IPAS / IPPS

Independent
Inspection Report

Centre:	Temple Hotel
Inspector:	Fergal Duane
Date of Inspection:	17/10/22
Time of Arrival & Departure:	11.00-14.00

Part 1 General Information on Services

Independent Inspection Report

Centre: Temple Hotel, Horseleap

Date of Inspection: 17/10/22

1. CENTRE DETAILS

Name and address of Centre	Temple Accomodation Centre,
	Horseleap, Moate,
	Co. Westmeath

Contractor	Townbe Ltd.
Manager	Colin Connelly
Who deputises for manager in his/her	Give Job Title only
absence?	Assistant Manager

Telephone Number	0579335885

Current Contracted Capacity	125
Current Occupancy (today)	103
Current Centre Profile (e.g., singles, families etc.)	Families/single men &women

HSE Area	Mid Leinster
Public Health Nurse	Lisa Sweeney
DSP / CWO name	Mary Hoctor
Environmental Health Officer name	Sinead Bowens
Local Fire Officer Name	Joe Cassidy
Local Fire Station	Mullingar

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

2. Please provide a copy of the following

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

3 GENERAL SECURITY & EMERGENCY DETAILS

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

4 HEATING ARRANGEMENTS

What type of heating is used in the centre?	Gas& oil
Do residents have control of the heatingin their own bedroom?	Yes Nox
If no, what arrangements are in place?	Heating on thermostats
What are the heating 'ON' times?	automatic

5 HOUSE RULES

Are residents provided with a copy of the House Rules on arrival?	Yes x No
How does centre management explain house rules	By discussion on arrival
to residents on arrival?	

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

Are residents issued with key for their bedroom?(Yes/No)	Yes x No
Are residents issued with key for main door?(Yes/No)	Yes Nox
If no, give details	Front door open during visiting times and monitored from reception all other times
Are there procedures to allow residents to receive visitors? (Give details)	yes

Outline visiting times:	10am-10pm
In what areas are visitors allowed in the centre?	Tv Lounge
Any other relevant information:	
Is there a facility for storage of residents' valuables*? (Give details.)(*Storage is at resident's own risk)	Yes locked room (Security hold the key)
What toiletries are provided to residents on arrival?	Toothpaste, shampoo, toiletries
What arrangements are in place to replenish these items?	Request of manager

7 ARRANGEMENTS FOR MAINTENANCE

Does the centre have a written procedure in place	Yes Nox		
for residents to report maintenance issues? (Yes/No)			
Is there a maintenance day book? (Yes/No)	Yes x No		
Describe the maintenance procedure at the centre:			
When maintenance issues are reported they are noted by manager and actioned by			
maintenance team immediately			

8 CHILD PROTECTION

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

9 FOOD SAFETY

Has a HACCP system been implemented? (Yes/No)	Yes No N/A
Have the premises been inspected by an Environmental	No
Health Officer? (Yes/No)	
Date of last visit:	

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

Are residents consulted regarding menu / dietary	Yes, meetings with residents regarding
requests? (Give details.)	food in shop
Provide details opposite:	
Which of the following are provided for school	Please also provide details of the system
children's packed lunches:	for distribution of school lunches:
 Sandwich? What sandwich fillings are 	Lunches given by parents.
available: Cheese? Ham? Chicken?	
Tuna? Jam? Other?	
Drinks? Juice? Water?	
• Yogurt?	
• Fruit?	
Other	
Is infant formula kept out of public view?	In shop
What arrangements are in place for distribution	From shop
of infant formula?	

11 ARRANGEMENTS FOR REFRESHMENTS / MEALS OUTSIDE NORMAL MEAL TIMES

TIIVIES	
Are tea / coffee / drinking water / Snacks etc.	Yes 🛛 No 🗌
available outside mealtimes?	
What food/snacks are available after hours or when	Fridge available
kitchen is closed?	
Where are the snacks located and how are they	As above
accessed?	
Are meals available for residents who arrive late?	Yes No N/A
(Give details.)	If advance notice given
Are meals available for new arrivals?	If advance notice given
(Give details)	
Are packed lunches available for residents	Yes 📙 No 🗵
travelling to Dublin on official business?	On request
(Give details)	
If the inspection takes place during Ramadan this	Not during Ramadan
section <u>must</u> be completed.	
What arrangements are in place to facilitate	
residents observing a fast during Ramadan?	
Food Hall - Shop	
Is the till system in place Electronic POS:	Yes 🛛 No 🗌
Relevant Certification (halal meats) in place/on displa	y: Yes 🛛 No 🗌
Is there appropriate storage; shelving, cold storage, d	Iry storage: Yes 🛛 No 🗌
Were the points value of the items clearly displayed:	Yes 🛛 No 🗌
Is the area generally clean:	Yes No

If **no** for **any** of the above, please give details:

Visual Chacks Have you notic	ad any issues requiring attention	No. No. M			
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					
• • • • • • • • • • • • • • • • • • • •	•	available, suitable range of			
food products, toiletries and o	cleaning materials.)				
If yes to any issues please give	e detail:				
Do food products available in	the food hall reflect the reasona	able needs of the different			
ethnic groups; e.g. the provisi	on of halal food for Muslim resid	dents, the provision of food for			
gluten free, vegetarian, vegan		Yes 🕅 No 🗍			
	•				
If no please give details:					
. 0					
Products (Available) Check:		Yes No 🗌			
Adequately stocked in order t	o provide a choice for residents.				
Please Insert/List Some Items/Products Below;					
Item/Product:	Item/Product: Points Value: Expiry Date on				
Product:					
Tesco Porridge Oats	1.20	4/10/23			
Frozen Beef Oxtail 7.70 30/09/22					
Tomato Ketchup 1.00 23/07/22					
Tesco Clean Honey 1.88 Jan 2024					
Frozen Lamb mince 5.00 27/03/23					
Overall Comments/Additional Comments:					
Well managed area with delivery records in place. Wide variety of product available.					
-	•				

12 FACILITIES FOR FEEDING BABIES

Are the following available?	Yes/No
Access to drinking water (for breastfeeding mothers	Yes No 🗌
/ for preparation of infant formula)	
Sterilisers	Yes No 🗌
Kettles	Yes No 🗌
Fridge (for bottles of EBM* / formula)*Expressed	Yes No 🗌
Breast Milk	
Bottle Warmer	Yes No
Microwave	Yes No 🗌
Are these facilities available 24 hours a day	Yes No 🗌
Is there a dedicated room provided?	Yes No
Where?	Everything is available in the dining area

13 INDOOR FACILITIES

Are the following are available to residents?	Yes/No	
Computers with Internet access	Yes⊠ No ☐	
WIFI	Yes No	
DVD player	Yes No	

Computer Games		Yes No No		
Snooker Table		Yes No		
Pool Table		Yes No		
Table Tennis Table		Yes No		
Board Games		Yes No No		
Newspapers		Yes No		
Books		Yes No		
Toys / games for children		Yes No		
Other				
Give details of any other arrangement or other	er arrangement or other Playroom for children, table tennis and			
comments:		foosball also		
14 TRANSPORT ARRANGEMENTS Is there a bus service provided? (Yes/No):		Yes 🛛 No 🗌		
Where does the service go to?	Moa	ite& Athlone		
What is the frequency of the service? (List time table opposite)	Moa	te 2 per day, Athlone on Saturday		
15 TV SYSTEM				
Is there a specific TV system in place? (give details)		Yes No		
An average, how many TV channels are	10+ channels in rooms and Sky with Sky			
provided to residents?	Sports in TV lounge			
Are residents allowed to erect satellite dishes?	no			
16 LAUNDRY FACILITIES (General Arr. Are Laundry facilities available in the centre?		nents) Yes No		
If No, what service is provided?				
Who launders towels and bedlinen?		staff in laundry		
(e.g., residents, staff, other, etc)		Stail in laulidity		
What procedures are in place for the exchang towels and bed linen at the centre?	e of	staff do linens		
What procedures are in place for ironing boar and irons?	ds	available in laundry and also check out fro reception		
How is washing powder / tablets supplied?		available from reception		
Are there specific arrangements for access to laundry (give details):	the	always open		
17 CLEANING (General Arrangement Are there cleaning materials and equipment	:s)	Yes No ✓		
provided by management for residents?		. 55		
What cleaning equipment is available to residents?	C	leaning staff employed .		

What is the procedure for residents to access	Cleaning equipment – vacuum cleaner,
vacuum cleaners, brushes & other cleaning	mops, cloths, anti-bac spray & toilet
equipment?	cleaner provided by management for
	residents use.
What arrangements are in place if rooms are not	cleaning staff employed
cleaned sufficiently by residents?	

PART 2

Room by Room Inspection

Independent Inspection

Centre: Temple Accommodation

Date of Inspection: 17/10/22

Section A- Administration / Communal areas

17 Have you seen the following?

		Location of display
Up to date House Rules	\boxtimes	Reception
Complaint Forms		Managers Office/ Reception
Accident/ Incident procedure		Safety Statement

HSE Breastfeeding Posters	Reception
(if applicable)	
Designated Liaison Person details	Managers Office/ Reception
(Child Protection)	
Supervision of children notice	Reception
Gym Notices(Child Safety – if applicable)	not applicable
IOM Voluntary Return Posters	Reception

18 Staff Awareness

Did you see the RIA Code of Practice*?	
Are all staff aware of RIA Code & House Rules?	
How are staff made aware of RIA Code & House Rules?	
verbally communicated by manager	

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

19 FIRE SAFETY

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

19a EMERGENCY LIGHTING INSPECTION SCHEDULE

<u>Date</u>	Inspected By (Company Name / Position)	<u>Comments</u>
11/07/22	Ros Tek	Full service

19b FIRE ALARM & DETECTION SYSTEM INSPECTION SCHEDULE

Date	Inspected By (Company Name / Position)	OK	Defect	Remedial Action Taken (Y/N)	Sign Off Y/N
16/10/22	Internal	\boxtimes			
11/07/22	Ros Tek	\boxtimes			

19c FIRE FIGHTING EQUIPMENT INSPECTION SCHEDULE

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

Date	Inspected By (Company Name / Position)	ОК	Defect	Remedial Action Taken (Y/N)	Sign Off Y/N
9/12/21	Ros Tek	\boxtimes			
16/10/22	internal	\boxtimes			

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
15/10/22	internal	\boxtimes			
16/10/22	internal	\boxtimes			

19e FIRE DRILL PROCEDURE INSPECTION SCHEDULE

Date & Time	Numbers of staff	No. of residents	Evacuation	Comments
	involved in drill	present /	Time	
		evacuated **		
10/3/21	5	55	3mins	
1.35pm			16s	
20/07/22	5	43	3min 24	Two residents spoken
			sec	to for lack of speed.

^{**}Both numbers must be recorded.

19f STAFF INSTRUCTION AND TRAINING (Fire Safety)

Job Description	Course	Instructor	Duration	Date
all staff	Fire safety awareness & drill	Fitzfire Ltd		30/08/22

19g FIRE ASSEMBLY POINTS

Where are the Fire Assembly Points located?	front car park
Are they marked?	yes
Are staff aware of locations?	yes
Comments:	

19h FIRE ALARM SYSTEM

Is there a fire alarm system in place?	yes	
Are there smoke alarms throughout the	yes	
premises, inc bedrooms?		
Are all smoke alarms linked back to a central	yes	
control panel?		
Are there designated 'Smoking' areas?		
Include locations		
Comments: smoking area in side garden and car park		

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

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

Administration Area:

Reception: Hotel Lobby at entrance		
Is the area generally clean?		Yes ⊠ No □
If no please give details:		
Visual Check: Have you noticed any issues re	equiring atte	ention? Yes 🗌 No
(e.g., fire exit signs, hazards, lighting, notices, dé	cor, etc.)	
If yes please detail:		
Have you soon the fallowing?		
Have you seen the following?		Location of display
Up to date House Rules		reception
Complaint Forms		Office
Accident/ Incident procedure		Safety Statement
- 1001d0110, 1110d0110 p. 100dd11		- Careery Council
HSE Breastfeeding Posters		reception
(if applicable)		1 333 p. 131
Designated Liaison Person details		Office
(Child Protection)		
Supervision of children notice		Office
Gym Notices (Child Safety – if applicable)		n/a
, , , , , , , , , , , , , , , , , , , ,		
IOM Voluntary Return Posters		reception
Anti Human-Trafficking Posters		reception
'NO to Violence & Harassment' Posters		reception
		•
Social Room / Tea Station (State Location		
What facilities are provided? tea / coffee, b	read and to	past
Is the area generally clean?		Yes No
If no please give details:		
Visual Check: Have you noticed any issues re	equiring atte	ention? Yes No x
If yes please detail:		
Pre-school Room:		
Is thearea generally clean? Yes / No	nice de	dicated room
If no please give details:		
Visual Check: Have you noticed any issues re		
(observe whether the area is colourful, has sufficient to	ys, changing	areas, toilets in working order, etc)
Other comments:		

DINING AREA: Please outline the meal time

Please outline the me	ai tin	nes:								
	Fron	n			1	Го				
Breakfast	N/A									
Lunch										
Dinner										
	I				<u> </u>					-
Which is the main meal	of the	day:		Lunch			Dinner		N/A	
Is menu cycle available?		· ·		Yes			No		1	
,										
If no, give details of al	l men	u optio	ns on da	v of in	spec	ction:				
Breakfast				, -						
Lunch										
Dinner									-	
		1								
Is menu cycle on display	·?						Yes		No	\neg
Does menu cycle corres		with opt	ions avai	lable?			Yes		No [=
If no, ask manager for ex					s:				<u> </u>	
N/A	•		•							
Which meal was sampled? Breakfast Lunch Dinner										
Please describe the meal in detail (e.g. was it hot / cold, bland / spicy etc.), N/A										
Was there a vegetarian option?				Yes		No)	☐ N/A		
(note salad and vegetab	les <u>alc</u>	<u>one</u> are r	not							
considered as vegetarian option)										
Give details of this option:										
Were there ethnic dishes available?				Yes		No)	□ N/A		
Give details of this option										
Was fresh foods availab	le for	Infants?			Yes		No)	☐ N/A	
(as per HSE Infant Feeding Guidelines)										
In your opinion, does the food on offer appear to			to	Yes		No)	∐ N/A		
provide a good variety?										
Did inspection take place during Ramadan? Yes No										
If yes, please outline arr	_		r provisio	n of m	eals	outsio	de of nor	ma	al mealtimes,	
(medical or other appointr	nents,	etc.):								
					2		T., \Box	١.,		
Is there any damaged se						1		_	<u> </u>	
Is there enough seating	Tor re	sidents p	oresent to	o sit do	wn a	ına	Yes 🔀	711/10	0 🔲	
eat their lunch?										
Comments:										

KITCHEN AREA:Food Safety Critical Requirements

FOOD SAFETY - Residents now cook for themselves from food purchased through shop points system. 7 cooking stations have been installed replacing the commercial kitchen. Kitchen is open from 8am – 8pm daily.

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

Has a HACCP system been implemented?	Yes for shop and food storage
Who designed the HACCP system?	
Who is responsible for reviewing the	
system?	
How frequently is the system reviewed?	

HACCP Records:

Pest Control: Pestgaurd inspection on 30/09/2022 no activity noted
Induction and Ongoing Staff Training: n/a
Time & Temperature Records: Daily records all up to date for residents' kitchen
Hygiene Audits: In place No
List of Approved Suppliers: N/a
Cleaning Schedules: schedule in place deep clean every Sunday .All cleaning records up to date
Procedures for accepting deliveries:N/A
General Comments:

HACCP and Residents Kitchen

General:

Is the kitchen commercial or domestic?	Commercial					
What equipment is in place? 7 cooking stations in residents						
2 large freezers and 1 walk in fridge for residents while shop has its own						
fridge/freezer.						
In what condition is the equipment? Good condition						
Comments:all records in place						

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	n/a			
relation to access to kitchen for non				
kitchen staff?				
Are white coats, shoe covers and hats	n/a			
available for non kitchen staff?				
Comment of the structural hygiene of the k	kitchen (i.e			
floors/walls/ceilings/doors/windows/work surfaces/ventilation, etc)				
Good hygiene, clean kitchen.				
Are suitable hand washing and drying	yes			
facilities provided?				
General Comments:				

Dry Goods:

Suitably equipped? Shelving/containers	n/a					
etc						
Condition and suitability of facilities: No Issues						
What evidence is there of stock rotation?	n/a					

Refrigerated Storage:

What type of refrigerated storage is provided?	Fridges and freezers for resident's food.
Comment on the condition and suitability suitable	of the refrigerated storage: storage is
Are thermostats provided and in working order?	Yes,
Are food items date stamped?	N/A
Are samples of dishes being kept?	N/A

Other:

Is there appropriate storage for cleaning	Yes
agents and chemicals?	

OPERERATIONAL HYGIENE

Do residents use the main kitchen?	No own kitchen
Is that use supervised to ensure safe &	Cleaning rota in place and temperature
hygienic practices are observed?	checks of fridges
By whom is it supervised?	Staff

Is the correct equipment provided? e.g. colour coded chopping boards

Yes in resident's kitchen and colour chart in place

Is the necessary holding equipment provided? *e.g.bainmaries, refridgerated units.* **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: Temperature and cleaning records up to date.

STAFF FACILITIES AND HYGIENE

Are designated staff facilities provided?	Yes
What facilities are in place?	Changing room , lockers and showers
What facilities are in place:	Changing room, lockers and showers
Are all areas clean and well maintained?	Yes
Are suitable hand washing & drying	Yes
facilities provided?	
Is storage provided for personal	Yes
belongings?	
Are showers provided? <i>Indicate</i>	yes
cleanliness & suitability	,
,	1
Is a designated area provided for staff	Staff canteen and kitchenette
breaks? If yes, is it clean/suitable/well	
maintained.	
If no, outline arrangements for breaks	
Are uniforms provided for:	
Kitchen Staff?	Yes
Serving Staff?	yes
Are uniforms clean and in good	yes
condition? (to include	
caps/hairnets/closed heel/toe shoes etc)	
Is personal grooming satisfactory?	Yes
Are safe habits practiced?	Yes
General Comments on staff facilities:	

23 PUBLIC TOILET (State Location): main lobby

	Number	Soap	Toilet	Hand Towels /	Hot	Sanitary Bins
			Paper	Dryers	Water	
Unisex:						
Ladies:	2	\boxtimes	\boxtimes	\boxtimes	\boxtimes	\boxtimes
Gents:	2	\boxtimes	\boxtimes	\boxtimes	\boxtimes	
Is there a cleaning schedule displayed?Yes No						
Record the last time entry.						
Is the area clean? (provide comment)						

Visual Check: Have you notice	es No *				N					
The state of the s	ced any issues r	equiring atten	tion?	Yes*	No 🔀					
If No, give details:										
24 COMMUNAL ROOI	M (State Locat	tion): o	ff lobby							
Storage area:	-	-	-							
Is the walkway through the a	rea clear?			⊠ No						
Are the exit signs clearly mar	ked?		Yes	⊠ No						
General Seating Area					_					
Is the seating in good conditi	ion?		Yes	⊠ No						
What is the area generally used for? Yes ⊠ No □										
Computer room:										
Is the area generally clean?			Yes	⊠ No						
Visual Check: Have you notic	ced any issues r	equiring atten	tion? Yes	☐ No	\boxtimes					
If yes please detail:										
OUTDOOR GROUNDS / FACILITIES Please rate the following:										
Please rate the following:	Very Good	Adequate	Poor*	Needs u	rgent attention					
		Adequate	Poor*	Needs u	rgent attention					
Please rate the following: Condition of exterior of		Adequate	Poor*	Needs u	rgent attention					
Please rate the following: Condition of exterior of centre		Adequate	Poor*	Needs u	irgent attention					
Please rate the following: Condition of exterior of centre Paintwork of the centre Maintenance standard of the grounds (e.g. grass cut,		Adequate	Poor*	Needs u	rgent attention					
Condition of exterior of centre Paintwork of the centre Maintenance standard of the grounds (e.g. grass cut, walkways clear etc.)		Adequate	Poor*	Needs u	irgent attention					
Condition of exterior of centre Paintwork of the centre Maintenance standard of the grounds (e.g. grass cut, walkways clear etc.) Cleanliness of the grounds		Adequate	Poor*	Needs u	rgent attention					
Condition of exterior of centre Paintwork of the centre Maintenance standard of the grounds (e.g. grass cut, walkways clear etc.) Cleanliness of the grounds (ie., evidence of rubbish etc.)	Very Good			Needs u	irgent attention					
Condition of exterior of centre Paintwork of the centre Maintenance standard of the grounds (e.g. grass cut, walkways clear etc.) Cleanliness of the grounds	Very Good			Needs u	irgent attention					
Condition of exterior of centre Paintwork of the centre Maintenance standard of the grounds (e.g. grass cut, walkways clear etc.) Cleanliness of the grounds (ie., evidence of rubbish etc.)	Very Good	ails and commo	ents:	Needs u	rgent attention					
Condition of exterior of centre Paintwork of the centre Maintenance standard of the grounds (e.g. grass cut, walkways clear etc.) Cleanliness of the grounds (ie., evidence of rubbish etc.) Where you have rated * plea	Very Good	ails and commo	ents:	No [irgent attention					
Condition of exterior of centre Paintwork of the centre Maintenance standard of the grounds (e.g. grass cut, walkways clear etc.) Cleanliness of the grounds (ie., evidence of rubbish etc.) Where you have rated * plea	Very Good S S S See provide deta	ails and commo	ents:	No [irgent attention					
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Condition of exterior of centre Paintwork of the centre Maintenance standard of the grounds (e.g. grass cut, walkways clear etc.) Cleanliness of the grounds (ie., evidence of rubbish etc.) Where you have rated * pleated the pleated th	very Good ase provide deta	ails and commo	ents:	No [en lawn	yers					
Condition of exterior of centre Paintwork of the centre Maintenance standard of the grounds (e.g. grass cut, walkways clear etc.) Cleanliness of the grounds (ie., evidence of rubbish etc.) Where you have rated * pleaton pl	very Good ase provide deta	ails and commo	ents:	No [en lawn	yers					
Condition of exterior of centre Paintwork of the centre Maintenance standard of the grounds (e.g. grass cut, walkways clear etc.) Cleanliness of the grounds (ie., evidence of rubbish etc.) Where you have rated * pleaton pl	Very Good Solution Asse provide details for childrenings, slides, social washings and order? Yes	ails and commo	ents:	No [en lawn	yers					

If no please give details:								
Visual Check: Have you noticed any issues requiring attention?	Yes No							
If yes please detail: +								
STAIRWAY (State Location): all stairways								
Is the area generally clean?	Yes No							
If no please give details:								
Visual Check: Have you noticed any issues requiring attention? Yes (e.g., fire exit signs, hazards, lighting, notices, décor, etc.)								
If yes please detail:								

Bedrooms:

CLEANING (General Ar	CLEANING (General Arrangements)									
How often are bedrooms		twic	e weekly	We	ekly					
Who cleans the bedroom	s?	Staff		Reside	ents					
How often do staff clean	the bedrooms?	Wee	kly	fortni	ghtly					
		Mor	Monthly Other							
Are there cleaning mater										
provided by managemen	t for residents?	Yes			No 🔀					
What cleaning equipmen residents?	t is available to		eral domes ested	stic cleanir	ng products as					
What arrangements are i		sekeeping	ctaff in ho	tal						
not cleaned sufficiently b	•	s are nous	sekeeping	Stail III IIO	lei					
Thot cleaned sufficiently b	y residents:									
ROOM NUMBER101										
ROOM NUMBER101										
Room Profile:		Room Cap	acity:	Roo	m Occupancy:					
singles		4		3						
TV Ensuite	e Shared	l Bathroom	Smok	e Alarm	Fire Notice					
				\boxtimes	\boxtimes					
Very	Good Ade	quate	Poor *	Needs	urgent attention *					
Cleanliness										
Is everything in working o	order?		Yes No *							
If *, please give details:										
ROOM NUMBER102										
Room Profile:		Room Cap	acity:	Roo	m Occupancy:					
singles		3		3						
TV Ensuite	Shared	l Bathroom	Smok	e Alarm	Fire Notice					
				\boxtimes	\boxtimes					
Very	Good Ade	quate	Poor *	Needs	urgent attention *					
Cleanliness										
Is everything in working of	order?	•	Yes 🔀	No *						
If *, please give details:										

ROOM NUMBER103									
Room Profile	:		Room Capa	city:	Roon	n Occupancy:			
singles			3		3				
TV	Ensuite	Shared Bathroom		Smoke Alarm		Fire Notice			

						\boxtimes	
	Very Good	Adeq	uate	Pc	or *	Need	s urgent attention *
Cleanliness							
Is everything i	n working order?)		Υe	es 🔀	No *	
If *, please giv	e details:						
ROOM NUMB	ER104		_	n Capad	••		
Room Profile:	om Occupancy:						
singles TV	Ensuite	Shared	4 Pathro	om	Smoke	3 e Alarm	Fire Notice
I V	Ensuite	Silareu	Datiii O	OIII	SITIOR	e Alaitii	Fire Notice
						\boxtimes	
	Very Good	Adeq	uate	Pc	or *	Need	s urgent attention *
Cleanliness							
Is everything i	n working order?	· -		Υe	es 🔀	No *	
If *, please giv	e details:					<u> </u>	
ROOM NUMB	ER105						
Room Profile:			Room	Capac	city:	Ro	om Occupancy:
singles			4			3	
TV	Ensuite	Shared	Bathro	om	Smoke	e Alarm	Fire Notice
						\boxtimes	
	Very Good	Adeq	uate	Pc	or *	Need	s urgent attention *
Cleanliness							
Is everything i	n working order?)		Ye	es 🔀	No *	
If *, please giv	e details:						
ROOM NUMB	ER106						
Room Profile:				Capac	city:	-	om Occupancy:
singles			4		Γ	2	
TV	Ensuite	Shared	Bathro	om	Smoke	e Alarm	Fire Notice
						\boxtimes	\boxtimes
	Very Good	Adeq	uate	Pc	or *	Need	s urgent attention *
Cleanliness							
	n working order?	•		Υe	es 🔀	No *	
If *, please giv	e details:						
ROOM NUMB	ER107						
Room Profile:			Room	n Capad	citv:	Roo	om Occupancy:
singles			3		-,-	3	

TV	Ensuite	Shared E	Bathro	om	Smok	e Alarm	Fire Notice
						\overline{X}	\boxtimes
	Very Good	Adequ	uate	Po	or *	Needs	urgent attention *
Cleanliness							
Is everything	in working order?	?		Ye	es 🔀	No *	
If *, please giv							
ROOM NUME	BER108						
Room Profile:			Room	Capac	city:	Roo	m Occupancy:
singles			3			3	
TV	Ensuite	Shared E	Bathro	mc	Smok	e Alarm	Fire Notice
	\boxtimes					\boxtimes	
	Very Good	Adequ	uate	Ро	or *	Needs	urgent attention *
Cleanliness							
Is everything	in working order?	<u> </u>		Ye	es 🔀	No *	
If *, please giv							
ROOM NUME			Room	Capac	city:	Roo	m Occupancy:
Family			4	•		3	, ,
TV	Ensuite	Shared E	Bathro	om	Smok	e Alarm	Fire Notice
							\boxtimes
	Very Good	Adequ	uate	Ро	or *	Needs	urgent attention *
Cleanliness							
Is everything	in working order?	?		Ye	s 🔀	No *	
If *, please giv	ve details:						
ROOM NUME	BER110						
Room Profile:			Room	Capac	city:	Roo	m Occupancy:
Family			6			2	
TV	Ensuite	Shared E	Bathro	om	Smok	e Alarm	Fire Notice
	Very Good	Adequ	uate	Ро	or *	Needs	urgent attention *
Cleanliness							
	in working order?	?		Ye	es 🔀	No *	
If *, please giv	ve details:						

ROOM NUME	2ED111								
Room Profile:			Room	n Capad	rity:		Roo	m Occupancy:	
Family			5	Сарас	Jity.		3		
TV	Ensuite	Shared		om	Smok	e Ala		Fire Notice	
\square						$\overline{\mathbb{X}}$			
			<u> </u>		.			*	
Cleanliness	Very Good	Aded	quate	PC	or *	IN	eeas	urgent attention *	
	in working order	<u> </u>		V C	es 🔀	No	* [<u> </u>	
If *, please giv		•		- 10	.3 🔼	110			
, picase giv	re details.								
ROOM NUME	BER112								
Room Profile:			Room	Capac	city:		Roo	m Occupancy:	
singles			3				3		
TV	Ensuite	Shared	Bathro	om	Smok	e Ala	rm	Fire Notice	
								\boxtimes	
	Very Good	Adec	Adequate Poo			N	eeds	s urgent attention *	
Cleanliness									
Is everything	in working order	?		Ye	es 🔀	No	*		
If *, please giv	ve details: Light s	witch is no	t fully o	perati	ons. On	ly wo	rking	some of the time.	
ROOM NUME	2ED112								
Room Profile:			Room	n Capad	rity:		Roo	m Occupancy:	
singles			3	Сарас	Jity.		2	in occupancy.	
TV	Ensuite	Shared		om	Smok	oke Alarm		Fire Notice	
						\boxtimes			
	Very Good	Adeo	 quate	Pc	or *	<u> </u>	eeds	urgent attention *	
Cleanliness	Very 6000	/ / /			701	1	ccus		
	in working order	<u> </u>		Ye	es 🔀	No	*		
If *, please giv		·					<u> </u>		
ROOM NUME			T						
Room Profile:				Capa	city:			m Occupancy:	
singles	I		4		ı		2	T	
TV	Ensuite	Shared	Bathro	om	Smok	e Ala	rm	Fire Notice	
\boxtimes						\boxtimes			
	Very Good	Adeo	quate	Po	or *	N	Needs urgent attention *		
Cleanliness									
Is everything	in working order	?		Υe	es 🔀	No	*		
If *, please giv	ve details:								

ROOM NUME	3ER115									
Room Profile:			Room	n Capac	citv:		Room Occupancy:			
singles			3		,		3			
TV	Ensuite	Shared	Bathro	om	Smok	e Ala	rm		Fire Notice	
									\boxtimes	
	Very Good	Adeq	uate	Ро	or *	N	Needs urgent attention *			
Cleanliness										
Is everything	in working order	?		Ye	es 🔀	No	*			
If *, please giv	ve details:									
ROOM NUME	BER116									
Room Profile:			Room	Capac	city:		Rooi	m Oc	cupancy:	
singles			3		•		2			
TV	Ensuite	Shared	Bathroom Smoke Ala				rm		Fire Notice	
									\boxtimes	
	Very Good	Adeq	quate Poor * N			leeds	urger	nt attention *		
Cleanliness										
Is everything	in working order	?	Yes 🔀 No * 📙							
If *, please give	ve details: 2 x Pla	stic inserts	holdin	g radia	tor in ba	athro	om w	ith o	ne broken and	
the other one	slipping									
ROOM NUME	3FR117									
Room Profile:			Room	n Capac	itv:		Rooi	m Oc	cupancy:	
singles			3		,.		3		- приноун	
TV	Ensuite	Shared	Bathro	om	Smok	e Ala	rm		Fire Notice	
						\boxtimes			\boxtimes	
	Very Good	Adeq	uate	Ро	or *	N	leeds	urger	nt attention *	
Cleanliness										
Is everything	in working order	?		Ye	s 🔀	No	*			
If *, please giv	ve details: Windo	w cracked	and th	e other	windov	w is le	etting	in a c	draught.	
	night in storm.								_	
ROOM NUME	BER118									
Room Profile:			Room	n Capac	city:		Rooi	m Oc	cupancy:	
Family			4		•		2			
TV	Ensuite	Shared	Bathro	om	Smok	e Ala	rm		Fire Notice	
\boxtimes	\boxtimes									
	Very Good	Adeq	uate	Po	or *	N	leeds	urger	nt attention *	
Cleanliness										
				l L						

If *, please give	e details:								
ROOM NUME	BER19								
Room Profile:			Room	Capac	city:	Ro	om Oc	cupancy:	
Family			3			3			
TV	Ensuite	Shared	Bathro	om	Smok	e Alarm		Fire Notice	
Cleanliness	Very Good	Adeq	uate	Po	or *	Need	Needs urgent attention *		
	in working order?					No *			
	in working order?			16	es 🔀	INO .			
If *, please giv	re details:								
ROOM NUME			1						
Room Profile:				Capac	city:	Ro	om Oc	cupancy:	
Family	T. T.		5		T	2			
TV	Ensuite	Shared	Bathro	om	Smok	e Alarm		Fire Notice	
	Very Good	Adeq	uate	Pc	or *	Need	ls urger	nt attention *	
Cleanliness									
Is everything	in working order?)		Ye	es 🔀	No *			
If *, please give	ve details:								
ROOM NUME			1						
Room Profile:				Capac	city:		om Oco	cupancy:	
Family	F 11.	Ch I	2		6 1	2		Et NI. It.	
TV	Ensuite	Shared	Bathro	om		e Alarm		Fire Notice	
				1					
	Very Good	Adeq	uate	Pc	or *	Need	ls urger	nt attention *	
Cleanliness							L		
	in working order?)		Υe	es 🔀	No *			
If *, please giv	ve details:								
ROOM NUME			1						
Room Profile:			Room	n Capad	city:	Ro	om Oc	cupancy:	
Family	1		3		ı	2			
TV	Ensuite	Shared	Bathro	om	Smok	e Alarm		Fire Notice	
	Very Good	Adeq	uate	Po	or *	Need	ls urger	nt attention *	
Cleanliness									
Is everything	in working order?) 		Υe	es 🖂	No *			
If *, please giv	ve details:		· · · · · ·				· · · · · · · · · · · · · · · · · · ·		

ROOM NUME	BER23								
Room Profile:			Room	Capac	city:		Roo	m Occupancy:	
Family			3				2		
TV	Ensuite	Shared	Bathro	om	Smok	e Ala	rm	Fire Notice	
								\boxtimes	
	Very Good	Adeq	uate	Po	or * Needs			urgent attention *	
Cleanliness									
Is everything	in working order	?		Ye	es 🔀	No	*		
If *, please giv	ve details:								
ROOM NUME	BER24								
Room Profile:			Room	Capac	city:		Roo	m Occupancy:	
Family	T		3		1		2		
TV	Ensuite	Shared	Shared Bathroom S				rm	Fire Notice	
	Very Good	Adeq	uate	Po	or *	N	eeds	urgent attention *	
Cleanliness								<u>_ </u>	
Is everything	in working order	?		Ye	es 🔀	No	*		
If *, please give	ve details:								
ROOM NUME	BER25								
Room Profile:			Room	Capac	city:		Roo	m Occupancy:	
Family			2		•		2		
TV	Ensuite	Shared	Bathro	om	Smok	te Alarm Fire Not		Fire Notice	
						\boxtimes		\boxtimes	
	Very Good	Adeq	uate	Po	or *	N	eeds	urgent attention *	
Cleanliness									
Is everything	in working order	?		Ye	es 🖂	No	*		
If *, please giv	ve details:								
ROOM NUME	RER26								
Room Profile:			Room	Capac	ritv:		Roo	m Occupancy:	
Family			3	. сарас	y.		3	in occupancy.	
TV	Ensuite	Shared		om	Smok	e Ala		Fire Notice	
						\boxtimes			
	Very Good Adec					N	eeds	urgent attention *	
Cleanliness		Г			or *	†			
	in working order	<u></u> ?		Ye	es 🔀	No	*		
If *, please giv					<u> </u>			_	

ROOM NUME	BER27									
Room Profile:			Room Capacity:				Room Occupancy:			
Family			3				3			
TV	Ensuite	Shared	Bathro	om	Smok	e Alar	m	Fire Notice		
	Very Good	Adeq	uate	Pc	or *	Ne	Needs urgent attention *			
Cleanliness										
Is everything	in working order?)		Ye	es 🖂	No *	٠ [
If *, please giv	ve details:									
ROOM NUMBER28										
			Deen	Conne	a:4		Daar			
Room Profile:			_	Capac	city:			m Occupancy:		
Family	Franita	3 Shared Bathroom			Connel		3	Fine Nation		
TV	Ensuite	Snared	Bathro	om	Smok	e Alar	m	Fire Notice		
	Very Good	Adeq	Adequate Poor * N				eds	urgent attention *		
Cleanliness	Cleanliness									
Is everything in working order? Yes No *										
If *, please giv	ve details:									
ROOM NUME	BER29									
Room Profile:			Room	Capac	city:		Roor	n Occupancy:		
Family			3				3			
TV	Ensuite	Shared	Bathro	om	Smok	imoke Alarm F		Fire Notice		
	Very Good	Adeq	uate	Pc	or *	Ne	eds	urgent attention *		
Cleanliness										
Is everything	in working order?)		Ye	es 🖂	No *	· [
If *, please giv	ve details:									
ROOM NUME	BER30									
Room Profile:			Room	Capac	city:		Roor	n Occupancy:		
Family	,		3				2			
TV	Ensuite	Shared	Bathro	om	Smok	e Alar	m	Fire Notice		
	Very Good	Adeq	uate	Pc	or *	Needs urgent attention *				
Cleanliness				[
Is everything	in working order?	·		Ye	es 🖂	No *	<u> </u>			
If *, please giv	ve details:									

ROOM NUME	BER31								
Room Profile:			Room Capacity:				Room O	ccupancy:	
Family			3			3	3		
TV	Ensuite	Shared	Bathro	om	Smok	e Alarm	n	Fire Notice	
						\boxtimes			
	Very Good	Adeq	uate	Po	or *	Nee	eds urge	ent attention *	
Cleanliness									
Is everything i	in working order?	?		Ye	es 🖂	No *			
If *, please giv	ve details:								
ROOM NUME	BER32								
Room Profile:			Room	Сарас	city:	R	Room O	ccupancy:	
Family			3			2	2		
TV	Ensuite	Shared	Bathro	om	Smok	e Alarm	n	Fire Notice	
						\boxtimes			
	Very Good	Adeq	uate	Po	or *	Nee	eds urge	ent attention *	
Cleanliness									
Is everything i	in working order?	?		Yes No *					
If *, please giv	ve details:								
-									
ROOM NUME						1			
Room Profile:			Room	Capac	city:			ccupancy:	
Family	ı		4		T	2	-		
TV	Ensuite	Shared	Bathro	om	Smok	e Alarm	n	Fire Notice	
						\boxtimes		\boxtimes	
	Very Good	Adeq	uate	Po	or *	Nee	eds urge	ent attention *	
Cleanliness									
Is everything i	in working order?	?		Ye	es 🖂	No *			
If *, please giv	ve details: Fix ligh	nt switch.							
ROOM NUME	BER34								
Room Profile:			Room	Capac	city:	R	Room O	ccupancy:	
Family			3	- 1/-	•	3		1 -1	
TV	Ensuite	Shared	Bathro	om	Smok	e Alarm	n	Fire Notice	
						\boxtimes			
	Very Good	Adeq	uate	Po	or *	Nee	eds urge	ent attention *	
Cleanliness									
Is everything i	in working order?	?		Ye	es 🖂	No *			
If *, please giv	ve details:								

ROOM NUME	BER35							
Room Profile:			Room	Room Capacity:			m Occupancy:	
Family			4			4		
TV	Ensuite	Shared	Bathro	Bathroom S		e Alarm	Fire Notice	
						\boxtimes		
	Very Good	Adeq	uate	Pc	or *	Needs	urgent attention *	
Cleanliness								
	n working order?)		Yε	es 🔀	No *		
If *, please giv	ve details:							
ROOM NUME	BER36				-			
Room Profile:				Capa	city:		Room Occupancy:	
Family			3		l _ :	3	T	
TV	Ensuite	Shared	Bathro	om	Smok	e Alarm	Fire Notice	
	Very Good	Adeq	uate	Pc	or *	Needs	urgent attention *	
Cleanliness								
	n working order	· · · · · · · · · · · · · · · · · · ·		Υe	es 🔀	No *		
If *, please giv	ve details:							
ROOM NUME			T		•			
Room Profile:				Capa	city:		m Occupancy:	
Family	Ensuite	Shared	3 Pathro	om	Smale	3 ce Alarm	Fire Notice	
I V	Elisuite	Silareu	Datillo	0111	SITION	A Alailli	FITE NOTICE	
	\boxtimes							
	Very Good	Adeq	uate	Pc	or *	Needs	urgent attention *	
Cleanliness								
Is everything i	n working order)		Υe	es 🔀	No *		
If *, please giv	ve details: Handle	broken o	n door i	nto ba	throom	& towel r	ail loose.	
Use this space	ce for any comm	nents or o	ther in	forma	ation no	ot covered	d in this form:	
3 3pa (2.1.10 01 0						

General Representations

If you were approached by any <u>residents</u> regarding general issues while in the centre please outline the details below:
in the tentre please outline the details below.
no
If you were approached by any members of staff regarding general
issues while in the centre please outline the details below:
no
If you were approached by any other persons regarding general issues
while in the centre please outline the details below:
no

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

Personal representations should be recorded in Part 3.

Summary Sheet

Name of Centre:		Temple Accommodation Centre		
Address:		Horseleap, Co Westmeath		
Proprietor :		Townbe Ltd.		
Manager:		Colin Connolly		
Contact Name:		Colin Connolly		
Capacity Per MOA (Current		125 (103)		
Occupancy):				
Date of	17/10/22			
Inspection:				

Fire Safety:

No Issues – full service was done on week before inspection

Bedrooms:

Room 33 Light switch to be fixed

Room 37 Handle broken on door going into bathroom and towel rail loose in bathroom.

Room 117 Window cracked and draught on adjoining window. Occurred last night in storm.

Room 112 Switch not working all the time and hard to switch light on and off.

Food Safety: - No issues

General comment:

Place is being maintained to a high standard

IPAS / IPPS

Independent
Inspection Report

Centre:	Temple Hotel
Inspector:	Shane Mac Loughlin & Fergal Duane
Date of Inspection:	1/7/22
Time of Arrival & Departure:	14.30-16.00

Part 1 General Information on Services

Independent Inspection Report

Centre: Temple Hotel, Horseleap

Date of Inspection: 1/7/22

1. CENTRE DETAILS

Name and address of Centre Temple Accomodation Centre, Horseleap, Moate, Co. Westmeath Contractor Manager Colin Connolly Who deputises for manager in his/her absence? Telephone Number O579335885 Current Contracted Capacity Current Occupancy (today) Current Centre Profile (e.g., singles, families etc.) HSE Area Mid Leinster Public Health Nurse Lisa Sweeney DSP / CWO name Environmental Health Officer name Local Fire Officer Name Local Fire Station Mullingar Is the Centre certified by any Quality Management System (i.e. Q Mark, ISO)?: If yes, please give details: What was the date of the last certification? Have you a copy of the Certification Please provide a copy of the following	1. CENTRE DETAILS			
Contractor Manager Colin Connolly Who deputises for manager in his/her absence? Telephone Number O579335885 Current Contracted Capacity Current Occupancy (today) Current Centre Profile (e.g., singles, families etc.) HSE Area Mid Leinster Public Health Nurse Lisa Sweeney DSP / CWO name Environmental Health Officer name Local Fire Officer Name Local Fire Station Mullingar Is the Centre certified by any Quality Management System (i.e. Q Mark, ISO)?: If yes, please give details: What was the date of the last certification? Have you a copy of the Certification Please provide a copy of the following	Name and address of Centre	1		
Contractor Manager Colin Connolly Who deputises for manager in his/her absence? Telephone Number O579335885 Current Contracted Capacity Current Occupancy (today) Current Centre Profile (e.g., singles, families etc.) HSE Area Mid Leinster Public Health Nurse Lisa Sweeney DSP / CWO name Environmental Health Officer name Local Fire Officer Name Local Fire Station Mullingar Is the Centre certified by any Quality Management System (i.e. Q Mark, ISO)?: If yes, please give details: What was the date of the last certification? Have you a copy of the Certification Please provide a copy of the following		1		
Manager Who deputises for manager in his/her absence? Telephone Number O579335885 Current Contracted Capacity Current Occupancy (today) Current Centre Profile (e.g., singles, families etc.) HSE Area Mid Leinster Public Health Nurse Lisa Sweeney DSP / CWO name Environmental Health Officer name Local Fire Officer Name Local Fire Station Is the Centre certified by any Quality Management System (i.e. Q Mark, ISO)?: If yes, please give details: What was the date of the last certification? Have you a copy of the Certification Pissingle Management Give Job Title only Assistant Manager Give Job Title only Assistant Manager Give Job Title only Assistant Manager Banager Give Job Title only Assistant Manager Banager Assistant Manager Assistant Manager Families / single men & women Mid Leinster Public Health Nurse Lisa Sweeney DSP / CWO name Mary Hoctor Sinead Bowens Local Fire Officer Name Joe Cassidy Mullingar No x (i.e. Q Mark, ISO)?: If yes, please give details: What was the date of the last certification? Have you a copy of the Certification Yes No Please provide a copy of the following		Co. Westmeath		
Manager Who deputises for manager in his/her absence? Telephone Number O579335885 Current Contracted Capacity Current Occupancy (today) Current Centre Profile (e.g., singles, families etc.) HSE Area Mid Leinster Public Health Nurse Lisa Sweeney DSP / CWO name Environmental Health Officer name Local Fire Officer Name Local Fire Station Is the Centre certified by any Quality Management System (i.e. Q Mark, ISO)?: If yes, please give details: What was the date of the last certification? Have you a copy of the Certification Pissingle Management Give Job Title only Assistant Manager Give Job Title only Assistant Manager Give Job Title only Assistant Manager Banager Give Job Title only Assistant Manager Banager Assistant Manager Assistant Manager Families / single men & women Mid Leinster Public Health Nurse Lisa Sweeney DSP / CWO name Mary Hoctor Sinead Bowens Local Fire Officer Name Joe Cassidy Mullingar No x (i.e. Q Mark, ISO)?: If yes, please give details: What was the date of the last certification? Have you a copy of the Certification Yes No Please provide a copy of the following	Caralination	T		
Who deputises for manager in his/her absence? Telephone Number O579335885 Current Contracted Capacity Current Occupancy (today) Current Centre Profile (e.g., singles, families etc.) HSE Area Mid Leinster Public Health Nurse Lisa Sweeney DSP / CWO name Environmental Health Officer name Local Fire Officer Name Local Fire Station Is the Centre certified by any Quality Management System (i.e. Q Mark, ISO)?: If yes, please give details: What was the date of the last certification? Have you a copy of the Certification Pisson It is only Assistant Manager Bive Job Title only Assistant Manager Families/single men & women Mid Leinster Public Health Officer Sinead Bowens Joe Cassidy Mullingar Yes No x If yes, please give details: What was the date of the last certification? Have you a copy of the Certification Please provide a copy of the following				
Assistant Manager Telephone Number O579335885 Current Contracted Capacity Current Occupancy (today) Current Centre Profile (e.g., singles, families etc.) HSE Area Mid Leinster Public Health Nurse Lisa Sweeney DSP / CWO name Environmental Health Officer name Local Fire Officer Name Local Fire Station Is the Centre certified by any Quality Management System (i.e. Q Mark, ISO)?: If yes, please give details: What was the date of the last certification? Have you a copy of the Certification Please provide a copy of the following		•		
Telephone Number O579335885 Current Contracted Capacity Current Occupancy (today) Current Centre Profile (e.g., singles, families etc.) HSE Area Mid Leinster Public Health Nurse Lisa Sweeney DSP / CWO name Environmental Health Officer name Local Fire Officer Name Local Fire Station Is the Centre certified by any Quality Management System (i.e. Q Mark, ISO)?: If yes, please give details: What was the date of the last certification? Have you a copy of the Certification Please provide a copy of the following		-		
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Current Occupancy (today) Current Centre Profile (e.g., singles, families etc.) HSE Area Mid Leinster Public Health Nurse DSP / CWO name Environmental Health Officer name Local Fire Officer Name Local Fire Station Is the Centre certified by any Quality Management System (i.e. Q Mark, ISO)?: If yes, please give details: What was the date of the last certification? Have you a copy of the Certification Please provide a copy of the following		Tan		
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HSE Area Public Health Nurse DSP / CWO name Environmental Health Officer name Local Fire Officer Name Local Fire Station Is the Centre certified by any Quality Management System (i.e. Q Mark, ISO)?: If yes, please give details: What was the date of the last certification? Have you a copy of the Certification Mid Leinster Lisa Sweeney Mary Hoctor Sinead Bowens Ves No x Ves No x No x Please provide a copy of the following	, , , , , , , , , , , , , , , , , , , ,			
Public Health Nurse DSP / CWO name Environmental Health Officer name Local Fire Officer Name Local Fire Station Is the Centre certified by any Quality Management System (i.e. Q Mark, ISO)?: If yes, please give details: What was the date of the last certification? Have you a copy of the Certification Lisa Sweeney Mary Hoctor Sinead Bowens Mullingar Yes No x Yes No x Please provide a copy of the following	Current Centre Profile (e.g., singles, families etc.)	Families/single men & women		
DSP / CWO name Environmental Health Officer name Sinead Bowens Local Fire Officer Name Joe Cassidy Local Fire Station Mullingar Is the Centre certified by any Quality Management System (i.e. Q Mark, ISO)?: If yes, please give details: What was the date of the last certification? Have you a copy of the Certification Please provide a copy of the following	HSE Area	Mid Leinster		
Environmental Health Officer name Local Fire Officer Name Local Fire Station Mullingar Is the Centre certified by any Quality Management System (i.e. Q Mark, ISO)?: If yes, please give details: What was the date of the last certification? Have you a copy of the Certification Please provide a copy of the following	Public Health Nurse	Lisa Sweeney		
Local Fire Officer Name Local Fire Station Mullingar Is the Centre certified by any Quality Management System (i.e. Q Mark, ISO)?: If yes, please give details: What was the date of the last certification? Have you a copy of the Certification Please provide a copy of the following	DSP / CWO name	Mary Hoctor		
Local Fire Station Is the Centre certified by any Quality Management System (i.e. Q Mark, ISO)?: If yes, please give details: What was the date of the last certification? Have you a copy of the Certification Please provide a copy of the following	Environmental Health Officer name	Sinead Bowens		
Is the Centre certified by any Quality Management System Yes No x (i.e. Q Mark, ISO)?: If yes, please give details: What was the date of the last certification? Have you a copy of the Certification Yes No Please provide a copy of the following	Local Fire Officer Name	Joe Cassidy		
(i.e. Q Mark, ISO)?: If yes, please give details: What was the date of the last certification? Have you a copy of the Certification Please provide a copy of the following	Local Fire Station	Mullingar		
(i.e. Q Mark, ISO)?: If yes, please give details: What was the date of the last certification? Have you a copy of the Certification Please provide a copy of the following	The Control of Control			
If yes, please give details: What was the date of the last certification? Have you a copy of the Certification Please provide a copy of the following		ement system Yes No x		
Have you a copy of the Certification Yes No Please provide a copy of the following				
2. Please provide a copy of the following	What was the date of the last certification	on?		
	Have you a copy of the Certification	Yes No		
	Please provide a copy of the follo	wing Check List		

1 17	
	Check List
Official Register	x
Menu Cycle	х
Staffing Lists as follows:	
1. Full list of staff employed at the centre (indicating Names, Titles,	x
Roles, etc.,)	
2. Indicate who is on duty at time of inspection (today)	x
3. a separate list of Designated Liaison Persons (child protection)	x

_	_		
2	CENIEDAI	CECHIDITY	FMFRGFNCY DFTAILS
≺ .	(SEMERAL	VECTION X	FIVIER(SENIC V I)FIAII V

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

4 HEATING ARRANGEMENTS

What type of heating is used in the centre?	Gas & oil
Do residents have control of the heating in their own bedroom?	Yes No x
If no, what arrangements are in place?	Heating on thermostats
What are the heating 'ON' times?	automatic

5 HOUSE RULES

Are residents provided with a copy of the House Rules on arrival?	Yes x No
How does centre management explain house rules	By discussion on arrival
to residents on arrival?	

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

Are residents issued with key for their bedroom?(Yes/No)	Yes x No		
Are residents issued with key for main door? (Yes/No)	Yes No x		
If no, give details	Front door open during visiting times and monitored from reception all other times		
Are there procedures to allow residents to receive visitors? (Give details)	yes		

Outline visiting times:	10am-10pm	
In what areas are visitors allowed in the centre?	Tv Lounge	
Any other relevant information:		
Is there a facility for storage of residents' valuables*?	Yes locked room (Security hold the	
(Give details.) (* Storage is at resident's own risk)	key)	
What toiletries are provided to residents on arrival?	Toothpaste, shampoo, toiletries	
What arrangements are in place to replenish these	Request of manager	
items?		

7 ARRANGEMENTS FOR MAINTENANCE

Does the centre have a written procedure in place	Yes No x					
for residents to report maintenance issues? (Yes/No)						
Is there a maintenance day book? (Yes/No)	Yes x No					
Describe the maintenance procedure at the centre:						
When maintenance issues are reported they are noted by manager and actioned by						
maintenance team immediately						
•						

8 CHILD PROTECTION

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

9 FOOD SAFETY

Has a HACCP system been implemented? (Yes/No)	Yes	X	No	
Have the premises been inspected by an Environmental	No			
Health Officer? (Yes/No)				
Date of last visit:				

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

Are residents consulted regarding menu /	Yes, meetings with residents regarding	
dietary requests? (Give details.)	food in shop	
Provide details opposite:		
Which of the following are provided for school	Please also provide details of the	
children's packed lunches:	system for distribution of school	
 Sandwich? What sandwich fillings are 	lunches:	
available: Cheese? Ham? Chicken?	Lunches given by parents.	
Tuna? Jam? Other?		
Drinks? Juice? Water?		
• Yogurt?		
• Fruit?		
Other		
Is infant formula kept out of public view?	In shop	
What arrangements are in place for distribution	From shop	
of infant formula?		

11 ARRANGEMENTS FOR REFRESHMENTS / MEALS OUTSIDE NORMAL MEAL

TIMES	
Are tea / coffee / drinking water / Snacks etc.	Yes No 🗌
available outside mealtimes?	
What food/snacks are available after hours or when	Fridge available
kitchen is closed?	
Where are the snacks located and how are they	As above
accessed?	
Are meals available for residents who arrive late?	Yes No N/A
(Give details.)	If advance notice given
Are meals available for new arrivals?	If advance notice given
(Give details)	
Are packed lunches available for residents	Yes No
travelling to Dublin on official business?	On request
(Give details)	
If the inspection takes place during Ramadan this	Not during Ramadan
section must be completed.	
What arrangements are in place to facilitate	
residents observing a fast during Ramadan?	
Food Hall - Shop	
Is the till system in place Electronic POS:	Yes No 🗌
Relevant Certification (halal meats) in place/on displa	ay: Yes No
Is there appropriate storage; shelving, cold storage, o	lry storage: Yes 🛛 No 🗌
Were the points value of the items clearly displayed:	Yes 🛛 No 🗌

Is the area generally clean:

If **no** for **any** of the above, please give details:

 \boxtimes

Yes

No

Visual Check: H	lave you noticed an	y issues requiring attention	? Yes	No 🖂			
(Products in date, fresh food, ethnic food, Halal food, variety available, suitable range of							
food products, t	oiletries and cleani	ng materials.)		Ū			
If yes to any issu	ues please give deta	il:					
· •		ood hall reflect the reasonal					
	-	halal food for Muslim reside					
for gluten free,	vegetarian, vegan re	esidents, etc.	Yes 🔀	No			
If no please give	e details:						
5 1 . /4 !!	11 \ 01 \ 1		,	<u>,, </u>			
Products (Availa	•	tale and better the constitution	Yes 🔀	No			
· · · · ·	•	vide a choice for residents.					
Please Insert/Li	st Some Items/Pro	ducts Below;					
Item/Product:		Points Value:	Expiry	Date on			
Product:							
Mayonnaise	450g	1.00	28/2/22				
1L Milk		0.90	7/7/22				
Frozen beef		4.50	28/12/22				
	nts/Additional Con						
Well managed a	area with delivery r	ecords in place. Wide varie	ty of product ava	ilable.			
Social distancin	g in nlace						
	g iii piacc						
	g iii piace						

12 FACILITIES FOR FEEDING BABIES

Are the following available?	Yes/No
Access to drinking water (for breastfeeding mothers	Yes 🛛 No 🗌
/ for preparation of infant formula)	
Sterilisers	Yes No 🗌
Kettles	Yes No 🗌
Fridge (for bottles of EBM* / formula) *Expressed	Yes No 🗌
Breast Milk	
Bottle Warmer	Yes No
Microwave	Yes No 🗌
Are these facilities available 24 hours a day	Yes No 🗌
Is there a dedicated room provided?	Yes No 🖂
Where?	Everything is available in the dining area

13 INDOOR FACILITIES

Are the following are available to residents?				Yes/No
Computers with Internet access	Yes	\boxtimes	No	
WIFI	Yes	\boxtimes	No	
DVD player	Yes		No	\boxtimes

Computer Games		Yes		No	\boxtimes				
Snooker Table	er Table			No					
Pool Table	able			No					
Table Tennis Table	le Tennis Table			No					
Board Games		Yes	Ħ	No					
Newspapers		Yes	П	No	$\overline{\boxtimes}$				
Books		Yes	X	No	Ī				
Toys / games for children		Yes	Ħ	No	Ī				
Other									
Give details of any other arrangement or oth	ner	Plavr	oom	for ch	ildre	en. ta	ble t	tenn	is and
comments:		foosb				,, ,,			
TRANSPORT ARRANGEMENTS Is there a bus service provided? (Yes/No): Where does the service go to? What is the frequency of the service? (List time table opposite)	_	Ye te & At	hlon	e	No one	on S	atur	day	
s there a specific TV system in place? (give details) An average, how many TV channels are provided to residents?		Ye hanne	ls in	rooms		☐ d Sky	witl	h	
	SkySports in TV lounge no								
	no								
6 LAUNDRY FACILITIES (General Arr Are Laundry facilities available in the centre? If No, what service is provided? Who launders towels and bedlinen?	angeme	Yes		No undry) [
6 LAUNDRY FACILITIES (General Arr Are Laundry facilities available in the centre? If No, what service is provided? Who launders towels and bedlinen? (e.g., residents, staff, other, etc) What procedures are in place for the exchantowels and bed linen at the centre?	angemone (Y/N)	yes staf	f in la	undry nens]			
Are Laundry facilities available in the centre? If No, what service is provided? Who launders towels and bedlinen? (e.g., residents, staff, other, etc) What procedures are in place for the exchantowels and bed linen at the centre? What procedures are in place for ironing board irons?	angemone (Y/N)	yes staf staf avai	f in la f do li lable ptior	undry nens in lau	ındry			o che	eck out
Are Laundry facilities available in the centre? If No, what service is provided? Who launders towels and bedlinen? (e.g., residents, staff, other, etc) What procedures are in place for the exchantowels and bed linen at the centre? What procedures are in place for ironing board irons?	angemone (Y/N)	yes staf staf avai	f in la f do li lable ptior	undry nens in lau	ındry			o che	eck out
Are there specific arrangements for access to	angeme? (Y/N)	staf staf avai	f in la f do li lable ptior	undry nens in lau from r	ındry			o che	eck out
Are residents allowed to erect satellite dishes? LAUNDRY FACILITIES (General Arr Are Laundry facilities available in the centre? If No, what service is provided? Who launders towels and bedlinen? (e.g., residents, staff, other, etc) What procedures are in place for the exchantowels and bed linen at the centre? What procedures are in place for ironing boa and irons? How is washing powder / tablets supplied? Are there specific arrangements for access to laundry (give details): CLEANING (General Arrangement Are there cleaning materials and equipment provided by management for residents? What cleaning equipment is available to	angemone (Y/N) ange of ards to the	staf staf avai rece avai alwa	f in la f do li lable ptior lable ays op	undry nens in lau from r	ndry	otion	7	o che	eck out

residents?

What is the procedure for residents to access vacuum cleaners, brushes & other cleaning equipment?	Cleaning equipment – vacuum cleaner, mops, cloths, anti-bac spray & toilet cleaner provided by management for residents use.
What arrangements are in place if rooms are not cleaned sufficiently by residents?	cleaning staff employed

PART 2

Independent Inspection

Centre: Temple Accommodation

Date of Inspection: 1/7/22

Section A- Administration / Communal areas

17 Have you seen the following?

		Location of display
Up to date House Rules	\boxtimes	Reception
Complaint Forms	\boxtimes	Managers Office/ Reception
Accident/ Incident procedure		Safety Statement

HSE Breastfeeding Posters		Reception
(if applicable)		
Designated Liaison Person details		Managers Office/ Reception
(Child Protection)		
Supervision of children notice	\square	Reception
Gym Notices (Child Safety – if applicable)		not applicable
IOM Voluntary Return Posters		Reception

18 Staff Awareness

Did you see the RIA Code of Practice*?	
Are all staff aware of RIA Code & House Rules?	
How are staff made aware of RIA Code & House Rules?	
verbally communicated by manager	

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

19 FIRE SAFETY

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

19a EMERGENCY LIGHTING INSPECTION SCHEDULE

<u>Date</u>	Inspected By (Company Name / Position)	<u>Comments</u>
25/3/22	Ros Tek	Full service

19b FIRE ALARM & DETECTION SYSTEM INSPECTION SCHEDULE

Date	Inspected By (Company Name / Position)	OK	Defect	Remedial Action Taken (Y/N)	Sign Off Y/N
1/7/22	Internal	\boxtimes			
25/3/22	Ros Tek	\boxtimes			

19c FIRE FIGHTING EQUIPMENT INSPECTION SCHEDULE

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

include an ine extinguishers) hose reels and the blankersh					
Date	Inspected By (Company Name / Position)	OK	Defect	Remedial Action Taken (Y/N)	Sign Off Y/N
9/12/21	Ros Tek	\boxtimes			
1/7/22	internal	\boxtimes			

19d FIRE EXIT DOORS / MEANS OF ESCAPE INSPECTION SCHEDULE

Date	Inspected By	ОК	Defect	Remedial	Sign Off
	(Company Name /			Action	Y/N
	Position)			Taken (Y/N)	
1/7/22	internal	\boxtimes			
30/6/22	internal	\boxtimes			

19e FIRE DRILL PROCEDURE INSPECTION SCHEDULE

Date & Time	Numbers of staff involved in drill	No. of residents present / evacuated **	Evacuation Time	Comments
10/3/21	5	55	3mins	
1.35pm			16s	
1/6/22	7	46	2min 27s	

^{**}Both numbers must be recorded.

19f STAFF INSTRUCTION AND TRAINING (Fire Safety)

Job Description	Course	Instructor	Duration	Date
all staff	Fire safety awareness & drill			4/9/18

19g FIRE ASSEMBLY POINTS

Where are the Fire Assembly Points located?	front car park
Are they marked?	yes
Are staff aware of locations?	yes
Comments:	

19h FIRE ALARM SYSTEM

Is there a fire alarm system in place?	yes	
Are there smoke alarms throughout the	yes	
premises, inc bedrooms?		
Are all smoke alarms linked back to a	yes	
central control panel?		
Are there designated 'Smoking' areas?		
Include locations		
Comments: smoking area in side garden and car park		

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

(in corridors & common areas)

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

Administration Area:

Reception: Hotel Lobby at entrance				
Is the area generally clean?		Yes 🛛 No		
If no please give details:				
Visual Check: Have you noticed any issues re	quiring atto	ention? Yes No		
(e.g., fire exit signs, hazards, lighting, notices, déc	cor, etc.)			
If yes please detail:				
Have you seen the following?				
		Location of display		
Up to date House Rules		reception		
Complaint Forms		Office		
Accident/ Incident procedure		Safety Statement		
HSE Breastfeeding Posters		reception		
(if applicable)				
Designated Liaison Person details		Office		
(Child Protection)				
Supervision of children notice	$\perp \!\!\!\! \! \!\!\! \! \!\!\!\! \! \!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!$	Office		
Gym Notices (Child Safety – if applicable)		n/a		
IONA Valundam - Datum Dantam				
IOM Voluntary Return Posters	$+$ $\frac{\square}{\square}$ $-$	reception		
Anti Human-Trafficking Posters 'NO to Violence & Harassment' Posters	$\frac{1}{\square}$	reception reception		
NO to violence & nardssment Posters		reception		
Social Room / Tea Station (State Location	<u> </u>			
What facilities are provided? tea / coffee, br	ead and to	past		
Is the area generally clean? Yes No				
If no please give details:				
Visual Check: Have you noticed any issues re	quiring atte	ention? Yes No x		
If yes please detail:				
Pre-school Room:		disated ve and		
Is the area generally clean? Yes / No	nice de	edicated room		
If no please give details:				
Visual Check: Have you noticed any issues re	quiring att	ention? Yes No		
(observe whether the area is colourful, has sufficient to	ys, changing	areas, toilets in working order, etc)		

Other comments:										
DINING AREA:										
Please outline the mea	al tim	es:								
	Fron	n				То				
Breakfast	N/A									
Lunch										
Dinner										
Which is the main meal	of the	e day:		Luncl	h [Dinne	er [N/A	
Is menu cycle available?	?			Yes			No			
If no, give details of all	meni	u optior	ns on da	y of i	nspe	ection	า:			
Breakfast										
Lunch										
Dinner										
Is menu cycle on displa							Yes		No	
Does menu cycle correspond with options available						Yes		No		
If no, ask manager for e	xplan	ation an	d provid	le deta	ails:					
N/A										
Mhich maal was sample	-43		Drookf	act [1		Lunch		Dinne	<u>- </u>
Which meal was sampled? Breakfast Please describe the meal in detail (e.g. was it hot /				-old	hlan			_	г <u> </u>	
Was there a vegetarian			g. was it	1101 / 1	Yes		u / spic	y eu No	C.), N/A N/A	
_	•		not		163	L		NO		
(note salad and vegetables <u>alone</u> are not considered as vegetarian option)										
Give details of this option		,								
Were there ethnic dishes available?				Yes			No	N/A		
Give details of this option									<u> </u>	
Was fresh foods available for Infants?				Yes			No	N/A		
(as per HSE Infant Feeding Guidelines)										
In your opinion, does the food on offer appear to			Yes			No	N/A			
provide a good variety?										
Did inspection take place during Ramadan? Yes No										
If yes, please outline ar	_		r provis	ion of	mea	ils ou	tside of	nor	mal mealtim	es,
(medical or other appoint	ments,	etc.):								
la dia na constitui di							- V	$\overline{}$	N - 17	
Is there any damaged so							Yes		No 🔀	
Is there enough seating eat their lunch?	, for re	sidents	present	to SIT (uow	n and	Yes	\triangle	No 📙	
Comments:										
Comments:										

KITCHEN AREA: Food Safety Critical Requirements

FOOD SAFETY - Residents now cook for themselves from food purchased through shop points system. 7 cooking stations have been installed replacing the commercial kitchen. Kitchen is open from 8am – 8pm daily.

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

Has a HACCP system been implemented?	Yes for shop and food storage
Who designed the HACCP system?	
Who is responsible for reviewing the system?	
How frequently is the system reviewed?	

HACCP Records:

Pest Control: Pestgaurd inspection on 10/9/21 no activity noted
Induction and Ongoing Staff Training: n/a
Time & Temperature Records: Daily records all up to date for residents' kitchen
Hygiene Audits: In place No
List of Approved Suppliers: N/a
Cleaning Schedules: schedule in place deep clean every Sunday . All cleaning records up to date
Procedures for accepting deliveries: N/A
General Comments:

HACCP and Residents Kitchen

General:

Is the kitchen commercial or domestic?	Commercial			
What equipment is in place? 7 cooking stations in residents				
2 large freezers and 1 walk in fridge for residents while shop has its own				
fridge/freezer.				
In what condition is the equipment? Good condition				
Comments: all records in place				

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	n/a	
relation to access to kitchen for non		
kitchen staff?		
Are white coats, shoe covers and hats	n/a	
available for non kitchen staff?		
Comment of the structural hygiene of the kitchen (i.e		
floors/walls/ceilings/doors/windows/work surfaces/ventilation, etc)		
Good hygiene, clean kitchen.		
Are suitable hand washing and drying	yes	
facilities provided?		
General Comments:		

Dry Goods:

Suitably equipped? Shelving/containers etc	n/a
Condition and suitability of facilities: No Is	ssues
What evidence is there of stock rotation?	n/a

Refrigerated Storage:

What type of refrigerated storage is provided?	Fridges and freezers for resident's food.
Comment on the condition and suitability suitable	of the refrigerated storage: storage is
Are thermostats provided and in working order?	Yes,
Are food items date stamped?	N/A
Are samples of dishes being kept?	N/A

Other:

Is there appropriate storage for cleaning	Yes
agents and chemicals?	

OPERERATIONAL HYGIENE

Do residents use the main kitchen?	No own kitchen
Is that use supervised to ensure safe &	Cleaning rota in place and temperature
hygienic practices are observed?	checks of fridges
By whom is it supervised?	Staff

Is the correct equipment provided? *e.g. colour coded chopping boards*Yes in resident's kitchen and colour chart in place

Is the necessary holding equipment provided? e.g. bain maries, refridgerated units.

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: Temperature and cleaning records up to date.

Are designated staff facilities provided?	Yes
What facilities are in place?	Changing room , lockers and showers
Are all areas clean and well maintained?	Yes
	Yes
Are suitable hand washing & drying facilities provided?	res
Is storage provided for personal	Yes
belongings?	
Are showers provided? <i>Indicate</i>	yes
cleanliness & suitability	
Is a designated area provided for staff	Staff canteen and kitchenette
breaks? If yes, is it clean/suitable/well	
maintained.	
If no, outline arrangements for breaks	
Are uniforms provided for:	
Kitchen Staff?	Yes
Serving Staff?	yes
	T
Are uniforms clean and in good	yes
condition? (to include	
caps/hairnets/closed heel/toe shoes etc)	W
Is personal grooming satisfactory?	Yes
Are safe habits practiced?	Yes
General Comments on staff facilities:	

23 PUBLIC TOILET (State Location): main lobby

	Number	Soap	Toilet	Hand Towels /	Hot	Sanitary Bins
			Paper	Dryers	Water	
Unisex:						
Ladies:	2	\boxtimes	\boxtimes		\boxtimes	
Gents:	2			\boxtimes	\boxtimes	

Is there a cleaning schedule of	displayed?			Yes 🔀	No				
Record the last time entry.									
Is the area clean? (provide co	omment)								
Are all facilities working?				Yes 🔀	No *				
Visual Check: Have you notic	ced any issues r	equiring atten	tion?	Yes*	No 🛛				
If No, give details:									
24 COMMUNAL ROOM	(State Locati	on): off	lobby						
Storage area:									
Is the walkway through the area clear? Yes No									
Are the exit signs clearly mar			Yes	=	П				
, ,				_					
General Seating Area									
Is the seating in good conditi	on?		Yes	⊠ No					
NATIONAL STATES AND				N					
What is the area generally us	sed for?		Yes	⊠ No					
Computer room:									
Is the area generally clean?									
,	red any issues r	equiring atten		=	\square				
Visual Check: Have you noticed any issues requiring attention? Yes No If yes please detail:									
yes pieuse deta									
Any other comments? If yes	nlease detail:								
Any other comments. If yes	picase actain.								
NITOOD COOLINDS / EA	TILITIES								
OUTDOOR GROUNDS / FAC	JILITIES								
Please rate the following:									
	Very Good	Adequate	Poor*	Needs urg	ent attention				
Condition of exterior of									
centre									
Paintwork of the centre	\boxtimes								
Maintenance standard of the	\boxtimes								
grounds (e.g. grass cut,									
walkways clear etc.)	<u> </u>								
Cleanliness of the grounds	\boxtimes								
(ie., evidence of rubbish etc.) Where you have rated * plea	se provide det:	l ails and comm	l ents:	<u> </u>					
Timere you have rated piece	ise provide deta	ans and commi	C1163.						
Are there any facilities availa	ble for children	outdoors? V	es 🕅	No]				
•	ngs, slides, soo		•		1				
Comments 3WII	163 , 311463, 300	cer godis iii i	TOTIL BUILD	CITICIVII					
AUNDRY ROOM									
AUNUNT NUUNI	\\/achina	Machines		Druger					
Number	vvasning	Machines		Dryers					
Number	(ing order)	5		5					
Do they appear to be in work	ang oraer? y	res							
Comments:									

CORRIDOR	(State Location):	all corridors				
Is the area ge	enerally clean?		Yes	\boxtimes	No	
If no please g	give details:					
Visual Check	: Have you noticed any	issues requiring attention?	Yes		No	
If yes please	detail: +					
STAIRWAY	(State Location):	all stairways				
Is the area go	enerally clean?		Yes	\boxtimes	No	
If no please g	give details:					
Visual Check	: Have you noticed any	issues requiring attention?	Yes			
(e.g., fire exit	signs, hazards, lighting, n	otices, décor, etc.)				
If yes please	detail:					

Bedrooms:

CLEANING (General Arrangeme	nts)
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CLEANING (C	<u>LEANING (General Arrangements)</u>							
How often ar	e bedrooms insp	ected?	twice	weekly 🗌	We	eekly		
Who cleans t	he bedrooms?		Staff		Resid	ents		
How often do staff clean the bedrooms?			Weekl	у 🔲	fortni	ghtly		
	Month	nly	Othe	er				
Are there clea								
equipment pi	rovided by mana	gement fo	r Yes			No	\boxtimes	
residents?								
What cleanin	g equipment is a	vailable to	Gener	General domestic cleaning products as				
residents?			reques	requested				
What arrange	ements are in pla	ace if room	s house	housekeeping staff in hotel				
are not clean	ed sufficiently by	y residents	?					
ROOM NUMI	BER 101							
Room Profile: Roo				city:	Roo	m Occu	pancy:	
singles 4			4		3			
TV	Ensuite	Shared	Bathroom	Smoke A	arm	Fir	e Notice	
							\boxtimes	

Is everything in working order? If *, please give details:

Cleanliness

Very Good

ROOM NUMBER 102								
Room Profile:			Room Capacity:			Room Occupancy:		
singles		3			3	3		
TV	Ensuite	Shared Bath	Shared Bathroom Smo		e Alarn	n F	ire Notice	
					\times			
	Very Good	Adequate	Po	or *	Nee	ds urgen	t attention *	
Cleanliness								
Is everything	?	١	'es 🖂	No ³	*			
If *, please gi	If *, please give details:							

Adequate

Poor *

Yes 🔀

No *

Needs urgent attention *

ROOM NUMBER 103		
Room Profile:	Room Capacity:	Room Occupancy:
singles	3	3

TV	Ensuite	Shared Bath	room	Smoke A	larm	Fire Notice
Cleanliness Is everything If *, please giv	in working order				Needs No *	urgent attention *
ROOM NUMI	BER 104					
Room Profile: Room Capacity: Room Occupancy:						
singles	T	4		1	3	1
TV	Ensuite	Shared Bath	room	Smoke A	larm	Fire Notice
Cleanliness	Very Good	Adequate	PC	oor *	Needs	urgent attention *
	:	.2		<u> </u>	NI - *	
	in working order	<u>.</u> t		res 🔀	No *	
If *, please giv	ve details:					
ROOM NUME	BER 105					
Room Profile:	•	Roo	om Capa	city:	Roo	m Occupancy:
singles		4			3	
TV	Ensuite	Shared Bath	room	Smoke A	larm	Fire Notice
	Very Good	Adequate	Po	or *	Needs	urgent attention *
Cleanliness						
Is everything	in working order	?	١	res 🔀	No *	
If *, please given	ve details:					
ROOM NUM	BER 106					
Room Profile:	:	Roo	om Capa	city:	Roo	m Occupancy:
singles		4		_	2	
TV	Ensuite	Shared Bath	room	Smoke A	larm	Fire Notice
\square						
	Very Good	Adequate	Po	or *	Needs	urgent attention *
Cleanliness						
Is everything	in working order	?	\	res 🔀	No *	
If *, please given	ve details:					
ROOM NUME	BER 107					
Room Profile:		Roo	om Capa	city:	Roo	m Occupancy:
Room Capacity. Room Gecapancy.						

singles							
5111B155			3			3	
TV	Ensuite	Shared	Bathroom	S	moke Ala	ırm	Fire Notice
							\boxtimes
	Very Good	Adeq	juate	Poor '	k N	eeds	urgent attention *
Cleanliness	\boxtimes						
Is everything	in working order	·		Yes	${oxed}$ N	0 *	
If *, please gi	ve details:						
ROOM NUM	BER 108						
Room Profile	:		Room Ca	pacity	1	Roo	m Occupancy:
singles			3			3	
TV	Ensuite	Shared	Bathroom	S	moke Ala	irm	Fire Notice
\boxtimes	\boxtimes						\boxtimes
	Very Good	Adeq	juate	Poor '	k N	eeds	urgent attention *
Cleanliness		Γ					
Is everything	in working order	·?	<u> </u>	Yes	N	o *	
If *, please gi				•	<u></u>		
ROOM NUM						.	
Room Profile	<u>:</u>		Room Ca	pacity			m Occupancy:
Family	F 11.	Cl l	2			3	Fire Notice
TV	Ensuite	Shared	Bathroom	S	moke Ala	ırm	FIRE MOTICE
							THE NOTICE
	Very Good	l Adeq	luate	Poor '	N	eeds	urgent attention *
Cleanliness	Very Good	l Adeq	juate	Poor '	* N	eeds	
	in working order		juate	Poor '		eeds o *	
	in working order		uate				
Is everything	in working order		uate				
Is everything	in working order		juate				
Is everything If *, please gi	in working order ve details:		uate Room Ca	Yes	N	0 *	
Is everything If *, please gi	in working order ve details:			Yes	N	0 *	urgent attention *
Is everything If *, please gi ROOM NUM Room Profile	in working order ve details:	-?	Room Ca	Yes	N	o * Roo 2	urgent attention *
Is everything If *, please gi ROOM NUM Room Profile Family	in working order ve details: BER 110	-?	Room Ca	Yes	N N	o * Roo 2	urgent attention *
Is everything If *, please gi ROOM NUM Room Profile Family	in working order ve details: BER 110	Shared	Room Ca 6 Bathroom	Yes	N N	Roo 2	urgent attention *
Is everything If *, please gi ROOM NUM Room Profile Family	in working order ve details: BER 110 : Ensuite	Shared	Room Ca 6 Bathroom	Yes Pacity:	N N	Roo 2	m Occupancy:
ROOM NUM Room Profile Family TV Cleanliness	in working order ve details: BER 110 : Ensuite Very Good in working order	Shared Adeq	Room Ca 6 Bathroom	Yes Pacity:	moke Ala	Roo 2	m Occupancy:

ROOM NUMI	BER 111								
Room Profile	•		Room	n Capa	city:		Roo	m O	ccupancy:
Family	,		5				3		
TV	Ensuite	Shared	Bathro	om	Smok	e Ala	rm		Fire Notice
						\boxtimes			
	Very Good	l Adeo	luate	Pc	or *	N	eeds	urge	ent attention *
Cleanliness									
Is everything	in working order	· .		١	′es 🖂	Ν	o *		
If *, please gi	ve details:								
ROOM NUMI	BER 112								
Room Profile	:		Room	n Capa	city:		Roo	m O	ccupancy:
singles			3				3		
TV	Ensuite	Shared	Bathro	om	Smok	e Ala	rm		Fire Notice
						\boxtimes			
	Very Good	l Adeo	luate	Pc	or *	Ν	eeds	urge	ent attention *
Cleanliness									
Is everything	in working order	·,		١	res 🖂	N	o *		
If *, please gi	ve details:								
ROOM NUMI	BER 113								
Room Profile	:		Room	Capa	city:		Roo	m O	ccupancy:
singles			3		•		2		
TV	Ensuite	Shared	Bathro	om	Smok	e Ala	rm		Fire Notice
	\boxtimes					\times			\boxtimes
	Very Good	Adeo	luate	Pc	or *	N	eeds	urge	ent attention *
Cleanliness									
Is everything	in working order	?		١	′es 🖂	N	o *		
If *, please gi	ve details:								
ROOM NUM	BER 114								
Room Profile	:		Room	ı Capa	city:		Roo	m O	ccupancy:
singles	,		4				2		
TV	Ensuite	Shared	Bathro	om	Smok	e Ala	rm		Fire Notice
	Very Good	Adeo	luate	Pc	or *	N	eeds	urge	ent attention *
Cleanliness	\boxtimes			[
Is everything	in working orde	· .		١	′es 🛚	N	o *		
If *, please gi	ve details: C							_	

ROOM NUMI	BER 115						
Room Profile	:		Room	Capa	city:	Roc	om Occupancy:
singles			3			3	
TV	Ensuite	Shared	Bathro	om	Smok	e Alarm	Fire Notice
	\boxtimes					\boxtimes	
	Very Good	Adeo	luate	Pc	or *	Needs	urgent attention *
Cleanliness							
Is everything	in working order	رغ 		Υ	'es 🔀	No *	
If *, please gi	ve details:						
ROOM NUMI	BER 116						
Room Profile	:		Room	n Capa	city:	Roc	om Occupancy:
singles			3			2	<u> </u>
TV	Ensuite	Shared	Bathro	om	Smok	e Alarm	Fire Notice
						\boxtimes	
	Very Good	d Adec	<u>uate</u>	Pc	or *	Needs	urgent attention *
Cleanliness							
Is everything	in working order	ι,		Υ	'es 🔀	No *	
If *, please gi	ve details:						
ROOM NUM	BER 117						
Room Profile	:		Room	n Capa	city:	Roc	om Occupancy:
singles	T	T	3		ı	3	1
TV	Ensuite	Shared	Bathro	om	Smok	e Alarm	Fire Notice
						\boxtimes	
	Very Good	d Adec	uate	Po	or *	Needs	urgent attention *
Cleanliness							
Is everything	in working order	ι,		Υ	'es 🔀	No *	
If *, please gi	ve details:						
ROOM NUM	BER 118						
Room Profile	:		Room	n Capa	city:	Roc	om Occupancy:
Family	T	Г	4		T	2	
TV	Ensuite	Shared	Bathro	om	Smok	e Alarm	Fire Notice
Cleanliness	Very Good	d Adeo	uate	Po	or *	Needs	urgent attention *
	in	<u> </u>		<u> </u>		N1 - *	
I IC OVONITHING	in working order			Y	'es 🔀	No *	1 1

If *, please giv	ve details:							
ROOM NUME						ı		
Room Profile:				n Capa	city:			m Occupancy:
Family	F	Ch I	3		61		3	Et a Nation
TV	Ensuite	Shared	Bathro	om	Smok	e Ala	rm	Fire Notice
Cleanliness	Very Good	l Adeo	luate	Po	or *	Ne	eeds	urgent attention *
	in working order	.) 		<u> </u>	 ⁄es 🄀	N/) *	
If *, please giv		•		<u>'</u>	C3 🔼	140		
ROOM NUME	BER 20							
Room Profile:			Room	n Capa	city:		Roo	m Occupancy:
Family			5				2	
TV	Ensuite	Shared	Bathro	om	Smok	e Ala	rm	Fire Notice
	\boxtimes					\boxtimes		
	Very Good	Adeo	uate	Pc	or *	Ne	eeds	urgent attention *
Cleanliness								
Is everything	in working order	·}		Υ	′es 🖂	No	o *	
If *, please given	ve details:							
ROOM NUME	BER 21							
Room Profile:			Room	n Capa	city:		Roo	m Occupancy:
Family			2	•	•		2	
TV	Ensuite	Shared	Bathro	om	Smok	e Ala	rm	Fire Notice
						X		
	Very Good	Adeo	uate	Po	or *	Ne	eds	urgent attention *
Cleanliness								
Is everything	in working order	· ?		Υ	′es 🖂	No	o *	
If *, please giv	ve details:							
ROOM NUME	BER 22							
Room Profile:			Room	n Capa	city:		Roo	m Occupancy:
Family			3				2	
TV	Ensuite	Shared	Bathro	om	Smok	e Ala	rm	Fire Notice
\boxtimes					[\boxtimes		\boxtimes
	Very Good	Adeo	luate	Pc	or *	Ne	eeds	urgent attention *
Cleanliness								
	in working order	·?		Υ	′es 🔀	No) *	
If *, please giv	e details:							

ROOM NUMI	BER 23							
Room Profile:			Room	n Capa	city:		Roo	m Occupancy:
Family			3				2	
TV	Ensuite	Shared	Bathro	om	Smok	e Ala	ırm	Fire Notice
						X		\boxtimes
	Very Good	d Adec	quate	Pc	or *	N	eeds	urgent attention *
Cleanliness								
Is everything	in working orde	ι.		١	′es 🖂	N	o *	
If *, please given	ve details:							
ROOM NUME	BER 24							
Room Profile:			Room	n Capa	city:		Roo	m Occupancy:
Family	,		3				2	,
TV	Ensuite	Shared	Bathro	om	Smok	e Ala	ırm	Fire Notice
	\boxtimes					\boxtimes		\boxtimes
	Very Good	l Adec	uate	Po	or *	N	eeds	urgent attention *
Cleanliness								
Is everything	in working orde	ι,		١	⁄es 🔀	N	o *	
If *, please given	ve details:							
ROOM NUMI	BER 25							
Room Profile:			Room	n Capa	citv:		Roo	m Occupancy:
Family	•		2	Сара	city.		2	in occupancy.
TV	Ensuite	Shared	_	om	Smok	e Ala	ırm	Fire Notice
								\boxtimes
	Very Good	Adec	quate	Pc	or *	N	eeds	urgent attention *
Cleanliness								
Is everything	in working orde	ر <u>؟</u>	·	١	es 🖂	N	o *	
If *, please given	ve details:							
ROOM NUM							Т	
Room Profile:	<u> </u>			n Capa	city:			m Occupancy:
Family			3				3	
TV	Ensuite	Shared	Bathro	om	Smok	e Ala	ırm	Fire Notice
				1				
	Very Good	d Adec	uate	Po	or *	N	eeds	urgent attention *
Cleanliness								
	in working orde	۲ <u>؟</u>		``	∕es ⊠	N	o *	
If *, please giv	ve details:							

	R 27					
Room Profile:			Room Cap	acity:	Roo	m Occupancy:
Family			3		3	
TV	Ensuite	Shared	Bathroom	Smok	e Alarm	Fire Notice
						\boxtimes
	Very Good	Adeo	juate F	oor *	Needs	urgent attention *
Cleanliness						
Is everything in v	working order	·ś		Yes 🔀	No *	
If *, please give of	details:					
DOOM NUMBER	20					
ROOM NUMBER	R 28		Doom Con	a cita u	Pag	m Ossunansuu
Room Profile:			Room Cap	acity:		m Occupancy:
Family TV	Ensuite	Charad	Bathroom	Smak	3 ce Alarm	Fire Notice
I V	Elisuite	Silaieu	Datilioolii	SITION	e Alailli	Fire Notice
						\boxtimes
	Very Good	Aded	juate F	oor *	Needs	urgent attention *
Cleanliness						
Is everything in v	working order	·,		Yes 🔀	No *	
If *, please give of	details:					
ROOM NUMBER	R 29					
Room Profile:			Room Cap	acity:	Roo	m Occupancy:
Family			3		3	
· · · · · · · · · · · · · · · · · · ·						
TV	Ensuite	Shared	Bathroom	Smok	e Alarm	Fire Notice
· · · · · · · · · · · · · · · · · · ·	Ensuite	Shared	Bathroom	Smok	xe Alarm	Fire Notice
TV	Ensuite Very Good			Smok		Fire Notice urgent attention *
· · · · · · · · · · · · · · · · · · ·				Poor *		
TV	Very Good	Adeo		Poor *		
TV Cleanliness	Very Good Working order	Adeo			Needs	
TV Cleanliness Is everything in v	Very Good Working order	Adeo		Poor *	Needs	
TV Cleanliness Is everything in v	Very Good Working order details:	Adeo		Poor *	Needs	
Cleanliness Is everything in v If *, please give o	Very Good Working order details:	Adeo		Toor * Yes	Needs No *	
Cleanliness Is everything in v If *, please give o	Very Good Working order details:	Adeo	juate F	Toor * Yes	Needs No *	urgent attention *
Cleanliness Is everything in v If *, please give o	Very Good Working order details:	Adec	uate F	Yes X	Needs No *	urgent attention *
Cleanliness Is everything in v If *, please give co ROOM NUMBER Room Profile: Family	Very Good Working order details:	Adec	Room Cap	Yes X	Needs No * Roo 2	urgent attention *
Cleanliness Is everything in v If *, please give co ROOM NUMBER Room Profile: Family	Very Good Working order details:	Adec	Room Cap 3 Bathroom	Yes X	Needs No * Roo 2 Re Alarm	urgent attention *
Cleanliness Is everything in v If *, please give co ROOM NUMBER Room Profile: Family	Very Good working order details: R 30 Ensuite	Adec	Room Cap 3 Bathroom	Yes Smok	Needs No * Roo 2 Re Alarm	urgent attention * m Occupancy: Fire Notice
Cleanliness Is everything in v If *, please give co ROOM NUMBER Room Profile: Family TV	Very Good working order details: R 30 Ensuite Very Good	Shared	Room Cap 3 Bathroom	Yes Smok	Needs No * Roo 2 Re Alarm	urgent attention * m Occupancy: Fire Notice

ROOM NUME	3ER 31							
Room Profile:			Room	n Capa	city:		Roo	m Occupancy:
Family			3				3	
TV	Ensuite	Shared	Bathro	om	Smok	e Ala	ırm	Fire Notice
	\boxtimes				[\boxtimes		
	Very Good	Adec	quate	Pc	or *	N	eeds	urgent attention *
Cleanliness								
Is everything	in working order	·?		١	′es 🔀	N	o *	
If *, please giv	ve details:							
ROOM NUME	3ER 32							
Room Profile:			Room	n Capa	city:		Roo	m Occupancy:
Family			3				2	
TV	Ensuite	Shared	Bathro	om	Smok	e Ala	rm	Fire Notice
	\boxtimes				[\boxtimes		\boxtimes
	Very Good	Adec	quate	Pc	or *	N	eeds	urgent attention *
Cleanliness								
Is everything	in working order	· ?		١	/es 🔀	N	o *	
If *, please giv	ve details:				<u> </u>			
ROOM NUME			T _					
Room Profile:				n Capa	city:			m Occupancy:
Family		01 1	4				2	
TV	Ensuite	Shared	Bathro	om	Smok	e Ala	ırm	Fire Notice
						\boxtimes		\boxtimes
	Very Good	Adec	quate	Pc	or *	N	eeds	urgent attention *
Cleanliness								
Is everything	in working order	· .		١	′es 🖂	N	o *	
If *, please giv	ve details:							
ROOM NUME	34 34							
Room Profile:			Room	Capa	city:		Roo	m Occupancy:
Family			3		•		3	, ,
TV	Ensuite	Shared	Bathro	om	Smok	e Ala	rm	Fire Notice
					[\boxtimes		
	Very Good	Adeo	quate	Pc	or *	N	eeds	urgent attention *
Cleanliness		Γ						
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General Representations

If you were approached by any <u>residents</u> regarding general issues while in the centre please outline the details below:
no
If you were approached by any members of staff regarding general
issues while in the centre please outline the details below:
no
If you were approached by any <u>other persons</u> regarding general issues while in the centre please outline the details below:
no

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

Personal representations should be recorded in Part 3.

Summary Sheet

Name of Centre:	Temple Accommodation Centre
Address:	Horseleap, Co Westmeath
Proprietor :	Townbe Ltd.
Manager:	Colin Connolly
Contact Name:	Colin Connolly
Capacity Per MOA (Current	125 (103)
Occupancy):	
Date of 1/7/22	
Inspection:	

Fire Safety:

No Issues – full service was done on week before inspection

Bedrooms:

No room issues

Food Safety: - No issues

General comment:

Place is being maintained to a high standard

From: David Lardner (DCEDIY)

Sent: Tuesday 29 November 2022 11:50

To:

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

Dear Mr Collins,

Please find attached PDF copies of the IPPS Independent Inspection Reports from QTS Ltd for Temple Hotel Accommodation Centre, dated 01/07/2022 and 17/10/2022 which were completed this year.

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

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

With Kind regards,

David.

David Lardner International Protection Procurement Services

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

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



- Horseleap, Moate, County Westmeath, N37 C7Y0
- **6** 057 933 5885

1st December 2022

To whom it may concern,

Following a recent IPPS/IPAS inspection on 17th October 2022 at Temple Accommodation Centre I would like to outline the resolutions on the issues raised in the report.

- Room 33: Light switch to be fixed resolved.
- Room 37: Handle broken on door going into bathroom and towel rail loose in bathroom both issues fixed by maintenance.
- Room 117: Window cracked and draught on adjoining window. Occurred last night in storm
 window pane replaced and new handles were placed on adjoining window.
- Room 112: Switch not working all the time and hard to switch light on and off switch replaced.

If you have any further questions, please feel free to contact me.

Colin Connolly	
Colin Connolly	
Centre Manager	