

IPAS/IPPS

Independent Inspection Report

Centre:	Rosslare Port Lodge
Inspector:	Emma Downey
Date of Inspection:	11/11/22
Time of Arrival & Departure:	1000-1230

Part 1
General Information on Services

Independent Inspection Report

Centre: **Accommodation Centre**
Date of Inspection: **11/11/22**

1. CENTRE DETAILS

Name and address of Centre	Ballygillane Big, Rosslare Harbour, Co.Wexford. Y35 HR58.
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Contractor	Damien Fitzsimons
Manager	Kayleigh Butler
Who deputises for manager in his/her absence?	Give Job Title only Duty Manager

Telephone Number	0868646058
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Current Contracted Capacity	114
Current Occupancy (today)	92
Current Centre Profile (e.g., singles, families etc.)	Single Males, Single Females & Families

HSE Area	Wexford
Public Health Nurse	Aoife Murray
DSP / CWO name	Joe Barry
Environmental Health Officer name	Unknown
Local Fire Officer Name	Paul L'Esatrang
Local Fire Station	Wexford

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 checked="" type="checkbox"/>

2. Please provide a copy of the following

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

3 GENERAL SECURITY & EMERGENCY DETAILS

Is 24 hour supervision provided? (Y/N)	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Give details of roster hours	
Is security provided by external company? (Y/N)	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
If yes, give name of company:	
Does the centre have CCTV? (Y/N)	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Is a list of emergency numbers available in the Manager's office?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Does the list include the following numbers? (Y/N) Local Garda station 24 hr number Local hospital Local fire station Duty Social Work Team Out of hours GP Service RIA out of hours number	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If no, give details:
Are first aid kits available? (Y/N)	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Where and how many?	2 in shop and maintenance office
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? 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?	Electric
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?	Ask Reception to change
What are the heating 'ON' times?	Constant at present

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?	In different languages, displayed on wall and communicated on arrival

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

Are residents issued with key for their bedroom?(Yes/No)	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Are residents issued with key for main door? (Yes/No)	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
If no, give details	
Are there procedures to allow residents to receive visitors? (Give details)	Yes
Outline visiting times :	1000-2200

In what areas are visitors allowed in the centre?	Communal
Any other relevant information:	
Is there a facility for storage of residents' valuables*? (Give details.) (* Storage is at resident's own risk)	Yes, lockable lockers.
What toiletries are provided to residents on arrival?	Shop on site
What arrangements are in place to replenish these items?	Shop on site

7 ARRANGEMENTS FOR MAINTENANCE

Does the centre have a written procedure in place for residents to report maintenance issues? (Yes/No)	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Is there a maintenance day book? (Yes/No)	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Describe the maintenance procedure at the centre: Rooms are inspected weekly and there is a log in office. Last entry 2/11/22	

8 CHILD PROTECTION

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

9 FOOD SAFETY

Has a HACCP system been implemented? (Yes/No)	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Have the premises been inspected by an Environmental Health Officer? (Yes/No)	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Date of last visit:	No visits

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 type="checkbox"/> No <input checked="" type="checkbox"/>
Is the area generally clean:	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
If no for any of the above, please give details:	

Shop has just undergone renovation and points board is being redon. I was shown a photograph of new board

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, etc. Yes ☒ No ☐

If **no** please give details:

Products (Available) Check: Yes ☒ No ☐
 Adequately stocked in order to provide a choice for residents. Meat, fish (including oily fish); Eggs; Non-meat proteins such as pulses, beans and tofu; Dairy products including fortified milk; Variety of breakfast cereals, including porridge; Potatoes, wholegrains, rice and pasta; Fresh fruit and vegetables; Olive, rape and other cooking oils; Spices and sauces; Ethnic goods; Tea, coffee and other hot drinks; Sweets, pastries and carbonated drinks.

Please Insert/List Some Items/Products Below;

Item/Product: Product:	Points Value:	Expiry Date on
Tesco Pizza	1.00	Oct23
Lamb shoulder frozen	5.50	20/10/22
Grapes	2.79/500g	n/a
Fresh bread	0.90	13/11
Fresh Veg /Veg tomatoes x6	1.10	n/a

Overall Comments/Additional Comments:
 Well managed area with delivery records in place. Wide variety of product available.

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

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

11 ARRANGEMENTS FOR REFRESHMENTS / MEALS OUTSIDE NORMAL MEAL TIMES

Are tea / coffee / drinking water / Snacks etc. available outside mealtimes?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
What food/snacks are available after hours or when kitchen is closed?	Shop on site
Where are the snacks located and how are they accessed?	Shop on site
Are meals available for residents who arrive late? (Give details.)	Shop on site
Are meals available for new arrivals? (Give details)	Shop on site
Are packed lunches available for residents travelling to Dublin on official business? (Give details)	Shop on site
If the inspection takes place during Ramadan this section <u>must</u> be completed. What arrangements are in place to facilitate residents observing a fast during Ramadan?	n/a

12 FACILITIES FOR FEEDING BABIES

<i>Are the following available?</i>	Yes/No	
Access to drinking water (for breastfeeding mothers / for preparation of infant formula)	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Sterilisers	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Kettles	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Fridge (for bottles of EBM* / formula) *Expressed Breast Milk	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Bottle Warmer	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Microwave	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Are these facilities available 24 hours a day	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Is there a dedicated room provided? Where?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>

13 INDOOR FACILITIES

<i>Are the following available to residents?</i>	Yes/No	
Computers with Internet access	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
WIFI	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
DVD player	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Computer Games	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Snooker Table	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Pool Table	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Table Tennis Table	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Board Games	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Newspapers	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Books	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Toys / games for children	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Other		
Give details of any other arrangement or other comments:		

14 TRANSPORT ARRANGEMENTS

Is there a bus service provided? (Yes/No):	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Where does the service go to?	Wexford
What is the frequency of the service? (List time table opposite)	As required

15 TV SYSTEM

Is there a specific TV system in place? (give details)	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
An average, how many TV channels are provided to residents?	Soar view channels
Are residents allowed to erect satellite dishes?	no

16 LAUNDRY FACILITIES (General Arrangements)

Are Laundry facilities available in the centre? (Y/N)	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
If No, what service is provided?	
Who launders towels and bedlinen? (e.g., residents, staff, other, etc)	Towels and pillowslips laundered on site by staff, duvet covers and sheets laundered by AM laundry
What procedures are in place for the exchange of towels and bed linen at the centre?	As required
What procedures are in place for ironing boards and irons?	In the laundry
How is washing powder / tablets supplied?	Shop

Are there specific arrangements for access to the laundry (give details):	no
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17 CLEANING (General Arrangements)

Are there cleaning materials and equipment provided by management for residents?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
What cleaning equipment is available to residents?	Mops, buckets etc
What is the procedure for residents to access vacuum cleaners, brushes & other cleaning equipment?	Available on request
What arrangements are in place if rooms are not cleaned sufficiently by residents?	Staff will assist

PART 2

Room by Room Inspection

Independent Inspection

Centre: Rosslare Port Lodge

Date of Inspection: 11/11/22

Section A- Administration / Communal areas

17 Have you seen the following?

		Location of display
Up to date House Rules	<input checked="" type="checkbox"/>	Reception
Complaint Forms	<input checked="" type="checkbox"/>	Reception
Accident/ Incident procedure	<input checked="" type="checkbox"/>	Reception

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

18 Staff Awareness

Did you see the RIA Code of Practice*?	<input checked="" type="checkbox"/>
Are all staff aware of RIA Code & House Rules?	<input checked="" type="checkbox"/>
How are staff made aware of RIA Code & House Rules?	
On employment	

**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>
8/11/22	Maintenance	No issues
1/11/22	Maintenance	No issues

No External certification of emergency lighting

19b FIRE ALARM & DETECTION SYSTEM INSPECTION SCHEDULE

Date	Inspected By (Company Name / Position)	OK	Defect	Remedial Action Taken (Y/N)	Sign Off Y/N
2/11/22	Maintenance	<input checked="" type="checkbox"/>	No issues		
8/11/22	Maintenance	<input checked="" type="checkbox"/>	No issues		
26/9/22	Joyce Security	<input checked="" type="checkbox"/>	No issues		

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
8/11/22	Maintenance	<input checked="" type="checkbox"/>	No issues		
1/11/22	Maintenance	<input checked="" type="checkbox"/>	No issues		

8/10/21	Browne Fire	<input checked="" type="checkbox"/>	No issues		
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19d FIRE EXIT DOORS / MEANS OF ESCAPE INSPECTION SCHEDULE

Date	Inspected By (Company Name / Position)	OK	Defect	Remedial Action Taken (Y/N)	Sign Off Y/N
9/11/22	Maintenance	<input checked="" type="checkbox"/>	No issues		
10/11/22	Maintenance	<input checked="" type="checkbox"/>	No issues		

19e FIRE DRILL PROCEDURE INSPECTION SCHEDULE

Date & Time	Numbers of staff involved in drill	No. of residents present / evacuated **	Evacuation Time	Comments
10/8/22 2pm	4	66/78	15 min	
25/8/22 1100	4	55/78	3 min	

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

19f STAFF INSTRUCTION AND TRAINING (Fire Safety)

Job Description	Course	Instructor	Duration	Date
All Staff	Fire warden	Zoroyx	½ day	30/3/22

19g FIRE ASSEMBLY POINTS

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

19h FIRE ALARM SYSTEM

Is there a fire alarm system in place?	Yes
Are there smoke alarms throughout the premises, inc bedrooms?	yes
Are all smoke alarms linked back to a central control panel?	Yes
Are there designated 'Smoking' areas? <i>Include locations</i>	Yes to the rear
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?	Some remain open due to COVID
Are fire evacuation instructions clearly displayed in the centre?	Yes
Are fire extinguishers clearly visible?	Yes
Is there emergency lighting system in place?	Yes
Comments:	

Administration Area:

Reception:

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

Have you seen the following?

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

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

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

Social Room / Tea Station (State Location): Reception

What facilities are provided? Tea and hot water		
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: n/a

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

Other comments:

DINING AREA:

Please outline the meal times: n/a

	From	To
Breakfast		
Lunch		
Dinner		

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

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

Breakfast	
Lunch	
Dinner	

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

Food Hall - Shop

Is the till system in place Electronic POS:	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
Relevant Certification (halal meats) in place/on display:	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
Is there appropriate storage; shelving, cold storage, dry storage:	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
Were the points value of the items clearly displayed:	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
Is the area generally clean:	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
If no for any of the above, please give details: Shop has just undergone renovation and points board is being redon. I was shown a photograph of new board				
Visual Check: Have you noticed any issues requiring attention? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (Products in date, fresh food, ethnic food, Halal food, variety available, suitable range of food products, toiletries and cleaning materials.)				
If yes to any issues please give detail:				
Do food products available in the food hall reflect the reasonable needs of the different ethnic groups; e.g. the provision of halal food for Muslim residents, the provision of food for gluten free, vegetarian, vegan residents, etc. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				
If no please give details:				
Products (Available) Check: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Adequately stocked in order to provide a choice for residents. Meat, fish (including oily fish); Eggs; Non-meat proteins such as pulses, beans and tofu; Dairy products including fortified milk; Variety of breakfast cereals, including porridge; Potatoes, wholegrains, rice and pasta; Fresh fruit and vegetables; Olive, rape and other cooking oils; Spices and sauces; Ethnic goods; Tea, coffee and other hot drinks; Sweets, pastries and carbonated drinks.				
Please Insert/List Some Items/Products Below;				
Item/Product:	Points Value:	Expiry Date on		
Product:				
Tesco Pizza	1.00	Oct23		
Lamb shoulder frozen	5.50	20/10/22		
Grapes	2.79/500g	n/a		
Fresh bread	0.90	13/11		
Fresh Veg /Veg tomatoes x6	1.10	n/a		
Overall Comments/Additional Comments: Well managed area with delivery records in place. Wide variety of product available.				

KITCHEN AREA: Food Safety Critical Requirements

FOOD SAFETY

Has the premises been inspected by an Environmental Health Officer?	no
Date of Visit?	
Comments:	

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

HACCP Records:

Pest Control: last visit records in place 26/8/22
Induction and Ongoing Staff Training: n/a
Time & Temperature Records: in place, last record am 10/11/22
Hygiene Audits: n/a
List of Approved Suppliers: Available
Cleaning Schedules: n/a
Procedures for accepting deliveries: n/a
General Comments:

HACCP and Kitchen Evaluation

General:

Is the kitchen commercial or domestic?	Residents own kitchen now
What equipment is in place? 6 cooking stations, 2 halal – open 24/7 except for 12-4 on Sunday nights for deep cleaning:	
In what condition is the equipment? Good condition	
Comments:	

STRUCTURAL HYGIENE

Kitchen:

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

Dry Goods:

Suitably equipped? <i>Shelving/containers etc</i>	Shop for residents. All food examined in date
Condition and suitability of facilities:	
What evidence is there of stock rotation?	All food examined in date

Refrigerated Storage:

What type of refrigerated storage is provided?	Freezer and fridge storage in place.
Comment on the condition and suitability of the refrigerated storage: Daily record of temperature monitoring.	
Are thermostats provided and in working order?	Yes
Are food items date stamped?	Use by on food in shop
Are samples of dishes being kept?	n/a

Other:

Is there appropriate storage for cleaning agents and chemicals?	Yes
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OPERATIONAL HYGIENE

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

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

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

Condition and suitability of serving equipment and utensils:
n/a

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

Comments:

STAFF FACILITIES AND HYGIENE

Are designated staff facilities provided?	yes
What facilities are in place?	Staff changing area

Are all areas clean and well maintained?	yes
Are suitable hand washing & drying facilities provided?	yes
Is storage provided for personal belongings?	yes
Are showers provided? <i>Indicate cleanliness & suitability</i>	n/a

Is a designated area provided for staff breaks? <i>If yes, is it clean/suitable/well maintained. If no, outline arrangements for breaks</i>	In general reception are
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Are uniforms provided for:	
Kitchen Staff?	n/a
Serving Staff?	n/a

Are uniforms clean and in good condition? <i>(to include caps/hairnets/closed heel/toe shoes etc)</i>	n/a
Is personal grooming satisfactory?	n/a
Are safe habits practiced?	n/a
General Comments on staff facilities:	

23 PUBLIC TOILET (State Location):

	Number	Soap	Toilet Paper	Hand Towels / Dryers	Hot Water	Sanitary Bins
Unisex:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ladies:		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Gents:		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Is there a cleaning schedule displayed?					Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Record the last time entry.					25/10/21	
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:	
Is the walkway through the area clear?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Are the exit signs clearly marked?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
General Seating Area	
Is the seating in good condition?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
What is the area generally used for? <input type="checkbox"/>	Reception Yes <input type="checkbox"/> No
Computer room:	
Is the area generally clean?	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 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Paintwork of the centre	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maintenance standard of the grounds (e.g. grass cut, walkways clear etc.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Cleanliness of the grounds (ie., evidence of rubbish etc.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Where you have rated * please provide details and comments:				
Are there any facilities available for children outdoors? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				
Comments				

LAUNDRY ROOM

	Washing Machines	Dryers
Number	5	3
Do they appear to be in working order?		
Comments:		

CORRIDOR (Ground floor):

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: +		

CORRIDOR (First floor):

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: +		

STAIRWAY (To first floor):

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"/>
(e.g., fire exit signs, hazards, lighting, notices, décor, etc.)		
If yes please detail:		

Bedrooms:

CLEANING (General Arrangements)

How often are bedrooms inspected?	twice weekly <input type="checkbox"/>	Weekly <input checked="" type="checkbox"/>
Who cleans the bedrooms?	Staff <input type="checkbox"/>	Residents <input type="checkbox"/>
How often do staff clean the bedrooms?	Weekly <input 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?	Can purchase through shop	
What arrangements are in place if rooms are not cleaned sufficiently by residents?	Staff will clean	

ROOM NUMBER 1				
Room Profile: Shared		Room Capacity:		Room Occupancy:
		3		2
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details:				

ROOM NUMBER 2				
Room Profile: Shared		Room Capacity:		Room Occupancy:
		3		1
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details:				

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

ROOM NUMBER 4				
Room Profile: Family		Room Capacity:		Room Occupancy:
		3		2
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details:				

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

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

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

ROOM NUMBER 8				
Room Profile: Family		Room Capacity:		Room Occupancy:
		3		4
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details:				

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

ROOM NUMBER 10				
Room Profile: Family		Room Capacity:		Room Occupancy:
		3		2
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details:				

ROOM NUMBER 11				
Room Profile: Single		Room Capacity:		Room Occupancy:
		3		2
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details:				

ROOM NUMBER 12				
Room Profile: Shared		Room Capacity:		Room Occupancy:
		3		2
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details:				

ROOM NUMBER 13				
Room Profile: Single		Room Capacity:		Room Occupancy:
		3		1
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details:				

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

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

ROOM NUMBER 16				
Room Profile: Shared		Room Capacity:		Room Occupancy:
		3		3
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details:				

ROOM NUMBER 17				
Room Profile: Family		Room Capacity:		Room Occupancy:
		3		3
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details:				

ROOM NUMBER 18				
Room Profile: Family		Room Capacity:		Room Occupancy:
		3		4
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details:				

ROOM NUMBER 19				
Room Profile: Family		Room Capacity:		Room Occupancy:
		3		2
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details:				

ROOM NUMBER 20				
Room Profile: Shared		Room Capacity:		Room Occupancy:
		3		3
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details:				

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

ROOM NUMBER 22				
Room Profile: Shared		Room Capacity:		Room Occupancy:
		3		3
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details: Mould in bathroom				

ROOM NUMBER 23				
Room Profile: Shared		Room Capacity:		Room Occupancy:
		3		3
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details:				

ROOM NUMBER 24				
Room Profile: Shared		Room Capacity:		Room Occupancy:
		3		3
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details:				

ROOM NUMBER 25				
Room Profile: Shared		Room Capacity:		Room Occupancy:
		3		2
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details:				

ROOM NUMBER 26				
Room Profile: Shared		Room Capacity:		Room Occupancy:
		3		2
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details:				

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

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

ROOM NUMBER 29				
Room Profile: Shared		Room Capacity:		Room Occupancy:
		3		3
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details: Curtain pole damaged				

ROOM NUMBER 30				
Room Profile: Shared		Room Capacity:		Room Occupancy:
		3		3
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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: Mould in bathroom				

ROOM NUMBER 31				
Room Profile: Shared		Room Capacity:		Room Occupancy:
		3		2
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details:				

ROOM NUMBER 32				
Room Profile: Shared		Room Capacity:		Room Occupancy:
		3		3
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details: Bathroom door damaged				

ROOM NUMBER 33				
Room Profile: Shared		Room Capacity:		Room Occupancy:
		3		3
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details:				

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

ROOM NUMBER 35				
Room Profile: Shared		Room Capacity:		Room Occupancy:
		3		3
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details:				

ROOM NUMBER 36				
Room Profile: Shared		Room Capacity:		Room Occupancy:
		3		2
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details:				

ROOM NUMBER 37				
Room Profile: Shared		Room Capacity:		Room Occupancy:
		2		2
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details:				

ROOM NUMBER 38				
Room Profile: Shared		Room Capacity:		Room Occupancy:
		2		1
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details:				

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:

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

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

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

Personal representations should be recorded in Part 3.

Summary Sheet

Name of Centre:	Rosslare
Address:	Ballygillane Big, Rosslare Harbour, Co.Wexford. Y35 HR58
Proprietor :	Damien Fitzsimons
Manager:	Kayleigh Butler
Contact Name:	Kayleigh Butler
Capacity Per MOA (Current Occupancy):	114 (92)
Date of Inspection:	Contractor Manager

Fire Safety:

No current Emergency Lighting certification.

Food Safety:

No issues.

Bedrooms:

Rooms 22 & 30 Mould in bathroom

Room 29 curtain pole damaged

Room 32 Bathroom door broken

IPAS/IPPS

Independent Inspection Report

Centre:	Rosslare Port Lodge
Inspector:	Emma Downey
Date of Inspection:	30/5/22
Time of Arrival & Departure:	1400-1600

Part 1
General Information on Services

Independent Inspection Report

Centre: **Accommodation Centre**
Date of Inspection: **30/5/22**

1. CENTRE DETAILS

Name and address of Centre	Ballygillane Big, Rosslare Harbour, Co.Wexford. Y35 HR58.
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Contractor	Damien Fitzsimons
Manager	Paul Walsh
Who deputises for manager in his/her absence?	Give Job Title only Duty Manager

Telephone Number	0894570785
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Current Contracted Capacity	114
Current Occupancy (today)	84
Current Centre Profile (e.g., singles, families etc.)	Single Males, Single Females & Families

HSE Area	Wexford
Public Health Nurse	Aoife Murray
DSP / CWO name	Joe Barry
Environmental Health Officer name	Unknown
Local Fire Officer Name	Paul L'Esatrang
Local Fire Station	Wexford

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 checked="" type="checkbox"/>

2. Please provide a copy of the following

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

3 GENERAL SECURITY & EMERGENCY DETAILS

Is 24 hour supervision provided? (Y/N)	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Give details of roster hours	
Is security provided by external company? (Y/N)	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
If yes, give name of company:	
Does the centre have CCTV? (Y/N)	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Is a list of emergency numbers available in the Manager's office?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Does the list include the following numbers? (Y/N) Local Garda station 24 hr number Local hospital Local fire station Duty Social Work Team Out of hours GP Service RIA out of hours number	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If no, give details:
Are first aid kits available? (Y/N)	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Where and how many?	2 in shop and maintenance office
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? 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?	Electric
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?	Ask Reception to change
What are the heating 'ON' times?	Constant at present

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?	In different languages, displayed on wall and communicated on arrival

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

Are residents issued with key for their bedroom?(Yes/No)	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Are residents issued with key for main door? (Yes/No)	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
If no, give details	
Are there procedures to allow residents to receive visitors? (Give details)	No visitors at present due to COVID. Sign in book available
Outline visiting times :	No visiting at present

In what areas are visitors allowed in the centre?	No visiting at present
Any other relevant information:	
Is there a facility for storage of residents' valuables*? (Give details.) (* Storage is at resident's own risk)	Yes, lockable lockers.
What toiletries are provided to residents on arrival?	Shop on site
What arrangements are in place to replenish these items?	Shop on site

7 ARRANGEMENTS FOR MAINTENANCE

Does the centre have a written procedure in place for residents to report maintenance issues? (Yes/No)	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Is there a maintenance day book? (Yes/No)	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Describe the maintenance procedure at the centre: Rooms are inspected weekly and there is a log in office. Last entry 29/5/22	

8 CHILD PROTECTION

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

9 FOOD SAFETY

Has a HACCP system been implemented? (Yes/No)	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Have the premises been inspected by an Environmental Health Officer? (Yes/No)	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Date of last visit:	No visits

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

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

11 ARRANGEMENTS FOR REFRESHMENTS / MEALS OUTSIDE NORMAL MEAL TIMES

Are tea / coffee / drinking water / Snacks etc. available outside mealtimes?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
What food/snacks are available after hours or when kitchen is closed?	Shop on site
Where are the snacks located and how are they accessed?	Shop on site
Are meals available for residents who arrive late? (Give details.)	Shop on site
Are meals available for new arrivals? (Give details)	Shop on site
Are packed lunches available for residents travelling to Dublin on official business? (Give details)	Shop on site
If the inspection takes place during Ramadan this section <u>must</u> be completed. What arrangements are in place to facilitate residents observing a fast during Ramadan?	n/a

12 FACILITIES FOR FEEDING BABIES

<i>Are the following available?</i>	Yes/No	
Access to drinking water (for breastfeeding mothers / for preparation of infant formula)	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Sterilisers	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Kettles	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Fridge (for bottles of EBM* / formula) *Expressed Breast Milk	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Bottle Warmer	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Microwave	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Are these facilities available 24 hours a day	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Is there a dedicated room provided? Where?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>

13 INDOOR FACILITIES

<i>Are the following available to residents?</i>	Yes/No	
Computers with Internet access	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
WIFI	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
DVD player	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Computer Games	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Snooker Table	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Pool Table	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Table Tennis Table	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Board Games	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Newspapers	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Books	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Toys / games for children	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Other		
Give details of any other arrangement or other comments:		

14 TRANSPORT ARRANGEMENTS

Is there a bus service provided? (Yes/No):	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Where does the service go to?	Wexford
What is the frequency of the service? (List time table opposite)	As required

15 TV SYSTEM

Is there a specific TV system in place? (give details)	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
An average, how many TV channels are provided to residents?	Soar view channels
Are residents allowed to erect satellite dishes?	no

16 LAUNDRY FACILITIES (General Arrangements)

Are Laundry facilities available in the centre? (Y/N)	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
If No, what service is provided?	
Who launders towels and bedlinen? (e.g., residents, staff, other, etc)	Towels and pillowslips laundered on site by staff, duvet covers and sheets laundered by AM laundry
What procedures are in place for the exchange of towels and bed linen at the centre?	As required
What procedures are in place for ironing boards and irons?	In the laundry
How is washing powder / tablets supplied?	Shop

Are there specific arrangements for access to the laundry (give details):	no
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17 CLEANING (General Arrangements)

Are there cleaning materials and equipment provided by management for residents?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
What cleaning equipment is available to residents?	Mops, buckets etc
What is the procedure for residents to access vacuum cleaners, brushes & other cleaning equipment?	Available on request
What arrangements are in place if rooms are not cleaned sufficiently by residents?	Staff will assist

PART 2

Room by Room Inspection

Independent Inspection

Centre: Rosslare Port Lodge

Date of Inspection: 30/5/22

Section A- Administration / Communal areas

17 Have you seen the following?

		Location of display
Up to date House Rules	<input checked="" type="checkbox"/>	Reception
Complaint Forms	<input checked="" type="checkbox"/>	Reception
Accident/ Incident procedure	<input checked="" type="checkbox"/>	Reception

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

18 Staff Awareness

Did you see the RIA Code of Practice*?	<input checked="" type="checkbox"/>
Are all staff aware of RIA Code & House Rules?	<input checked="" type="checkbox"/>
How are staff made aware of RIA Code & House Rules? On employment	

**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>
20/12/21	Maintenance	No issues
12/12/22	Maintenance	No issues

No External certification of emergency lighting

19b FIRE ALARM & DETECTION SYSTEM INSPECTION SCHEDULE

Date	Inspected By (Company Name / Position)	OK	Defect	Remedial Action Taken (Y/N)	Sign Off Y/N
20/5/22	Maintenance	<input checked="" type="checkbox"/>	No issues		
22/4/22	Maintenance	<input checked="" type="checkbox"/>	No issues		
2/3/22	Joyce Security	<input checked="" type="checkbox"/>	No issues		

19c FIRE FIGHTING EQUIPMENT INSPECTION SCHEDULE

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

Date	Inspected By (Company Name / Position)	OK	Defect	Remedial Action Taken (Y/N)	Sign Off Y/N
19/5/22	Maintenance	<input checked="" type="checkbox"/>	No issues		
10/5/22	Maintenance	<input checked="" type="checkbox"/>	No issues		

8/10/21	Browne Fire	<input checked="" type="checkbox"/>	No issues		
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19d FIRE EXIT DOORS / MEANS OF ESCAPE INSPECTION SCHEDULE

Date	Inspected By (Company Name / Position)	OK	Defect	Remedial Action Taken (Y/N)	Sign Off Y/N
24/5/22	Maintenance	<input checked="" type="checkbox"/>	No issues		
23/5/22	Maintenance	<input checked="" type="checkbox"/>	No issues		

19e FIRE DRILL PROCEDURE INSPECTION SCHEDULE

Date & Time	Numbers of staff involved in drill	No. of residents present / evacuated **	Evacuation Time	Comments
9/11/21 2pm	4	74/74	15 min	
6/3/22 12.00	4	53/74	12 min	

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

19f STAFF INSTRUCTION AND TRAINING (Fire Safety)

Job Description	Course	Instructor	Duration	Date
None				

19g FIRE ASSEMBLY POINTS

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

19h FIRE ALARM SYSTEM

Is there a fire alarm system in place?	Yes
Are there smoke alarms throughout the premises, inc bedrooms?	yes
Are all smoke alarms linked back to a central control panel?	Yes
Are there designated 'Smoking' areas? <i>Include locations</i>	Yes to the rear
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?	Some remain open due to COVID
Are fire evacuation instructions clearly displayed in the centre?	Yes
Are fire extinguishers clearly visible?	Yes
Is there emergency lighting system in place?	Yes
Comments:	

Administration Area:

Reception:

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

Have you seen the following?

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

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

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

Social Room / Tea Station (State Location): Reception

What facilities are provided? Tea and hot water		
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: n/a

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

Other comments:

DINING AREA:

Please outline the meal times: n/a

	From	To
Breakfast		
Lunch		
Dinner		

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

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

Breakfast	
Lunch	
Dinner	

Is menu cycle on display?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Does menu cycle correspond with options available?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

If no, ask manager for explanation and provide details:

Which meal was sampled?	Breakfast <input type="checkbox"/>	Lunch <input type="checkbox"/>	Dinner <input type="checkbox"/>
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Please describe the meal in detail (e.g. was it hot / cold, bland / spicy etc.)

Was there a vegetarian option? (note salad and vegetables <u>alone</u> are not considered as vegetarian option)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Give details of this option:		
Were there ethnic dishes available?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Give details of this option:		
Was fresh foods available for Infants? (as per HSE Infant Feeding Guidelines)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
In your opinion, does the food on offer appear to provide a good variety?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Did inspection take place during Ramadan?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

If yes, please outline arrangements for provision of meals outside of normal mealtimes, (medical or other appointments, etc.):

Is there any damaged seating or tables in dining room?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is there enough seating for residents present to sit down and eat their lunch?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Comments:

Comments:

KITCHEN AREA: Food Safety Critical Requirements

FOOD SAFETY

Has the premises been inspected by an Environmental Health Officer?	no
Date of Visit?	
Comments:	

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

HACCP Records:

Pest Control: last visit records in place 4/5/22
Induction and Ongoing Staff Training: n/a
Time & Temperature Records: in place, last record am 29/5/22
Hygiene Audits: n/a
List of Approved Suppliers: Available
Cleaning Schedules: n/a
Procedures for accepting deliveries: n/a
General Comments:

HACCP and Kitchen Evaluation

General:

Is the kitchen commercial or domestic?	Residents own kitchen now
What equipment is in place? 6 cooking stations, 2 halal – open 24/7 except for 12-4 on Sunday nights for deep cleaning:	
In what condition is the equipment? Good condition	
Comments:	

STRUCTURAL HYGIENE

Kitchen:

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

Dry Goods:

Suitably equipped? <i>Shelving/containers etc</i>	Shop for residents. All food examined in date
Condition and suitability of facilities:	
What evidence is there of stock rotation?	All food examined in date

Refrigerated Storage:

What type of refrigerated storage is provided?	Freezer and fridge storage in place.
Comment on the condition and suitability of the refrigerated storage: Daily record of temperature monitoring.	
Are thermostats provided and in working order?	Yes
Are food items date stamped?	Use by on food in shop
Are samples of dishes being kept?	n/a

Other:

Is there appropriate storage for cleaning agents and chemicals?	Yes
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OPERATIONAL HYGIENE

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

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

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

Condition and suitability of serving equipment and utensils:
n/a

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

Comments:

Food Hall - Shop

Is the till system in place Electronic POS:	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Relevant Certification (halal meats) in place/on display:	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Is there appropriate storage; shelving, cold storage, dry storage:	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Were the points value of the items clearly displayed:	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Is the area generally clean:	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
If no for any of the above, please give details: Shop has just undergone renovation and points board is being redon. I was shown a photograph of new board		
Visual Check: Have you noticed any issues requiring attention? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (Products in date, fresh food, ethnic food, Halal food, variety available, suitable range of food products, toiletries and cleaning materials.)		
If yes to any issues please give detail:		
Do food products available in the food hall reflect the reasonable needs of the different ethnic groups; e.g. the provision of halal food for Muslim residents, the provision of food for gluten free, vegetarian, vegan residents, etc. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
If no please give details:		
Products (Available) Check: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Adequately stocked in order to provide a choice for residents. Meat, fish (including oily fish); Eggs; Non-meat proteins such as pulses, beans and tofu; Dairy products including fortified milk; Variety of breakfast cereals, including porridge; Potatoes, wholegrains, rice and pasta; Fresh fruit and vegetables; Olive, rape and other cooking oils; Spices and sauces; Ethnic goods; Tea, coffee and other hot drinks; Sweets, pastries and carbonated drinks.		
Please Insert/List Some Items/Products Below;		
Item/Product:	Points Value:	Expiry Date on
Product:		
Fresh chicken legs	2.00	26/6/22
Chips	2.29	04/23
Milk	1.50	06/06
Fresh bread	0.90	04/06
Fresh Veg /Veg cucumber	0.90	07/06
Overall Comments/Additional Comments: Well managed area with delivery records in place. Wide variety of product available. Social distancing in place		

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STAFF FACILITIES AND HYGIENE

Are designated staff facilities provided?	yes
What facilities are in place?	Staff changing area

Are all areas clean and well maintained?	yes
Are suitable hand washing & drying facilities provided?	yes
Is storage provided for personal belongings?	yes
Are showers provided? <i>Indicate cleanliness & suitability</i>	n/a

Is a designated area provided for staff breaks? <i>If yes, is it clean/suitable/well maintained. If no, outline arrangements for breaks</i>	In general reception are
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Are uniforms provided for:	
Kitchen Staff?	n/a
Serving Staff?	n/a

Are uniforms clean and in good condition? <i>(to include caps/hairnets/closed heel/toe shoes etc)</i>	n/a
Is personal grooming satisfactory?	n/a
Are safe habits practiced?	n/a
General Comments on staff facilities:	

23 PUBLIC TOILET (State Location):

	Number	Soap	Toilet Paper	Hand Towels / Dryers	Hot Water	Sanitary Bins
Unisex:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ladies:		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Gents:		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Is there a cleaning schedule displayed?					Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Record the last time entry.					25/10/21	
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:	
Is the walkway through the area clear?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Are the exit signs clearly marked?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
General Seating Area	
Is the seating in good condition?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
What is the area generally used for?	Reception Yes <input type="checkbox"/> No <input type="checkbox"/>
Computer room:	
Is the area generally clean?	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 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Paintwork of the centre	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maintenance standard of the grounds (e.g. grass cut, walkways clear etc.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cleanliness of the grounds (ie., evidence of rubbish etc.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

LAUNDRY ROOM

	Washing Machines	Dryers
Number	5	3
Do they appear to be in working order?		
Comments:		

CORRIDOR (Ground floor):

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

CORRIDOR (First floor):

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

STAIRWAY (To first floor):

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

Bedrooms:

CLEANING (General Arrangements)

How often are bedrooms inspected?	twice weekly <input type="checkbox"/>	Weekly <input checked="" type="checkbox"/>
Who cleans the bedrooms?	Staff <input type="checkbox"/>	Residents <input type="checkbox"/>
How often do staff clean the bedrooms?	Weekly <input 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?	Can purchase through shop	
What arrangements are in place if rooms are not cleaned sufficiently by residents?	Staff will clean	

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

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

ROOM NUMBER 3				
Room Profile: Family		Room Capacity:		Room Occupancy:
		1		2
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details:				

ROOM NUMBER 4				
Room Profile: Family		Room Capacity:		Room Occupancy:
		2		2
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details:				

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

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

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

ROOM NUMBER 8				
Room Profile: Family		Room Capacity:		Room Occupancy:
		1		1
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details:				

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

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

ROOM NUMBER 11				
Room Profile: Single		Room Capacity:		Room Occupancy:
		1		1
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details:				

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

ROOM NUMBER 13				
Room Profile:Single		Room Capacity:		Room Occupancy:
		1		1
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details:				

ROOM NUMBER 14				
Room Profile: Single		Room Capacity:		Room Occupancy:
		2		1
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details:				

ROOM NUMBER 15				
Room Profile: Shared		Room Capacity:		Room Occupancy:
		2		3
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details:				

ROOM NUMBER 16				
Room Profile: Shared		Room Capacity:		Room Occupancy:
		2		2
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details:				

ROOM NUMBER 17				
Room Profile: Family		Room Capacity:		Room Occupancy:
		3		3
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details:				

ROOM NUMBER 18				
Room Profile: Family		Room Capacity:		Room Occupancy:
		4		4
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details:				

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

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

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

ROOM NUMBER 22				
Room Profile: Shared		Room Capacity:		Room Occupancy:
		3		3
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details:				

ROOM NUMBER 23				
Room Profile: Shared		Room Capacity:		Room Occupancy:
		1		1
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details:				

ROOM NUMBER 24				
Room Profile: Shared		Room Capacity:		Room Occupancy:
		2		2
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details:				

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

ROOM NUMBER 26				
Room Profile: Shared		Room Capacity:		Room Occupancy:
		2		2
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details: Daisy chaining of extension lead				

ROOM NUMBER 27				
Room Profile: Shared		Room Capacity:		Room Occupancy:
		2		2
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details: Silicone around bath mouldy				

ROOM NUMBER 28				
Room Profile: Shared		Room Capacity:		Room Occupancy:
		2		0
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details:				

ROOM NUMBER 29				
Room Profile: Shared		Room Capacity:		Room Occupancy:
		2		1
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details:				

ROOM NUMBER 30				
Room Profile: Shared		Room Capacity:		Room Occupancy:
		2		1
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details:				

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

ROOM NUMBER 32				
Room Profile: Shared		Room Capacity:		Room Occupancy:
		2		1
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details:				

ROOM NUMBER 33				
Room Profile: Shared		Room Capacity:		Room Occupancy:
		2		2
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details:				

ROOM NUMBER 34				
Room Profile: Shared		Room Capacity:		Room Occupancy:
		2		2
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details:				

ROOM NUMBER 35				
Room Profile: Shared		Room Capacity:		Room Occupancy:
		2		2
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details:				

ROOM NUMBER 36				
Room Profile: Shared		Room Capacity:		Room Occupancy:
		2		2
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details: Food on floor				

ROOM NUMBER 37				
Room Profile: Shared		Room Capacity:		Room Occupancy:
		2		2
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details:				

ROOM NUMBER 38				
Room Profile: Shared		Room Capacity:		Room Occupancy:
		3		1
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details:				

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:

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

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

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

Personal representations should be recorded in Part 3.

From: David Lardner (DCEDIY)

Sent: Tuesday 29 November 2022 15:08

To: [REDACTED]

Subject: IPPS - Inspection Reports Rosslare Port Lodge Accommodation Centre - Please review and respond

Dear Mr Fitzsimons

Please find attached PDF copies of the IPPS Independent Inspection Reports from QTS Ltd for Rosslare Port Lodge Accommodation Centre, dated 30/05/2022 and 11/11/2022 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

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



Rosslare Harbour
ACCOMMODATION CENTRE

Codelix Enterprises
Rosslare Harbour Accommodation Centre,
St Patrick Road,
Kilrane,
Rosslare Harbour,
Wexford.
Y35HR58

Dear David

Thank you for your letter and attached report following our IPPS/IPAS inspection in the Rosslare Harbour Accommodation Centre on the 11th November 2022.

In response to the issues that were identified as requiring attention during the course of the inspection, I would like to outline our actions to date and ongoing interventions and processes in order to rectify or mitigate the issues from reoccurring.

I trust this meets with your approval and welcome any further advice or guidance you might have.

Actions

Part 1

Section 9 Food Hall

- Points are clearly presented beside the shop on our notice board.

Part 2

Section 19a-

- Our external light certification of emergency lighting will be carried out over the next 2 weeks so we should be issued with our new certificate in January.

Room Issues

- Room 22- & 30 mould has been treated and repainted
- Room 29- Curtain pole has been replaced
- Room 32- Bedroom door has been repaired.

Damien Fitzsimons

MD, Coziq Enterprises Ltd.

damien@dcicentre.ie