide comment) yes – very clean all new installations	
Are all facilities working?	Yes <b>x</b> No * <input type="checkbox"/>
Visual Check: Have you noticed any issues requiring attention?	Yes* <input type="checkbox"/> No <b>x</b>
If No, give details:	

### Toilet /Shower 501/502

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

### BEDROOMS

<b>ROOM NUMBER 501</b>					
Room Profile:			Room Capacity:		Room Occupancy:
<b>Single</b>			<b>3</b>		<b>3</b>
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>	
If *, please give details:					

<b>ROOM NUMBER 502</b>					
Room Profile:			Room Capacity:		Room Occupancy:
<b>Single</b>			<b>4</b>		<b>3</b>
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>	
If *, please give details:					

<b>ROOM NUMBER 401</b>					
Room Profile:			Room Capacity:		Room Occupancy:
<b>Single</b>			<b>4</b>		<b>3</b>

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

<b>ROOM NUMBER 402</b>				
Room Profile:		Room Capacity:		Room Occupancy:
Single		3		3
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details:				

<b>ROOM NUMBER 403</b>				
Room Profile:		Room Capacity:		Room Occupancy:
Single		4		3
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details:				

<b>ROOM NUMBER 404</b>				
Room Profile:		Room Capacity:		Room Occupancy:
Single		3		3
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details:				

<b>ROOM NUMBER 405</b>				
Room Profile:		Room Capacity:		Room Occupancy:
Single		3		3
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice

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

<b>ROOM NUMBER 407</b>				
Room Profile:		Room Capacity:		Room Occupancy:
Single		1		1
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details:				

<b>ROOM NUMBER 406</b>				
Room Profile:		Room Capacity:		Room Occupancy:
Single		4		3
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details:				

<b>ROOM NUMBER 301</b>				
Room Profile:		Room Capacity:		Room Occupancy:
Single		3		2
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details:				

<b>ROOM NUMBER 302</b>				
Room Profile:		Room Capacity:		Room Occupancy:
Single		3		3
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice



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

<b>ROOM NUMBER 303</b>				
Room Profile:		Room Capacity:		Room Occupancy:
Single		3		3
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details:				

<b>ROOM NUMBER 304</b>				
Room Profile:		Room Capacity:		Room Occupancy:
Single		3		3
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details:				

<b>ROOM NUMBER 305</b>				
Room Profile:		Room Capacity:		Room Occupancy:
Single		3		2
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details:				

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

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

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

<b>ROOM NUMBER 201</b>				
Room Profile:		Room Capacity:		Room Occupancy:
Single		3		3
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good <input checked="" type="checkbox"/>	Adequate <input type="checkbox"/>	Poor * <input type="checkbox"/>	Needs urgent attention * <input type="checkbox"/>
Is everything in working order? Yes <input checked="" type="checkbox"/> No * <input type="checkbox"/>				
If *, please give details:				

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

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

If \*, please give details:

<b>ROOM NUMBER 204</b>				
Room Profile:		Room Capacity:		Room Occupancy:
Single		4		3
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details:				

<b>ROOM NUMBER 205</b>				
Room Profile:		Room Capacity:		Room Occupancy:
Single		4		3
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details:				

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

<b>ROOM NUMBER 207</b>				
Room Profile:		Room Capacity:		Room Occupancy:
Single		4		3
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>

If \*, please give details: **Bathroom being refurbished**

<b>ROOM NUMBER 208</b>				
Room Profile:		Room Capacity:		Room Occupancy:
<b>Single</b>		<b>4</b>		<b>3</b>
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details:				

<b>ROOM NUMBER 209</b>				
Room Profile:		Room Capacity:		Room Occupancy:
<b>Single</b>		<b>2</b>		<b>1</b>
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details:				

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

----------------------

## **General Representations**

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

no

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

no

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

no

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

**Personal representations should be recorded in Part 3.**

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

<b>Name of Centre:</b>	Richmond Court
<b>Address:</b>	Richmond Street, Longford
<b>Proprietor :</b>	Sean Lyons / Graham Carry
<b>Manager:</b>	Carmel Foley
<b>Contact Name:</b>	Sean Lyons
<b>Capacity Per MOA (Current Occupancy):</b>	67
<b>Date of Inspection:</b>	8/4/22

Fire Safety: No issues,

Food Safety : No Issues

Bedrooms:

No issues - bathroom 207 currently being refurbished

---

From: David Lardner (DCEDIY)

Sent: Tuesday 29 November 2022 15:51

To: [REDACTED]

Subject: IPPS - Inspection Reports Richmond Court Accommodation Centre - Please review and respond

Dear Mr Carry,

Please find attached PDF copy of the IPPS Independent Inspection Report from QTS Ltd for Richmond Court Accommodation Centre, dated 21/10/2022 which were completed this year.

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

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

With Kind regards,

David.

David Lardner

International Protection Procurement Services

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

david.lardner@equality.gov.ie

+353 (0)1 237 6038

<https://www.gov.ie/dcediy>



**Richmond Court**

**Richmond Street**

**Longford**

**Ph: 043 33 62015**

**Fax: 043 33 62016**

---

**12<sup>th</sup> December 2022**

Dear David

Thank you for your e mail dated 29<sup>th</sup> of November 2022, in relation to your inspection of Richmond Court on the 8<sup>th</sup> of April 2022.

**Fire Safety**

- No issues noted thank you

**Food Safety**

- No issues noted thank you

**Other issues**

- No issues noted thank you

**Bedroom Issues**

- Bathroom refurbishment in room 207 has been completed

I hope the above is to your satisfaction. I would like to thank our management and staff for their efforts, please contact me if you have any queries on the above.

Regards

A handwritten signature in blue ink, appearing to read "Graham Carry", with a horizontal line underneath it.

Graham Carry