

# IPAS/IPPS

## Independent Inspection Report

<b>Centre:</b>	<b>The Grand Hotel Wicklow Accommodation Centre</b>
<b>Inspector:</b>	<b>Emma Downey</b>
<b>Date of Inspection:</b>	<b>11/11/22</b>
<b>Time of Arrival &amp; Departure:</b>	<b>1630-1830</b>

*Part 1*  
*General Information on Services*

Independent Inspection Report

*Centre:*     *The Grand Hotel*  
**Accommodation Centre**

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

**1. CENTRE DETAILS**

Name and address of Centre	<b>The Grand Hotel Abbey Street, Wicklow Town, Co.Wicklow</b>
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Contractor	<b>Vesta Hotels</b>
Manager	<b>Adrian Shanaghan</b>
Who deputises for manager in his/her absence?	<b>Give Job Title only Lorraine Vickers</b>

Telephone Number	<b>(0404)67337</b>
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Current Contracted Capacity	<b>111</b>
Current Occupancy (today)	<b>90</b>
Current Centre Profile (e.g., singles, families etc.)	<b>Families, singles</b>

HSE Area	<b>Wicklow</b>
Public Health Nurse	<b>Geraldine Nolan</b>
DSP / CWO name	<b>Kevin Kellaghan</b>
Environmental Health Officer name	<b>Eibhlin Haughney</b>
Local Fire Officer Name	<b>Aidan Dempsey</b>
Local Fire Station	<b>Wicklow</b>

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

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

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

### 3 GENERAL SECURITY & EMERGENCY DETAILS

Is 24 hour supervision provided? (Y/N)	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Give details of roster hours	<b>0800-1630, 1630-2000, 2000-0800</b>
Is security provided by external company? (Y/N)	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
If yes, give name of company:	
Does the centre have CCTV? (Y/N)	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Is a list of emergency numbers available in the Manager's office?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Does the list include the following numbers? (Y/N) Local Garda station 24 hr number Local hospital Local fire station Duty Social Work Team Out of hours GP Service RIA out of hours number	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  If no, give details:
Are first aid kits available? (Y/N)	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Where and how many?	
Who is responsible for first aid restocking?	Job title <b>only</b> (not name) of person responsible: Kitchen
Is there a defibrillator in the centre? How many staff been trained to use it?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

### 4 HEATING ARRANGEMENTS

What type of heating is used in the centre?	<b>Gas</b>
Do residents have control of the heating in their own bedroom?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> <b>Valves in room</b>
If no, what arrangements are in place?	
What are the heating 'ON' times?	<b>0700-1000, 1300-1500, 1900-2300</b>

### 5 HOUSE RULES

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

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

Are residents issued with key for their bedroom?(Yes/No)	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Are residents issued with key for main door? (Yes/No)	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
If no, give details	<b>Buzz in</b>
Are there procedures to allow residents to receive visitors? (Give details)	<b>Yes in ground floor area sign in in reception</b>
Outline visiting times :	<b>0800-2200</b>
In what areas are visitors allowed in the centre?	<b>Yes in ground floor area</b>

Any other relevant information:	
Is there a facility for storage of residents' valuables*? (Give details.) (* Storage is at resident's own risk)	<b>No</b>
What toiletries are provided to residents on arrival?	<b>Toothpaste, soap, shampoo</b>
What arrangements are in place to replenish these items?	<b>On request</b>

## 7 ARRANGEMENTS FOR MAINTENANCE

Does the centre have a written procedure in place for residents to report maintenance issues? (Yes/No)	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Is there a maintenance day book? (Yes/No)	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Describe the maintenance procedure at the centre: <b>Log on computer last entry 29/5/22</b>	

## 8 CHILD PROTECTION

Are measures in place to inform staff and visitors of RIA's Child Protection Policy? (Give details)	<b>Yes form in place</b>
Are visitors asked to sign a declaration agreeing to adhere to the child protection policy?	<b>Viewed signing sheet</b>
Where is declaration held?	<b>In reception</b>
Is there a sign in book for visitors? Where?	<b>In reception</b>
Are there notices on public display giving name and contact details of Designated Liaison Person? Where?	<b>Yes in notice board area</b>
Have Designated Liaison Persons received HSE training?	<b>Yes</b>
Are notices prominently displayed regarding parental supervision of children? Where?	<b>Yes in notice board area</b>

## 9 FOOD SAFETY

Has a HACCP system been implemented? (Yes/No)	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Have the premises been inspected by an Environmental Health Officer? (Yes/No)	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Date of last visit:	<b>29/5/22</b>

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

Are residents consulted regarding menu / dietary requests? (Give details.)	Requests are considered
Provide details opposite: Which of the following are provided for school children's packed lunches: <ul style="list-style-type: none"> <li>Sandwich? What sandwich fillings are available: Cheese? Ham? Chicken? Tuna? Jam? Other?</li> <li>Drinks? Juice? Water?</li> <li>Yogurt?</li> <li>Fruit?</li> <li>Other</li> </ul>	<b>Parents make lunches from fridge</b>  Please also provide details of the system for distribution of school lunches: Water and fruit
Is infant formula kept out of public view?	In store room
What arrangements are in place for distribution of infant formula?	On request

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

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

## 12 FACILITIES FOR FEEDING BABIES

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

### 13 INDOOR FACILITIES

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

### 14 TRANSPORT ARRANGEMENTS

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

### 15 TV SYSTEM

Is there a specific TV system in place? (give details)	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
An average, how many TV channels are provided to residents?	<b>130</b>
Are residents allowed to erect satellite dishes?	<b>No</b>

### 16 LAUNDRY FACILITIES (General Arrangements)

Are Laundry facilities available in the centre? (Y/N)	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
If No, what service is provided?	
Who launders towels and bedlinen? (e.g., residents, staff, other, etc)	<b>Contract Laundry</b>
What procedures are in place for the exchange of towels and bed linen at the centre?	<b>Left out for staff to collect</b>
What procedures are in place for ironing boards and irons?	<b>In rooms</b>
How is washing powder / tablets supplied?	<b>On request</b>
Are there specific arrangements for access to the laundry (give details):	<b>5AM-6PM</b>

**17      CLEANING (General Arrangements)**

Are there cleaning materials and equipment provided by management for residents?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
What cleaning equipment is available to residents?	<b>Cloths, sprays, toilet duck</b>
What is the procedure for residents to access vacuum cleaners, brushes & other cleaning equipment?	<b>In reception</b>
What arrangements are in place if rooms are not cleaned sufficiently by residents?	<b>Staff will clean</b>



## *PART 2*

### *Room by Room Inspection*

#### Independent Inspection

*Centre: The Grand Hotel Wicklow*

*Date of Inspection: 11/11/22*

## Section A- Administration / Communal areas

### 17 Have you seen the following?

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

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

### 18 Staff Awareness

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

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

### 19 FIRE SAFETY

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

#### 19a EMERGENCY LIGHTING INSPECTION SCHEDULE

Date	Inspected By (Company Name / Position)	OK	Defect	Remedial Action Taken ( Y/N)	Sign Off Y/N
23/5/22	Night Porter	<input checked="" type="checkbox"/>			
30/5/22	Night Porter	<input checked="" type="checkbox"/>			
3/5/22	Fire Protection Ireland	<input checked="" type="checkbox"/>			

**Also checked daily and records on each floor**

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

Date	Inspected By (Company Name / Position)	OK	Defect	Remedial Action Taken ( Y/N)	Sign Off Y/N
31/10/22	Night Porter	<input checked="" type="checkbox"/>			
7/11/22	Night Porter	<input checked="" type="checkbox"/>			
12/9/22	Fire Protection Ireland	<input checked="" type="checkbox"/>			

**19c FIRE FIGHTING EQUIPMENT INSPECTION SCHEDULE**

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

Date	Inspected By (Company Name / Position)	OK	Defect	Remedial Action Taken ( Y/N)	Sign Off Y/N
3/10/22	Night Porter	<input checked="" type="checkbox"/>			
7/11/22	Night Porter	<input checked="" type="checkbox"/>			
1/8/22	Ashtec	<input checked="" type="checkbox"/>			

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

Date	Inspected By (Company Name / Position)	OK	Defect	Remedial Action Taken ( Y/N)	Sign Off Y/N
31/10/22	Night Porter	<input checked="" type="checkbox"/>			
7/11/22	Night Porter	<input checked="" type="checkbox"/>			

**19e FIRE DRILL PROCEDURE INSPECTION SCHEDULE**

Date & Time	Numbers of staff involved in drill	No. of residents present / evacuated **	Evacuation Time	Comments
<b>27/6/19 11.00</b>	<b>6</b>	<b>62/62</b>	<b>4 mins</b>	
<b>8/10/21</b>	<b>6</b>	<b>20/20</b>	<b>6 min</b>	

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

Job Description	Course	Instructor	Duration	Date
<b>All staff</b>	<b>Fire safety and awareness</b>	<b>Robert Kelly</b>	<b>3 hours</b>	<b>8/21</b>

**19g FIRE ASSEMBLY POINTS**

Where are the Fire Assembly Points located?	<b>Front of building</b>
Are they marked?	<b>Yes</b>
Are staff aware of locations?	<b>Yes</b>
Comments:	

**19h FIRE ALARM SYSTEM**

Is there a fire alarm system in place?	<b>Yes</b>
Are there smoke alarms throughout the premises, inc bedrooms?	<b>Yes</b>
Are all smoke alarms linked back to a central control panel?	<b>Yes</b>

Are there designated 'Smoking' areas? <i>Include locations</i>	<b>Front of building</b>
Comments:	

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

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

## Administration Area:

### Reception:

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

### Have you seen the following?

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

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

IOM Voluntary Return Posters	<input checked="" type="checkbox"/>	Notice board outside recreation area
Anti Human-Trafficking Posters	<input checked="" type="checkbox"/>	Notice board outside recreation area
‘NO to Violence & Harassment’ Posters	<input checked="" type="checkbox"/>	Notice board outside recreation area

### Social Room / Tea Station (State Location): Recreation area

What facilities are provided? <b>Tea, coffee, bread, milk, jam</b>		
Is the area generally clean?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
If no please give details:		
Visual Check: Have you noticed any issues requiring attention?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
If yes please detail:		

### Pre-school Room: **Play room**

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

## DINING AREA:

Please outline the meal times:

	From	To
<b>Breakfast</b>	0800	1000
<b>Lunch</b>	1230	1400
<b>Dinner</b>	1700	1830

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

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

<b>Breakfast</b>	
<b>Lunch</b>	
<b>Dinner</b>	

Is menu cycle on display?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Does menu cycle correspond with options available?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
If no, ask manager for explanation and provide details:		
Which meal was sampled? Breakfast <input type="checkbox"/> Lunch <input checked="" type="checkbox"/> Dinner <input type="checkbox"/>		
Please describe the meal in detail (e.g. was it hot / cold, bland / spicy etc.) <b>Very tasty, hot and fresh</b>		
Was there a vegetarian option? (note salad and vegetables <u>alone</u> are not considered as vegetarian option)	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> <b>no vegetarians but 8 salads available</b>	
Give details of this option:		
Were there ethnic dishes available?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Give details of this option:	<b>Beef stew, chicken carbonara, salads, vegetables</b>	
Was fresh foods available for Infants? (as per HSE Infant Feeding Guidelines)	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> <b>Main meal is blended</b>	
In your opinion, does the food on offer appear to provide a good variety?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Did inspection take place during Ramadan?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
If yes, please outline arrangements for provision of meals outside of normal mealtimes, (medical or other appointments, etc.):		
Is there any damaged seating or tables in dining room?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Is there enough seating for residents present to sit down and eat their lunch?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

Comments:
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## **KITCHEN AREA: Food Safety Critical Requirements**

### **FOOD SAFETY**

Has the premises been inspected by an Environmental Health Officer?	Yes
Date of Visit?	29/5/22
Comments:	

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

### **HACCP Records:**

Pest Control: in place and up to date last entry Nov 22 no activity
Induction and Ongoing Staff Training: Chef food safety training in place
Time & Temperature Records: Temperature records in place. Thermometers calibrated monthly last entry 21/10/22
Hygiene Audits: No
List of Approved Suppliers: In place
Cleaning Schedules: In place and up to date last entry 10/11/22
Procedures for accepting deliveries: Delivery records in place and up to date
General Comments:

## HACCP and Kitchen Evaluation

### General:

Is the kitchen commercial or domestic?	Commercial
What equipment is in place? Cookers, fridges, cleaning equipment	
In what condition is the equipment? Equipment requires modernisation, front missing from cooker, wood being used to raise hot holding.	
Comments:	

## STRUCTURAL HYGIENE

### Kitchen:

Is the refuse area suitably located?	Yes
Is the area tidy?	Yes
Are all bins covered?	Yes
Are signs displayed at all entrances in relation to access to kitchen for non kitchen staff?	No signs in place
Are white coats, shoe covers and hats available for non kitchen staff?	yes
Comment of the structural hygiene of the kitchen (i.e floors/walls/ceilings/doors/windows/work surfaces/ventilation, etc)	.
Are suitable hand washing and drying facilities provided?	<b>Yes</b>
General Comments:	

### Dry Goods:

Suitably equipped? <i>Shelving/containers etc</i>	<b>Yes</b>
Condition and suitability of facilities: Low level of dry goods storage	
What evidence is there of stock rotation?	<b>All goods labelled and dated</b>



**Refrigerated Storage:**

What type of refrigerated storage is provided?	<b>Meat fridge, salad fridge, Freezer</b>
Comment on the condition and suitability of the refrigerated storage:	
Are thermostats provided and in working order?	<b>Yes calibrated monthly</b>
Are food items date stamped?	<b>Yes</b>
Are samples of dishes being kept?	<b>Yes</b>

**Other:**

Is there appropriate storage for cleaning agents and chemicals?	<b>Yes</b>
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**OPERERATIONAL HYGIENE**

Do residents use the main kitchen?	<b>Yes</b>
Is that use supervised to ensure safe & hygienic practices are observed?	<b>Yes</b>
By whom is it supervised?	<b>Chef</b>

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

Is the necessary holding equipment provided? <i>e.g. bain maries, re Fridgerated units.</i>
Yes

Condition and suitability of serving equipment and utensils:
Serving equipment in good condition

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

Comments:
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## STAFF FACILITIES AND HYGIENE

Are designated staff facilities provided?	Yes
What facilities are in place?	Toilets, canteen and changing area

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

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

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

**23 PUBLIC TOILET (State Location):**

	Number	Soap	Toilet Paper	Hand Towels / Dryers	Hot Water	Sanitary Bins
Unisex:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ladies:	5	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Gents:	5	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Is there a cleaning schedule displayed?					Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Record the last time entry.						
Is the area clean? (provide comment) Clean						
Are all facilities working?					Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
<i>Visual Check:</i> Have you noticed any issues requiring attention?					Yes* <input type="checkbox"/>	No <input checked="" type="checkbox"/>
If No, give details:						

**24 COMMUNAL ROOM Recreation room:**

<b>Storage area:</b>	
Is the walkway through the area clear?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Are the exit signs clearly marked?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
<b>General Seating Area</b>	
Is the seating in good condition?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
What is the area generally used for? Pool, ping pong seating	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
<b>Computer room:</b>	
Is the area generally clean?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
<i>Visual Check:</i> Have you noticed any issues requiring attention?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
If yes please detail:	
<b>Any other comments?</b> If yes please detail:	

**OUTDOOR GROUNDS / FACILITIES**

Please rate the following:

	Very Good	Adequate	Poor*	Needs urgent attention*
Condition of exterior of centre	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Paintwork of the centre	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maintenance standard of the grounds (e.g. grass cut, walkways clear etc.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

#### LAUNDRY ROOM

	Washing Machines	Dryers
Number	6	8
Do they appear to be in working order? Yes		
Comments:		

#### CORRIDOR All

Is the area generally clean?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
If no please give details:		
Visual Check: Have you noticed any issues requiring attention?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
If yes please detail: <b>First floor corridor has damp on wall outside room 206</b>		

#### STAIRWAY All:

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

## Bedrooms:

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

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

<b>ROOM NUMBER 100</b>				
Room Profile: Family		Room Capacity:		Room Occupancy:
		<b>4</b>		<b>2</b>
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details:				

<b>ROOM NUMBER 101</b>				
Room Profile: Family		Room Capacity:		Room Occupancy:
		<b>5</b>		<b>4</b>
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details:				

<b>ROOM NUMBER 104</b>				
Room Profile: Family		Room Capacity:		Room Occupancy:
		<b>2</b>		<b>2</b>
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details:				

<b>ROOM NUMBER 105</b>				
Room Profile: Single		Room Capacity:		Room Occupancy:
		<b>4</b>		<b>3</b>
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details:				

<b>ROOM NUMBER 106</b>				
Room Profile: Family		Room Capacity:		Room Occupancy:
		<b>3</b>		<b>3</b>
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details: <b>Mould on bathroom ceiling</b>				

<b>ROOM NUMBER 107</b>				
Room Profile: Single		Room Capacity:		Room Occupancy:
		<b>3</b>		<b>2</b>
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details:				

<b>ROOM NUMBER 108</b>
------------------------

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

<b>ROOM NUMBER 109</b>					
Room Profile: Family		Room Capacity:		Room Occupancy:	
		2		2	
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *	
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>	
If *, please give details:					

<b>ROOM NUMBER 110</b>					
Room Profile: Family		Room Capacity:		Room Occupancy:	
		3		3	
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *	
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>	
If *, please give details:					

<b>ROOM NUMBER 111</b>					
Room Profile: Family		Room Capacity:		Room Occupancy:	
		3		3	
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>	
If *, please give details:					

<b>ROOM NUMBER 112</b>					
Room Profile: Family		Room Capacity:		Room Occupancy:	
		3		2	

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

<b>ROOM NUMBER 114</b>				
Room Profile: Family		Room Capacity:		Room Occupancy:
		<b>3</b>		<b>3</b>
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details:				

<b>ROOM NUMBER 115</b>				
Room Profile: Family		Room Capacity:		Room Occupancy:
		<b>3</b>		<b>3</b>
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details: <b>Paint peeling on bathroom ceiling</b>				

<b>ROOM NUMBER 116</b>				
Room Profile: Single		Room Capacity:		Room Occupancy:
		<b>3</b>		<b>2</b>
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details:				

<b>ROOM NUMBER 117</b>				
Room Profile: Singles		Room Capacity:		Room Occupancy:
		<b>3</b>		<b>3</b>
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>



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

<b>ROOM NUMBER 118</b>				
Room Profile: Family		Room Capacity:		Room Occupancy:
		<b>3</b>		<b>4</b>
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	Very Good	Adequate	Poor *	Needs urgent attention *
Cleanliness	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details:				

<b>ROOM NUMBER 200</b>				
Room Profile: Singles		Room Capacity:		Room Occupancy:
		<b>4</b>		<b>0</b>
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	Very Good	Adequate	Poor *	Needs urgent attention *
Cleanliness	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details:				

<b>ROOM NUMBER 201</b>				
Room Profile: Family		Room Capacity:		Room Occupancy:
		<b>5</b>		<b>4</b>
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	Very Good	Adequate	Poor *	Needs urgent attention *
Cleanliness	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details:				

<b>ROOM NUMBER 202</b>				
Room Profile: Family		Room Capacity:		Room Occupancy:
		<b>5</b>		<b>4</b>
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	Very Good	Adequate	Poor *	Needs urgent attention *
Cleanliness	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

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

<b>ROOM NUMBER 204</b>				
Room Profile: Family		Room Capacity:		Room Occupancy:
		<b>4</b>		<b>2</b>
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details:				

<b>ROOM NUMBER 205</b>				
Room Profile: Family		Room Capacity:		Room Occupancy:
		<b>3</b>		<b>2</b>
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details:				

<b>ROOM NUMBER 206</b>				
Room Profile: Family		Room Capacity:		Room Occupancy:
		<b>3</b>		<b>3</b>
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details:				

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

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

<b>ROOM NUMBER 210</b>				
Room Profile: Family		Room Capacity:		Room Occupancy:
		<b>3</b>		<b>3</b>
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details:				

<b>ROOM NUMBER 211</b>				
Room Profile: Single		Room Capacity:		Room Occupancy:
		<b>3</b>		<b>2</b>
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details:				

<b>ROOM NUMBER 212</b>				
Room Profile: Single		Room Capacity:		Room Occupancy:
		<b>3</b>		<b>3</b>
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details:				

<b>ROOM NUMBER 214</b>				
Room Profile: Family		Room Capacity:		Room Occupancy:
		<b>3</b>		<b>3</b>
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details:				

<b>ROOM NUMBER 215</b>				
Room Profile: single		Room Capacity:		Room Occupancy:
		<b>3</b>		<b>3</b>
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details				

<b>ROOM NUMBER 216</b>				
Room Profile: single		Room Capacity:		Room Occupancy:
		<b>3</b>		<b>3</b>
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

<b>ROOM NUMBER 217</b>				
Room Profile: single		Room Capacity:		Room Occupancy:
		<b>3</b>		<b>2</b>
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details				

<b>ROOM NUMBER 218</b>				
Room Profile: single		Room Capacity:		Room Occupancy:
		<b>3</b>		<b>3</b>
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details				

<b>ROOM NUMBER 219</b>				
Room Profile: single		Room Capacity:		Room Occupancy:
		<b>3</b>		<b>3</b>
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details				

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

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## **General Representations**

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

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

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

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

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

### Summary Sheet

<b>Name of Centre:</b>	The Grand Hotel
<b>Address:</b>	Abbey Street, Wicklow Town, Co. Wicklow
<b>Proprietor :</b>	Vesta Hotels
<b>Manager:</b>	Manager      Adrian Shanaghan
<b>Contact Name:</b>	
<b>Capacity Per MOA (Current Occupancy):</b>	111(90)
<b>Date of Inspection:</b>	11/11/22

Fire Safety:  
No ISSUES

Food Safety:  
NO ISSUES

Bedrooms:  
Mould in ensuite 106  
Paint peeling in 115

Other issues: Laundry hours of 5am to 6pm is restrictive for residents

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# IPAS/IPPS

## Independent Inspection Report

<b>Centre:</b>	<b>The Grand Hotel Wicklow Accommodation Centre</b>
<b>Inspector:</b>	<b>Emma Downey</b>
<b>Date of Inspection:</b>	<b>30/5/22</b>
<b>Time of Arrival &amp; Departure:</b>	<b>1600-1845</b>



*Part 1*  
*General Information on Services*

Independent Inspection Report

*Centre:*     *The Grand Hotel*  
**Accommodation Centre**

*Date of Inspection:*     **30/5/22**

**1. CENTRE DETAILS**

Name and address of Centre	<b>The Grand Hotel Abbey Street, Wicklow Town, Co.Wicklow</b>
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Contractor	<b>Vesta Hotels</b>
Manager	<b>Adrian Shanaghan</b>
Who deputises for manager in his/her absence?	<b>Give Job Title only Lorraine Vickers</b>

Telephone Number	<b>(0404)67337</b>
------------------	--------------------

Current Contracted Capacity	<b>111</b>
Current Occupancy (today)	<b>92</b>
Current Centre Profile (e.g., singles, families etc.)	<b>Families, singles</b>

HSE Area	<b>Wicklow</b>
Public Health Nurse	<b>Geraldine Nolan</b>
DSP / CWO name	<b>Kevin Kellaghan</b>
Environmental Health Officer name	<b>Eibhlin Haughney</b>
Local Fire Officer Name	<b>Aidan Dempsey</b>
Local Fire Station	<b>Wicklow</b>

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

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

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

### 3 GENERAL SECURITY & EMERGENCY DETAILS

Is 24 hour supervision provided? (Y/N)	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Give details of roster hours	<b>0800-1630, 1630-2000, 2000-0800</b>
Is security provided by external company? (Y/N)	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
If yes, give name of company:	
Does the centre have CCTV? (Y/N)	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Is a list of emergency numbers available in the Manager's office?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Does the list include the following numbers? (Y/N) Local Garda station 24 hr number Local hospital Local fire station Duty Social Work Team Out of hours GP Service RIA out of hours number	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  If no, give details:
Are first aid kits available? (Y/N)	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Where and how many?	
Who is responsible for first aid restocking?	Job title <u>only</u> (not name) of person responsible: Kitchen
Is there a defibrillator in the centre? How many staff been trained to use it?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

### 4 HEATING ARRANGEMENTS

What type of heating is used in the centre?	<b>Gas</b>
Do residents have control of the heating in their own bedroom?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> <b>Valves in room</b>
If no, what arrangements are in place?	
What are the heating 'ON' times?	<b>0700-1000, 1300-1500, 1900-2300</b>

### 5 HOUSE RULES

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

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

Are residents issued with key for their bedroom?(Yes/No)	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Are residents issued with key for main door? (Yes/No)	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
If no, give details	<b>Buzz in</b>
Are there procedures to allow residents to receive visitors? (Give details)	<b>Yes in ground floor area sign in in reception</b>
Outline visiting times :	<b>0800-2200</b>
In what areas are visitors allowed in the centre?	<b>Yes in ground floor area</b>

Any other relevant information:	
Is there a facility for storage of residents' valuables*? (Give details.) (* Storage is at resident's own risk)	<b>No</b>
What toiletries are provided to residents on arrival?	<b>Toothpaste, soap, shampoo</b>
What arrangements are in place to replenish these items?	<b>On request</b>

## 7 ARRANGEMENTS FOR MAINTENANCE

Does the centre have a written procedure in place for residents to report maintenance issues? (Yes/No)	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Is there a maintenance day book? (Yes/No)	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Describe the maintenance procedure at the centre: <b>Log on computer last entry 29/5/22</b>	

## 8 CHILD PROTECTION

Are measures in place to inform staff and visitors of RIA's Child Protection Policy? (Give details)	<b>Yes form in place</b>
Are visitors asked to sign a declaration agreeing to adhere to the child protection policy?	<b>Viewed signing sheet</b>
Where is declaration held?	<b>In reception</b>
Is there a sign in book for visitors? Where?	<b>In reception</b>
Are there notices on public display giving name and contact details of Designated Liaison Person? Where?	<b>Yes in notice board area</b>
Have Designated Liaison Persons received HSE training?	<b>Yes</b>
Are notices prominently displayed regarding parental supervision of children? Where?	<b>Yes in notice board area</b>

## 9 FOOD SAFETY

Has a HACCP system been implemented? (Yes/No)	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Have the premises been inspected by an Environmental Health Officer? (Yes/No)	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Date of last visit:	<b>29/5/22</b>

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

Are residents consulted regarding menu / dietary requests? (Give details.)	<b>Requests are considered</b>
Provide details opposite: Which of the following are provided for school children's packed lunches: <ul style="list-style-type: none"> <li>• Sandwich? What sandwich fillings are available: Cheese? Ham? Chicken? Tuna? Jam? Other?</li> <li>• Drinks? Juice? Water?</li> <li>• Yogurt?</li> <li>• Fruit?</li> <li>• Other</li> </ul>	<b>Parents make lunches from fridge</b>  Please also provide details of the system for distribution of school lunches: Water and fruit
Is infant formula kept out of public view?	<b>In store room</b>
What arrangements are in place for distribution of infant formula?	<b>On request</b>

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

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

## 12 FACILITIES FOR FEEDING BABIES

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

### 13 INDOOR FACILITIES

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

### 14 TRANSPORT ARRANGEMENTS

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

### 15 TV SYSTEM

Is there a specific TV system in place? (give details)	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
An average, how many TV channels are provided to residents?	<b>130</b>
Are residents allowed to erect satellite dishes?	<b>No</b>

### 16 LAUNDRY FACILITIES (General Arrangements)

Are Laundry facilities available in the centre? (Y/N)	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
If No, what service is provided?	
Who launders towels and bedlinen? (e.g., residents, staff, other, etc)	<b>Contract Laundry</b>
What procedures are in place for the exchange of towels and bed linen at the centre?	<b>Left out for staff to collect</b>
What procedures are in place for ironing boards and irons?	<b>In rooms</b>
How is washing powder / tablets supplied?	<b>On request</b>
Are there specific arrangements for access to the laundry (give details):	<b>0800-2000</b>

**17      CLEANING (General Arrangements)**

Are there cleaning materials and equipment provided by management for residents?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
What cleaning equipment is available to residents?	<b>Cloths, sprays, toilet duck</b>
What is the procedure for residents to access vacuum cleaners, brushes & other cleaning equipment?	<b>In reception</b>
What arrangements are in place if rooms are not cleaned sufficiently by residents?	<b>Staff will clean</b>

## *PART 2*

### *Room by Room Inspection*

#### Independent Inspection

*Centre: The Grand Hotel Wicklow*

*Date of Inspection: 30/5/22*



## Section A- Administration / Communal areas

### 17 Have you seen the following?

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

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

### 18 Staff Awareness

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

*\*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

Date	Inspected By (Company Name / Position)	OK	Defect	Remedial Action Taken ( Y/N)	Sign Off Y/N
23/5/22	Night Porter	<input checked="" type="checkbox"/>			
30/5/22	Night Porter	<input checked="" type="checkbox"/>			
3/5/22	Fire Protection Ireland	<input checked="" type="checkbox"/>			

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

Date	Inspected By (Company Name / Position)	OK	Defect	Remedial Action Taken ( Y/N)	Sign Off Y/N
23/5/22	Night Porter	<input checked="" type="checkbox"/>			
30/5/22	Night Porter	<input checked="" type="checkbox"/>			
3/5/22	Fire Protection Ireland	<input checked="" type="checkbox"/>			

**19c FIRE FIGHTING EQUIPMENT INSPECTION SCHEDULE**

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

Date	Inspected By (Company Name / Position)	OK	Defect	Remedial Action Taken ( Y/N)	Sign Off Y/N
23/5/22	Night Porter	<input checked="" type="checkbox"/>			
30/5/22	Night Porter	<input checked="" type="checkbox"/>			
3/5/22	Ashtec	<input checked="" type="checkbox"/>			

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

Date	Inspected By (Company Name / Position)	OK	Defect	Remedial Action Taken ( Y/N)	Sign Off Y/N
23/5/22	Night Porter	<input checked="" type="checkbox"/>			
30/5/22	Night Porter	<input checked="" type="checkbox"/>			

**19e FIRE DRILL PROCEDURE INSPECTION SCHEDULE**

Date & Time	Numbers of staff involved in drill	No. of residents present / evacuated **	Evacuation Time	Comments
27/6/19 11.00	6	62/62	4 mins	
8/10/21	6	20/20	6 min	

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

Job Description	Course	Instructor	Duration	Date
All staff	Fire safety and awareness	Robert Kelly	3 hours	8/21

**19g FIRE ASSEMBLY POINTS**

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

**19h FIRE ALARM SYSTEM**

Is there a fire alarm system in place?	Yes
Are there smoke alarms throughout the premises, inc bedrooms?	Yes
Are all smoke alarms linked back to a central control panel?	Yes

Are there designated 'Smoking' areas? <i>Include locations</i>	<b>Front of building</b>
Comments:	

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

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

## Administration Area:

### Reception:

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

### Have you seen the following?

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

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

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

### Social Room / Tea Station (State Location): Recreation area

What facilities are provided? <b>Tea, coffee, bread, milk, jam</b>		
Is the area generally clean?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
If no please give details:		
Visual Check: Have you noticed any issues requiring attention?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
If yes please detail:		

### Pre-school Room: **Play room**

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

## DINING AREA:

Please outline the meal times:

	From	To
<b>Breakfast</b>	0800	1000
<b>Lunch</b>	1230	1400
<b>Dinner</b>	1700	1830

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

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

<b>Breakfast</b>	
<b>Lunch</b>	
<b>Dinner</b>	

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

If no, ask manager for explanation and provide details:

Which meal was sampled?	Breakfast <input type="checkbox"/>	Lunch <input checked="" type="checkbox"/>	Dinner <input type="checkbox"/>
Please describe the meal in detail (e.g. was it hot / cold, bland / spicy etc.) <b>Very tasty, hot and fresh</b>			
Was there a vegetarian option? (note salad and vegetables <u>alone</u> are not considered as vegetarian option)	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> <b>no vegetarians but 8 salads available</b>		
Give details of this option:			
Were there ethnic dishes available?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
Give details of this option:	<b>Ham, carrots, coleslaw, pasta salad, red onions, eggs, sausage, roast turkey, pasta bolognese, beef curry, rice, mash, mixed veg, cheese sauce. Cheesecake, apple crumble</b>		
Was fresh foods available for Infants? (as per HSE Infant Feeding Guidelines)	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> <b>Main meal is blended</b>		
In your opinion, does the food on offer appear to provide a good variety?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
Did inspection take place during Ramadan?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
If yes, please outline arrangements for provision of meals outside of normal mealtimes, (medical or other appointments, etc.):			

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

## KITCHEN AREA: Food Safety Critical Requirements

### FOOD SAFETY

Has the premises been inspected by an Environmental Health Officer?	Yes
Date of Visit?	9/6/21
Comments:	

Has a HACCP system been implemented?	<b>Yes</b>
Who designed the HACCP system?	<b>Chef</b>
Who is responsible for reviewing the system?	<b>Manager</b>
How frequently is the system reviewed?	<b>Unknown</b>

### HACCP Records:

Pest Control: in place and up to date last entry 4/4/22 no activity
Induction and Ongoing Staff Training: Chef food safety training in place
Time & Temperature Records: Temperature records in place. Thermometers calibrated monthly last entry 30/5/23
Hygiene Audits: No
List of Approved Suppliers: In place
Cleaning Schedules: In place and up to date last entry 30/5/22
Procedures for accepting deliveries: Delivery records in place and up to date
General Comments:

## HACCP and Kitchen Evaluation

### General:

Is the kitchen commercial or domestic?	Commercial
What equipment is in place? Cookers, fridges, cleaning equipment	
In what condition is the equipment? Equipment requires modernisation, front missing from cooker, wood being used to raise hot holding.	
Comments:	

## STRUCTURAL HYGIENE

### Kitchen:

Is the refuse area suitably located?	Yes
Is the area tidy?	Yes
Are all bins covered?	Yes
Are signs displayed at all entrances in relation to access to kitchen for non kitchen staff?	No signs in place
Are white coats, shoe covers and hats available for non kitchen staff?	yes
Comment of the structural hygiene of the kitchen (i.e floors/walls/ceilings/doors/windows/work surfaces/ventilation, etc)	.
Are suitable hand washing and drying facilities provided?	<b>Yes</b>
General Comments:	

### Dry Goods:

Suitably equipped? <i>Shelving/containers etc</i>	<b>Yes</b>
Condition and suitability of facilities: Low level of dry goods storage	

What evidence is there of stock rotation?	<b>All goods labelled and dated</b>
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#### **Refrigerated Storage:**

What type of refrigerated storage is provided?	<b>Meat fridge, salad fridge, Freezer</b>
Comment on the condition and suitability of the refrigerated storage:	
Are thermostats provided and in working order?	<b>Yes calibrated monthly</b>
Are food items date stamped?	<b>Yes</b>
Are samples of dishes being kept?	<b>Yes</b>

#### **Other:**

Is there appropriate storage for cleaning agents and chemicals?	<b>Yes</b>
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#### **OPERERATIONAL HYGIENE**

Do residents use the main kitchen?	<b>Yes</b>
Is that use supervised to ensure safe & hygienic practices are observed?	<b>Yes</b>
By whom is it supervised?	<b>Chef</b>

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

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

Condition and suitability of serving equipment and utensils:
Serving equipment in good condition



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

Comments:
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## STAFF FACILITIES AND HYGIENE

Are designated staff facilities provided?	Yes
What facilities are in place?	Toilets, canteen and changing area

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

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

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

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

**23 PUBLIC TOILET (State Location):**

	Number	Soap	Toilet Paper	Hand Towels / Dryers	Hot Water	Sanitary Bins
Unisex:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ladies:	5	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Gents:	5	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Is there a cleaning schedule displayed?					Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Record the last time entry.						
Is the area clean? (provide comment) Clean						
Are all facilities working?					Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
<i>Visual Check:</i> Have you noticed any issues requiring attention?					Yes* <input type="checkbox"/>	No <input checked="" type="checkbox"/>
If No, give details:						

**24 COMMUNAL ROOM Recreation room:**

<b>Storage area:</b>		
Is the walkway through the area clear?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Are the exit signs clearly marked?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
<b>General Seating Area</b>		
Is the seating in good condition?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
What is the area generally used for? Pool, ping pong seating	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
<b>Computer room:</b>		
Is the area generally clean?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
<i>Visual Check:</i> Have you noticed any issues requiring attention?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
If yes please detail:		
<b>Any other comments?</b> If yes please detail:		

**OUTDOOR GROUNDS / FACILITIES**

Please rate the following:

	Very Good	Adequate	Poor*	Needs urgent attention*
Condition of exterior of centre	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Paintwork of the centre	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

### LAUNDRY ROOM

	Washing Machines	Dryers
Number	<b>4</b>	<b>4</b>
Do they appear to be in working order? <b>Yes</b>		
Comments:		

### CORRIDOR All

Is the area generally clean?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
If no please give details:		
Visual Check: Have you noticed any issues requiring attention?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
If yes please detail: <b>First floor corridor has damp on wall outside room 206</b>		

### STAIRWAY All:

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

## Bedrooms:

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

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

<b>ROOM NUMBER 100</b>				
Room Profile: Family		Room Capacity:		Room Occupancy:
		<b>2</b>		<b>2</b>
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details:				

<b>ROOM NUMBER 101</b>				
Room Profile: Family		Room Capacity:		Room Occupancy:
		<b>5</b>		<b>4</b>
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details:				

<b>ROOM NUMBER 104</b>				
Room Profile: Family		Room Capacity:		Room Occupancy:
		<b>2</b>		<b>2</b>
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details: <b>Paint peeling on ceiling</b>				

<b>ROOM NUMBER 105</b>				
Room Profile: Single		Room Capacity:		Room Occupancy:
		<b>3</b>		<b>2</b>
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details:				

<b>ROOM NUMBER 106</b>				
Room Profile: Family		Room Capacity:		Room Occupancy:
		<b>3</b>		<b>3</b>
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details:				

<b>ROOM NUMBER 107</b>				
Room Profile: Single		Room Capacity:		Room Occupancy:
		<b>3</b>		<b>2</b>
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details:				

<b>ROOM NUMBER 108</b>
------------------------

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

<b>ROOM NUMBER 109</b>					
Room Profile: Family		Room Capacity:		Room Occupancy:	
		2		2	
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *	
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>	
If *, please give details:					

<b>ROOM NUMBER 110</b>					
Room Profile: Family		Room Capacity:		Room Occupancy:	
		3		3	
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *	
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>	
If *, please give details:					

<b>ROOM NUMBER 111</b>					
Room Profile: Family		Room Capacity:		Room Occupancy:	
		3		3	
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>	
If *, please give details:					

<b>ROOM NUMBER 112</b>					
Room Profile: Family		Room Capacity:		Room Occupancy:	
		3		2	

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

<b>ROOM NUMBER 114</b>				
Room Profile: Family		Room Capacity:		Room Occupancy:
		<b>3</b>		<b>3</b>
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details:				

<b>ROOM NUMBER 115</b>				
Room Profile: Family		Room Capacity:		Room Occupancy:
		<b>3</b>		<b>3</b>
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details:				

<b>ROOM NUMBER 116</b>				
Room Profile: Single		Room Capacity:		Room Occupancy:
		<b>2</b>		<b>2</b>
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details:				

<b>ROOM NUMBER 117</b>				
Room Profile: Singles		Room Capacity:		Room Occupancy:
		<b>3</b>		<b>3</b>
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

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

<b>ROOM NUMBER 118</b>				
Room Profile: Family		Room Capacity:		Room Occupancy:
		<b>3</b>		<b>4</b>
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	Very Good	Adequate	Poor *	Needs urgent attention *
Cleanliness	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details:				

<b>ROOM NUMBER 200</b>				
Room Profile: Singles		Room Capacity:		Room Occupancy:
		<b>2</b>		<b>1</b>
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	Very Good	Adequate	Poor *	Needs urgent attention *
Cleanliness	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details:				

<b>ROOM NUMBER 201</b>				
Room Profile: Family		Room Capacity:		Room Occupancy:
		<b>5</b>		<b>4</b>
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	Very Good	Adequate	Poor *	Needs urgent attention *
Cleanliness	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details:				

<b>ROOM NUMBER 202</b>				
Room Profile: Family		Room Capacity:		Room Occupancy:
		<b>5</b>		<b>4</b>
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	Very Good	Adequate	Poor *	Needs urgent attention *
Cleanliness	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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

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

<b>ROOM NUMBER 204</b>				
Room Profile: Family		Room Capacity:		Room Occupancy:
		<b>4</b>		<b>2</b>
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details:				

<b>ROOM NUMBER 205</b>				
Room Profile: Family		Room Capacity:		Room Occupancy:
		<b>3</b>		<b>2</b>
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details:				

<b>ROOM NUMBER 206</b>				
Room Profile: Family		Room Capacity:		Room Occupancy:
		<b>3</b>		<b>3</b>
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details:				

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

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

<b>ROOM NUMBER 210</b>				
Room Profile: Family		Room Capacity:		Room Occupancy:
		<b>3</b>		<b>3</b>
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details:				

<b>ROOM NUMBER 211</b>				
Room Profile: Single		Room Capacity:		Room Occupancy:
		<b>3</b>		<b>2</b>
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details:				

<b>ROOM NUMBER 212</b>				
Room Profile: Single		Room Capacity:		Room Occupancy:
		<b>3</b>		<b>3</b>
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details:				

<b>ROOM NUMBER 214</b>				
Room Profile: Family		Room Capacity:		Room Occupancy:
		<b>3</b>		<b>3</b>
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details:				

<b>ROOM NUMBER 215</b>				
Room Profile: single		Room Capacity:		Room Occupancy:
		<b>3</b>		<b>3</b>
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details				

<b>ROOM NUMBER 216</b>				
Room Profile: single		Room Capacity:		Room Occupancy:
		<b>3</b>		<b>3</b>
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

<b>ROOM NUMBER 217</b>				
Room Profile: single		Room Capacity:		Room Occupancy:
		<b>3</b>		<b>2</b>
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details				

<b>ROOM NUMBER 218</b>				
Room Profile: single		Room Capacity:		Room Occupancy:
		<b>3</b>		<b>3</b>
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details				

<b>ROOM NUMBER 219</b>				
Room Profile: single		Room Capacity:		Room Occupancy:
		<b>3</b>		<b>3</b>
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details				

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

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## **General Representations**

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

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

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

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

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

From: David Lardner (DCEDIY) <David.Lardner@equality.gov.ie>

Sent: Tuesday 29 November 2022 16:45

To: Adrian Shanagher [REDACTED]

Subject: IPPS - Inspection Reports The Grand Hotel Wicklow Accommodation Centre - Please review and respond

Dear Mr Shanagher,

Please find attached PDF copies of the IPPS Independent Inspection Reports from QTS Ltd for The Grand Hotel Wicklow Accommodation Centre, dated 30/05/2022 and 11/11/2022 which were completed this year.

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

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

With Kind regards,

David.

David Lardner  
International Protection Procurement Services

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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>



**GRAND HOTEL**  
WICKLOW

David Lardner  
International Protection Procurement Services  
Department of Children, Equality, Disability, Integration and Youth Affairs  
2<sup>nd</sup> Floor Montague Court  
7-11 Montague Street  
Dublin 2,  
Ireland.

6<sup>th</sup> December 2022

**By email to David.Lardner@equality.gov.ie**

Dear **Mr. Lardner**

**Re: IPPS Independent Inspection Reports from QTS Ltd for The Grand Hotel  
Wicklow Accommodation Centre, dated 30/05/2022 and 11/11/2022.**

I refer to your email of 29<sup>th</sup> November 2022 in relation to the above attaching a copy of the two inspection reports.

I can confirm that the few issues raised are of a very minor nature and have been resolved at the time of writing:

- A fire drill has been held on the premises today 6<sup>th</sup> December 2022.
- A very number of small maintenance issues arose and these have been cleared.
- Laundry room opening times have been reviewed and adjusted in line with inspectors general comments.

Yours sincerely,

Adrian Shanagher (by email so bears no signature)

Director Vesta Hotels Limited t/a Grand Hotel Wicklow