IPAS/IPPS

Independent
Inspection Report

| Centre: | The Grand Hotel Wicklow |
|------------------------------|-------------------------|
| | Accommodation |
| | Centre |
| Inspector: | Emma Downey |
| Date of Inspection: | 11/11/22 |
| Time of Arrival & Departure: | 1630-1830 |

Part 1 General Information on Services

Independent Inspection Report

Centre: The Grand Hotel

Accommodation Centre

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

| 1. | CFN1 | TRE C |)FT | AILS |
|----|------|-------|-----|-------------|
| | | | | |

| 1. CENTRE DETAILS | | | | |
|---|---------------------------------|--|--|--|
| Name and address of Centre | The Grand Hotel | | | |
| | Abbey Street, Wicklow Town, | | | |
| | Co.Wicklow | | | |
| | | | | |
| Contractor | Vesta Hotels | | | |
| Manager | Adrian Shanaghan | | | |
| Who deputises for manager in his/her | Give Job Title only | | | |
| absence? | Lorraine Vickers | | | |
| | | | | |
| Telephone Number | (0404)67337 | | | |
| | | | | |
| Current Contracted Capacity | 111 | | | |
| Current Occupancy (today) | 90 | | | |
| Current Centre Profile (e.g., singles, families etc.) | Families, singles | | | |
| | | | | |
| HSE Area | Wicklow | | | |
| Public Health Nurse | Geraldine Nolan | | | |
| DSP / CWO name | Kevin Kellaghan | | | |
| Environmental Health Officer name | Eibhlin Haughney | | | |
| Local Fire Officer Name | Aidan Dempsey | | | |
| Local Fire Station | Wicklow | | | |
| Latha Cantus assistind by any Ovality Manag | amount Contains Vac Na Na | | | |
| Is the Centre certified by any Quality Manage (i.e. Q Mark, ISO)?: | ement System Yes No | | | |
| If yes, please give details: | I | | | |
| What was the date of the last certification | un? | | | |
| Have you a copy of the Certification | Yes No | | | |
| Trave you a copy of the certification | 165 116 | | | |
| 2. Please provide a copy of the follow | wing | | | |
| | Check List | | | |
| Official Register | | | | |
| Menu Cycle | | | | |
| Staffing Lists as follows: | | | | |
| 1. Full list of staff employed at the centre (| indicating Names, Titles. | | | |
| Roles, etc.,) | | | | |
| 2. Indicate who is on duty at time of inspection (today) | | | | |
| 3. a separate list of Designated Liaison Persons (child protection) | | | | |

| 3 | GENERAL | SECURITY & | EMERGENCY | DFTAILS |
|---|---------|-------------|------------------|---------|
| _ | OLIVE | JECUINI I G | LIVILIVOLIVOI | |

| Is 24 hour supervision provided? | (Y/N) | Yes | \boxtimes | No | |
|--|-------|----------------------------|-------------|---------|-------------|
| Give details of roster hours | | 0800-1630, 16 | 30-200 | 0, 20 | 00-0800 |
| Is security provided by external company? | (Y/N) | Yes | | No | |
| If yes, give name of company: | | | | | |
| Does the centre have CCTV? | (Y/N) | Yes | \boxtimes | No | |
| Is a list of emergency numbers available in th | е | Yes | \boxtimes | No | |
| Manager's office? | | | | | |
| Does the list include the following numbers? | (Y/N) | Yes | \boxtimes | No | |
| Local Garda station 24 hr number | | | | | |
| Local hospital | | | | | |
| Local fire station | | If no, give detail | s: | | |
| Duty Social Work Team | | | | | |
| Out of hours GP Service | | | | | |
| RIA out of hours number | | | | | |
| | | | | | |
| Are first aid kits available? | (Y/N) | Yes | | No | |
| Where and how many? | | | | | |
| Who is responsible for first aid restocking? | | Job title <u>only</u> (not | - | of pers | on |
| | | responsible:Kitche | en | | |
| Is there a defibrillator in the centre? | · | Yes | | No | \boxtimes |
| How many staff been trained to use it? | | | | | |

4 HEATING ARRANGEMENTS

| What type of heating is used in the centre? | Gas |
|---|---------------------------------|
| Do residents have control of the heating in their own | Yes No 🗌 |
| bedroom? | Valves in room |
| If no, what arrangements are in place? | |
| What are the heating 'ON' times? | 0700-1000, 1300-1500, 1900-2300 |

5 HOUSE RULES

| Are residents provided with a copy of the House Rules on arrival? | Yes No 🗌 |
|---|-----------------------|
| How does centre management explain house rules to residents on arrival? | One to one on arrival |

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

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

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

7 ARRANGEMENTS FOR MAINTENANCE

| Does the centre have a written procedure in place | Yes | \boxtimes | No | |
|--|-----|-------------|----|--|
| for residents to report maintenance issues? (Yes/No) | | | | |
| Is there a maintenance day book? (Yes/No) | Yes | \boxtimes | No | |
| Describe the maintenance procedure at the centre: | | | | |
| Log on computer last entry 29/5/22 | | | | |
| | | | | |

8 CHILD PROTECTION

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

9 FOOD SAFETY

| Has a HACCP system been implemented? (Yes/No) | Yes | \boxtimes | No | |
|--|------|-------------|----|--|
| Have the premises been inspected by an Environmental | Yes | \boxtimes | No | |
| Health Officer? (Yes/No) | | | | |
| Date of last visit: | 29/5 | /22 | | |

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

| | <u> </u> |
|--|---|
| Are residents consulted regarding menu / | Requests are considered |
| dietary requests? (Give details.) | |
| Provide details opposite: | Parents make lunches from fridge |
| Which of the following are provided for school | |
| children's packed lunches: | |
| Sandwich? What sandwich fillings are available: Cheese? Ham? Chicken? Tuna? Jam? Other? Drinks? Juice? Water? Yogurt? Fruit? Other | 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 | On request |
| of infant formula? | |

11 ARRANGEMENTS FOR REFRESHMENTS / MEALS OUTSIDE NORMAL MEAL TIMES

| Are tea / coffee / drinking water / Snacks etc. available outside mealtimes? | Yes No 🗌 |
|--|--------------------|
| 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 No |
| 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 No |
| If the inspection takes place during Ramadan this | no |
| section must be completed. | |
| What arrangements are in place to facilitate residents observing a fast during Ramadan? | |

12 FACILITIES FOR FEEDING BABIES

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

| 4.0 | | _ | _ | | ~ | |
|-----|-------|---|-----|--|---|----------|
| 13 | 11/11 | | N | $\mathbf{L} \mathbf{\Lambda} \mathbf{I}$ | | ITIES |
| 13 | 114 | v | UN. | FA! | | .i i ilo |

| Are the following are available to residents? | Yes/No |
|--|------------|
| Computers with Internet access | Yes 🛛 No 🗌 |
| WIFI | Yes 🛛 No 🗌 |
| DVD player | Yes 🛛 No 🗌 |
| Computer Games | Yes 🛛 No 🗌 |
| Snooker Table | Yes No 🖂 |
| Pool Table | Yes No |
| Table Tennis Table | Yes No |
| Board Games | Yes 🛛 No 🗌 |
| Newspapers | Yes No 🖂 |
| Books | Yes 🛛 No 🗌 |
| Toys / games for children | Yes 🛛 No 🗌 |
| Other | |
| Give details of any other arrangement or other | |
| comments: | |

14 TRANSPORT ARRANGEMENTS

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

15 TV SYSTEM

| Is there a specific TV system in place? | Yes No 🗌 |
|---|----------|
| (give details) | |
| An average, how many TV channels are provided to residents? | 130 |
| Are residents allowed to erect satellite | No |
| dishes? | |

16 LAUNDRY FACILITIES (General Arrangements)

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

17 CLEANING (General Arrangements)

| , , , | |
|--|-----------------------------|
| Are there cleaning materials and equipment | Yes 🛛 No 🗌 |
| provided by management for residents? | |
| What cleaning equipment is available to residents? | Cloths, sprays, toilet duck |
| What is the procedure for residents to access vacuum cleaners, brushes & other cleaning equipment? | In reception |
| What arrangements are in place if rooms are not cleaned sufficiently by residents? | Staff will clean |

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 | \boxtimes | Notice board near recreation |
| | | room |
| Complaint Forms | \boxtimes | Reception |
| Accident/ Incident procedure | | Reception |

| HSE Breastfeeding Posters | | Notice board near recreation |
|--|-------------|------------------------------|
| (if applicable) | | room |
| Designated Liaison Person details | \boxtimes | Notice board near recreation |
| (Child Protection) | | room |
| Supervision of children notice | | Notice board near recreation |
| | | room |
| Gym Notices (Child Safety – if applicable) | | N/A |
| IOM Voluntary Return Posters | | Notice board near recreation |
| | | room |

18 Staff Awareness

| Did you see the RIA Code of Practice*? | |
|---|--|
| Are all staff aware of RIA Code & House Rules? | |
| How are staff made aware of RIA Code & House Rules? | |
| 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 | \boxtimes | | | |
| 30/5/22 | Night Porter | \boxtimes | | | |
| 3/5/22 | Fire Protection | \boxtimes | | | |
| | Ireland | | | | |

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 | \boxtimes | | | |
| 7/11/22 | Night Porter | \boxtimes | | | |
| 12/9/22 | Fire Protection | \boxtimes | | | |
| | Ireland | | | | |

19c FIRE FIGHTING EQUIPMENT INSPECTION SCHEDULE

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

| 1 | | | | | | | |
|---------|--|-------------|--------|--------------------------------|-----------------|--|--|
| Date | Inspected By (Company Name / Position) | OK | Defect | Remedial Action Taken (Y/N) | Sign Off Y/N | | |
| 3/10/22 | Night Porter | \boxtimes | | | | | |
| 7/11/22 | Night Porter | \boxtimes | | | | | |
| 1/8/22 | Ashtec | | | | | | |

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 | \boxtimes | | | |
| 7/11/22 | Night Porter | \boxtimes | | | |

19e FIRE DRILL PROCEDURE INSPECTION SCHEDULE

| Date & Time | Numbers of staff involved in drill | No. of residents present / evacuated ** | Evacuation Time | Comments |
|-------------|------------------------------------|---|--------------------|----------|
| 27/6/19 | 6 | 62/62 | 4 mins | |
| 11.00 | | | | |
| 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 | Robert Kelly | 3 hours | 8/21 |
| | awareness | | | |
| | | | | |

19g FIRE ASSEMBLY POINTS

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

19h FIRE ALARM SYSTEM

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

| Are there designated 'Smoking' areas? Include locations | Front of building |
|--|-------------------|
| Comments: | |

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

(in corridors & common areas)

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

Administration Area:

| Reception: | | Vec No |
|---|--------------|--------------------------------------|
| Is the area generally clean? | | Yes 🔀 No |
| If no please give details: | | |
| Visual Check: Have you noticed any issues re | equiring att | ention? Yes No |
| (e.g., fire exit signs, hazards, lighting, notices, dé | cor, etc.) | |
| If yes please detail: | | |
| | | |
| lave you seen the following? | | |
| | | Location of display |
| Up to date House Rules | | In reception |
| Complaint Forms | | In reception |
| Accident/ Incident procedure | | In reception |
| HSE Breastfeeding Posters | | Notice board outside recreation |
| (if applicable) | | area |
| Designated Liaison Person details | \boxtimes | Notice board outside recreation |
| (Child Protection) | | area |
| Supervision of children notice | | Notice board outside recreation area |
| Gym Notices (Child Safety – if applicable) | | n/a |
| | 1 — | |
| IOM Voluntary Return Posters | | Notice board outside recreation area |
| Anti Human-Trafficking Posters | | Notice board outside recreation area |
| 'NO to Violence & Harassment' Posters | | Notice board outside recreation |
| | | area |
| | | |
| ocial Room / Tea Station (State Location What facilities are provided? Tea, coffee, br | • | |
| s the area generally clean? | | Yes No |
| If no please give details: | | |
| Visual Check: Have you noticed any issues re | equiring att | ention? Yes No |
| If yes please detail: | | |
| | | |
| re-school Room: Play room | | |
| s the area generally clean? Yes / No | Yes | |

| If no please give o | letails: | | | | | | | |
|--|--------------------|--------------|---------|-------------|-------------|-------------|---|--|
| Visual Check: Hav | • | • | | • | | _ | No 🔀 | |
| Other comments: | | , | | <u> </u> | , | | <u>, , , , , , , , , , , , , , , , , , , </u> | |
| | | | | | | | | |
| | | | | | | | | |
| DINING AREA: | +: | | | | | | | |
| Please outline th | From | | | То | | | | |
| Breakfast | <u> </u> | | | | 000 | | | |
| Lunch | 1230 | | | | 100 | | | |
| Dinner | 1700 | | | | | | | |
| Diffile | 1700 | | | 18 | 330 | | | |
| Which is the main | meal of the day: | | Lunch | n 🔲 | Dinne | r 🛛 | | |
| Is menu cycle ava | ilable? | | Yes | \boxtimes | No | | | |
| | | | | | | | | |
| If no, give details | of all menu opti | ions on da | y of ir | nspecti | ion: | | | |
| Breakfast | | | | | | | | |
| Lunch | | | | | | | | |
| Dinner | | | | | | | | |
| | | | | | | | | |
| Is menu cycle on o | display? | | | | Yes | \boxtimes | No | |
| Does menu cycle | correspond with o | options ava | ailable | ? | Yes | \boxtimes | No | |
| If no, ask manage | r for explanation | and provid | e deta | ils: | | | | |
| | | | | | | | | |
| Which most was s | Shalamas | Breakfa | oct 🗆 | 1 | Lunch | \square | Dinne | <u>, </u> |
| Which meal was s | • | | | old bla | Lunch | | | I |
| Please describe the Very tasty, hot ar | • | e.g. was it | not / c | iola, bia | and / spicy | etc.) | | |
| | | | | | | | | |
| Was there a veget | tarian option? | | | Yes | | No | 🔀 no | |
| (note salad and ve | _ | re not | | vegeta | rians but | 8 sala | ads availab | le |
| considered as veg | | | | | | | | |
| Give details of thi | • | | | | | | | |
| Were there ethnic | | ? | | Yes | | No | | |
| Give details of thi | s option: | | | | | en ca | rbonara, s | alads, |
| Mas fresh foods | wailahla fan lafan | ±-2 | | vegeta | | N.a | D Nacio | |
| Was fresh foods a | | | | Yes | s blended | No | Mair | 1 |
| (as per HSE Infant In your opinion, d | | | r to | Yes | | No | | |
| provide a good va | | пет арреа | 1 10 | 163 | | INO | | |
| Did inspection tak | | ımadan? | | Yes | | No | \square | |
| If yes, please outli | | | ion of | | | | <u> </u> | es. |
| (medical or other a | _ | | .5.1 01 | | Jacolae of | | a. mealtill | 23, |
| incarear or other up | | | | | | | | |
| Is there any dama | ged seating or tal | bles in dini | ng roo | m? | Yes | 1 | No 🖂 | |
| Is there enough so | | | | | | | No 🗖 | |

eat their lunch?

| Comments: | | | |
|-----------|--|--|--|
| | | | |

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 | Yes |
|--|---------|
| implemented? | |
| Who designed the HACCP system? | Chef |
| Who is responsible for reviewing the | Manager |
| system? | |
| 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? | Yes | |
| General Comments: | | |

Dry Goods:

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

Refrigerated Storage:

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

Other:

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

OPERERATIONAL HYGIENE

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

| Is the correct equipment provided? e.g. colour coded chopping boards | |
|--|---|
| Yes | , |

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

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 | Yes |
| facilities provided? | |
| Is storage provided for personal | Yes |
| belongings? | |
| Are showers provided? <i>Indicate</i> | Yes |
| cleanliness & suitability | |

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

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

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

| | Number | Soap | Toilet | Hand Towels / | Hot | Sanitary Bins | | |
|--|---|--|-------------------------------------|--------------------|---|---------------|--|--|
| | | Joan | Paper | Dryers | Water | Jan. 1 2 1 2 | | |
| Unisex: | | | | | | | | |
| Ladies: 5 | 5 | | | | | | | |
| | 5 | | | | | | | |
| Is there a cl | | chodulo di | colayod2 | | | Yes No 🖂 | | |
| Record the | _ | | spiayeu: | | | res 🔲 No 🖂 | | |
| | | | nment) Cle | an | | | | |
| Are all facil | ••• | | innerity cic | un . | , | Yes No * | | |
| | | | d any issues | roquiring attenti | | | | |
| | | you notice | a any issues | requiring attenti | one | Yes* No 🗵 | | |
| If No, give o | details: | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| t CON | линна | I ROOM F | Recreation | room: | | | | |
| | | L INCOIVI I | <u>veci eation</u> | 100111. | | | | |
| Storage are | ea. | | | | | | | |
| c the walle | way thro | ugh tha ar | na cloar? | | Yes 🖯 | Z No 🗆 | | |
| | • | ugh the are | | | <u>-</u> | | | |
| Are the exit | t signs cie | early marke | ear | | Yes | ∐ No ∐ | | |
| | | | | | | | | |
| Conoral So | ating Arc | | | | | | | |
| | _ | | n2 | | Voc 5 | Z No □ | | |
| s the seati | ng in goo | d conditio | | ool ning nong co | Yes \[Yes \(\sigma \) | = = | | |
| Is the seatii What is the | ng in goo e area ger | d conditio | | ool, ping pong sea | = | = = | | |
| s the seatii What is the Computer i | ng in goo e area ger room: | d condition nerally use | | ool, ping pong sea | ating Yes 🛭 | No 🗍 | | |
| s the seation what is the Computer of the area of the area of the area of the the area of the the area of the the area of the the area of the area of the the area of the the | ng in goo e area ger room: generally | d condition nerally use or clean? | d for? Po | | ating Yes \(\bar{\bar}\) Yes \(\bar{\bar}\) | No □ No □ | | |
| Is the seation What is the Computer of Is the area of Visual Chec | ng in goo e area ger room: generally ck: Have | d condition nerally use or clean? | d for? Po | ool, ping pong sea | ating Yes \(\bar{\bar}\) Yes \(\bar{\bar}\) | No □ No □ | | |
| Is the seation What is the Computer of Is the area of Visual Chec | ng in goo e area ger room: generally ck: Have | d condition nerally use or clean? | d for? Po | | ating Yes \(\bar{\bar}\) Yes \(\bar{\bar}\) | No □ No □ | | |
| Is the seating what is the Computer of the area of the Computer of the Compute | ng in goo e area ger room: generally ck: Have e detail: | d condition nerally use viclean? you notice | d for? Po | requiring attenti | ating Yes \(\bar{\bar}\) Yes \(\bar{\bar}\) | No □ No □ | | |
| s the seating what is the Computer of the area of the Computer | ng in goo e area ger room: generally ck: Have e detail: | d condition nerally use viclean? you notice | d for? Po | requiring attenti | ating Yes \(\bar{\bar}\) Yes \(\bar{\bar}\) | No □ No □ | | |
| s the seating what is the Computer of the area of the Computer | ng in goo e area ger room: generally ck: Have e detail: | d condition nerally use viclean? you notice | d for? Po | requiring attenti | ating Yes \(\bar{\bar}\) Yes \(\bar{\bar}\) | No □ No □ | | |
| Is the seating what is the Computer of the area of the Computer of the Compute | ng in goo e area ger room: generally ck: Have e detail: | d condition nerally use viclean? you notice | d for? Po | requiring attenti | ating Yes \(\bar{\bar}\) Yes \(\bar{\bar}\) | No □ No □ | | |
| Is the seating What is the Computer of the area of the Computer of the Compute | ng in goo e area ger room: generally k: Have e detail: | d condition nerally use clean? you notice ts? If yes p | d for? Po | requiring attenti | ating Yes \(\bar{\bar}\) Yes \(\bar{\bar}\) | No □ No □ | | |
| s the seating What is the Computer of the area of the Computer | ng in goo e area ger room: generally ck: Have e detail: comment | d condition nerally use clean? you notice ts? If yes p | d for? Po | requiring attenti | ating Yes \(\bar{\bar}\) Yes \(\bar{\bar}\) | No □ No □ | | |
| s the seating what is the Computer of the area of the Computer | ng in goo e area ger room: generally ck: Have e detail: comment | d condition nerally use clean? you notice ts? If yes p | d for? Po | requiring attenti | ating Yes \(\bar{\bar}\) Yes \(\bar{\bar}\) | No □ No □ | | |
| s the seating what is the Computer of the area of the Computer | ng in goo e area ger room: generally ck: Have e detail: comment | d condition nerally use clean? you notice ts? If yes p | d for? Pod any issues lease detail: | requiring attenti | Yes Yes On? Yes | No | | |
| s the seating what is the Computer of Standard Check of yes please Any other Court of the Court | ng in goo e area ger room: generally ck: Have e detail: comment | d condition nerally use clean? you notice ts? If yes p DS / FACII | d for? Po | requiring attenti | ating Yes \(\bar{\bar}\) Yes \(\bar{\bar}\) | No □ No □ | | |
| s the seating What is the Computer is the area in Visual Check fyes please Any other Computer is the condition of the Conditi | ng in goo e area ger room: generally ck: Have e detail: comment | d condition nerally use clean? you notice ts? If yes p DS / FACII | d for? Pod any issues lease detail: | requiring attenti | Yes Yes On? Yes | No | | |
| s the seating what is the Computer is the area is the area is visual Check fyes please Any other computer of the Condition of Condition | ng in goo e area ger room: generally k: Have e detail: comment the follo | d condition nerally use clean? you notice ts? If yes p DS / FACII | d for? Pod any issues lease detail: | requiring attenti | Yes Yes On? Yes | No | | |
| S the seating what is the Computer of State area of State | ng in goo e area ger room: generally k: Have e detail: comment the follo | d condition nerally use clean? you notice ts? If yes p DS / FACIO Dwing: | d for? Pod any issues lease detail: | requiring attenti | Yes Yes On? Yes | No | | |
| lf yes pleas | ng in goo e area ger room: generally k: Have e detail: comment GROUN the follo | d condition nerally use v clean? you notice ts? If yes p DS / FACII Dwing: | d for? Pod any issues lease detail: | requiring attenti | Yes Yes On? Yes | No | | |

| Cleanliness of the grounds | | \boxtimes | | | | | | | |
|---|--------------------|------------------|------------|-------------|-----|-------------|--|--|--|
| (ie., evidence of rubbish etc.) | | | | | | | | | |
| Where you have rated * please provide details and comments: | | | | | | | | | |
| | | | | | | | | | |
| Are there any facilities availa | ble for children | outdoors? Yes | s 🗌 | No | | | | | |
| Comments | | | | | | | | | |
| | | | | | | | | | |
| LAUNDRY ROOM | | | | | | | | | |
| | Washing | Machines | | Drye | ers | | | | |
| Number | | 6 | | 8 | 1 | | | | |
| Do they appear to be in work | king order? Y | es | | | | | | | |
| Comments: | | | | | | | | | |
| | | | | | | | | | |
| CORRIDOR All | | | | | | | | | |
| Is the area generally clean? | | | Yes | \boxtimes | No | | | | |
| If no please give details: | | | | | | | | | |
| Visual Check: Have you notic | ced any issues re | equiring attenti | on? Yes | | No | | | | |
| If yes please detail: First floo | or corridor has | damp on wall o | utside roo | m 206 | | | | | |
| | | | | | | | | | |
| STAIRWAY All: | | | | | | | | | |
| Is the area generally clean? | | | Yes | \boxtimes | No | | | | |
| If no please give details: | | | | | | | | | |
| Visual Check: Have you notic | • | | on? Yes | | No | \boxtimes | | | |
| (e.g., fire exit signs, hazards, lig | hting, notices, de | cor, etc.) | | | | | | | |
| If yes please detail: | | | | | | | | | |

Bedrooms:

| CLEANING (G | eneral Arrange | ments) | | | | | | | |
|--|--|---------|--------|----------------------------------|------------|----------|------------------|------|-------------|
| | e bedrooms insp | ected? | | twice \ | weekly | | Wee | | |
| Who cleans th | | | | Staff Residents | | | | | <u> </u> |
| How often do | staff clean the b | edrooms | ? | Weekly fortnightly Monthly Other | | | | | |
| Are there clea | ning materials a | nd | | IVIOITLI | ii y | | Other | | |
| equipment provided by management for residents? | | | | Yes No | | | | | |
| What cleaning equipment is available to residents? | | | | Cloths | , sprays | and | toilet d | uck | |
| _ | ments are in pla ed sufficiently by | | | Staff w | vill clean | | | | |
| | | | | | | | | | |
| ROOM NUMB | BER 100 | | | | | | | | |
| Room Profile: | Family | | Roon | n Capa | city: | | Room | Occi | upancy: |
| | | | 4 | 2 | | | | | |
| TV | Ensuite | Shared | Bathro | oom | Smok | e Ala | larm Fire Notice | | |
| \boxtimes | | | | | | \times | | | |
| | Very Good | Adeq | uate | Po | or * | N | eeds ur | gent | attention * |
| Cleanliness | | | | | | | | | |
| Is everything i | in working order | ? | | Υ | 'es 🔀 | N | o * | | |
| If *, please giv | ve details: | | | | | | | | |
| | | | | | | | | | |
| ROOM NUMB | BER 101 | | | | | | | | |
| Room Profile: | Family | | Roon | n Capa | city: | | Room | Occi | upancy: |
| | | | 5 | | Ī | | 4 | | |
| TV | Ensuite | Shared | Bathro | oom | Smok | e Ala | ırm | Fi | re Notice |
| | | | | | [| X | | | \boxtimes |
| | Very Good | Adeq | uate | Po | or * | N | eeds ur | gent | attention * |
| Cleanliness | | | | | | | | | |
| Is everything i | in working order | ? | | Y | es 🖂 | No | о * | | |
| If *, please giv | ve details: | | | | | | | | |

| ROOM NUMBER 104 | | | | | | | | | | |
|-----------------|---------------------------------------|-----------|----------------|---------------------|--------|-------------|-----------------|--------------------|--|--|
| Room Profile | : Family | | Room Capacity: | | | | Room Occupancy: | | | |
| | | T | 2 | | 1 | | 2 | | | |
| TV | Ensuite | Shared | Bathro | Smok | e Ala | rm | Fire Notice | | | |
| | | | | | | \boxtimes | | \boxtimes | | |
| | Very Good | Adeo | luate | Pc | or * | Ne | eeds | urgent attention * | | |
| Cleanliness | | | | | | | | | | |
| Is everything | in working order | ι, | | ١ | ∕es ⊠ | No | о * | | | |
| If *, please gi | ve details: | | | | | | | | | |
| DOOM NUMA | DED 405 | | | | | | | | | |
| ROOM NUMI | | | D = = == | | -: | | D | 0 | | |
| Room Profile | Single | | 4 | Capa | city: | | 3 | m Occupancy: | | |
| TV | Ensuite | Shared | • | om | Smok | o Ala | | Fire Notice | | |
| 1 V | Elisuite | Silareu | Башто | OIII | SITION | e Ala | 1111 | rife Notice | | |
| | | | | | | | | | | |
| | Very Good | l Adeo | juate | Pc | or * | Ne | eeds | urgent attention * | | |
| Cleanliness | | | | | | | _ | | | |
| Is everything | in working order | ι, | | ١ | res 🖂 | No | * [| | | |
| If *, please gi | ve details: | | | | | | | | | |
| | | | | | | | | | | |
| ROOM NUMI | RFR 106 | | | | | | | | | |
| Room Profile | | | Room | Capa | citv: | | Roo | m Occupancy: | | |
| | , , , , , , , , , , , , , , , , , , , | | 3 | | , | | 3 | | | |
| TV | Ensuite | Shared | Bathro | om | Smok | e Ala | rm | Fire Notice | | |
| | \boxtimes | | | | | \boxtimes | | | | |
| | Very Good | Adeo | luate | Pc | or * | Ne | eeds | urgent attention * | | |
| Cleanliness | | | | | | | | | | |
| Is everything | in working order | ۲? | | ١ | ∕es ⊠ | No | * | | | |
| If *, please gi | ve details: Moul | d on bath | room c | <mark>eiling</mark> | | | | | | |
| | | | | | | | | | | |
| ROOM NUMI | BER 107 | | | | | | | | | |
| Room Profile | : Single | | Room | Capa | city: | | Roo | m Occupancy: | | |
| | | | 3 | | | | 2 | | | |
| TV | Ensuite | Shared | Bathro | om | Smok | e Ala | rm | Fire Notice | | |
| | | | | | | X | | \boxtimes | | |
| | Very Good | Adec | ıuate | Pc | or * | Ne | eeds | urgent attention * | | |
| Cleanliness | | | | [| | | | | | |
| Is everything | in working order | ر؟ | | ١ | res 🖂 | No | * | | | |
| If *, please gi | ve details: | | | | | | | | | |
| | | | | | | | | | | |

ROOM NUMBER 108

| Room Profile: Single | | | | | Room Capacity: | | | | Room Occupancy: | | | |
|----------------------|------|---------------|----|------------------|----------------|------|--------|----------|-----------------|--------------------|--|--|
| | | | | | 4 | | | | 3 | | | |
| TV | | Ensuite | | Shared | Bathro | om | Smoke | e Ala | rm | Fire Notice | | |
| | | \boxtimes | | | | | | X | | \boxtimes | | |
| | | Very Good | | Adeq | uate | Ро | or * | N | eeds | urgent attention * | | |
| Cleanliness | | | | \triangleright | | | | | | | | |
| Is everything | in v | vorking order | ? | | | Υ | 'es 🖂 | No | lo * 🗌 | | | |
| If *, please giv | ve c | details: | | | | | | | | | | |
| DOORA NUINA | | 100 | | | | | | | | | | |
| ROOM NUME | | | | | D | C | -14 | | D | 0 | | |
| Room Profile: | : ға | mily | | | | Capa | city: | | | m Occupancy: | | |
| T) (| 1 | Fig. 1. i.e. | | Cla a se a al | 2 | | Consti | - 41- | 2 | Fine Matine | | |
| TV | | Ensuite | , | Shared | ватпго | om | Smoke | e Ala | rm | Fire Notice | | |
| | | | | | | | | <u> </u> | | <u> </u> | | |
| | | Very Good | | Adeq | uate | Po | or * | N | eeds | urgent attention * | | |
| Cleanliness | | | | \geq | | | | | | | | |
| Is everything | in v | vorking order | .? | | | Υ | 'es 🔀 | N | 0 * | | | |
| If *, please given | ve c | details: | | | | | | | | | | |
| | | | | | | | | | | | | |
| ROOM NUMI | BER | 110 | | | | | | | | | | |
| Room Profile: | : Fa | mily | | | Room | Capa | city: | | Roo | m Occupancy: | | |
| | | | | | 3 | | | | 3 | | | |
| TV | | Ensuite | | Shared | Bathro | om | Smoke | e Ala | rm | Fire Notice | | |
| | | | | | | | | | | | | |
| | | Very Good | | Adeq | uate | Po | or * | N | eeds | urgent attention * | | |
| Cleanliness | | | | \geq | | | | | | | | |
| Is everything | in v | vorking order | ·? | | | Υ | 'es 🖂 | N | 0 * | | | |
| If *, please giv | ve c | details: | | | | | | | | | | |
| | | | | | | | | | | | | |
| ROOM NUM | BER | 111 | | | | | | | | | | |
| Room Profile: | : Fa | mily | | | | Capa | city: | | | m Occupancy: | | |
| TV | | Ensuite | | Shared | 3 Rathro | om | Smoke | دا۸ د | m rm | Fire Notice | | |
| | | Elisuite | | Silaieu | Башто | 0111 | SITION | = Ala | 1111 | riie Notice | | |
| | | | | | | | | \leq | | \boxtimes | | |
| ol II | | Very Good | | Adeq | uate | Po | or * | N | eeds | urgent attention * | | |
| Cleanliness | | | | | | | , [7] | | | | | |
| Is everything | | | ٠. | | | Υ | 'es 🔀 | N | 0 * | | | |
| If *, please give | ve c | details: | | | | | | | | | | |
| | | | | | | | | | | , | | |
| ROOM NUME | | | | | ı | | | - | | | | |
| Room Profile: | : Fa | mily | | | | Capa | city: | | | m Occupancy: | | |
| | | | | | 3 | | | 2 | | | | |

| TV | Ensuite | Shared B | Bathroor | m | Smoke | Smoke Alarm | | ire Notice | |
|--------------------|---|------------|---------------------------|--------------------|--------|--------------------------|-----------------|---------------|--|
| | | | | | | | | \boxtimes | |
| | Very Goo | d Adequ | ıate | Po | or * | Nee | ds urgen | t attention * | |
| Cleanliness | | | | | | | | | |
| Is everything | in working orde | r? | | Υ | es 🖂 | No * | | | |
| If *, please giv | ve details: | | | | | | | | |
| ROOM NUME | DED 114 | | | | | | | | |
| Room Profile: | | | Room C | `anac | ·itv: | R | oom Occ | cupancy: | |
| ROOM Frome. | . I diffilly | | 3 | Japac | ity. | 3 | 00111 000 | cuparicy. | |
| TV | Ensuite | Shared B | Bathroo | m | Smoke | e Alarm | ı F | ire Notice | |
| | \boxtimes | | | | | | | | |
| | Very Goo | d Adequ | ıate | Po | or * | Nee | ds urgen | t attention * | |
| Cleanliness | | | | | | | | | |
| Is everything | in working orde | r? | | Υ | es 🖂 | No * | | | |
| If *, please giv | ve details: | | | | | | | | |
| | | | | | | | | | |
| ROOM NUME | 3FR 115 | | | | | | | | |
| | Room Profile: Family Room Capacity: Room Occupancy: | | | | | | | | |
| 1.COM TOTAL | 3 3 | | | | | caparicy. | | | |
| TV | Ensuite | T | Shared Bathroom Smoke Ala | | | e Alarm | ı F | ire Notice | |
| | | | | | | $\overline{\mathbf{X}}$ | | \boxtimes | |
| | Very Good | d Adequ | ıate | Po | or * | Needs urgent attention * | | | |
| Cleanliness | | | | | | | | | |
| Is everything | in working orde | r? | • | Υ | es 🖂 | No * | : | | |
| If *, please given | ve details: Paint | peeling on | bathroo | <mark>om ce</mark> | eiling | | | | |
| | | | | | | | | | |
| ROOM NUME | | | D = = = C | · · · · · | | | | | |
| Room Profile: | Single | | Room C | Lapac | ity: | 2 | Room Occupancy: | | |
| TV | Ensuite | Shared B | | m | Smoke | e Alarm | ı F | ire Notice | |
| | \boxtimes | | | | | \overline{X} | | \boxtimes | |
| | Very Goo | d Adequ | iate | Po | or * | Nee | ds urgen | t attention * | |
| Cleanliness | | X | | | | | | | |
| Is everything | in working orde | r? | | Y | es 🖂 | No * | | | |
| If *, please giv | | | | | | | | | |
| L | | | | | | | | | |
| ROOM NUME | BER 117 | | | | | | | | |
| Room Profile: | : Singles | | Room C | Capac | ity: | R | Room Occupancy: | | |
| | | | 3 | | | 3 | | | |
| TV | Ensuite | Shared B | Bathrooi | m | Smoke | e Alarm | ı F | ire Notice | |
| | | | | | | $\overline{\mathbf{X}}$ | | | |

| | Very Good | d Adec | luate | Pc | or * | N | eeds | urgent | t attention * |
|--------------------|-------------------------|---------|-------------|--------|--------|-------------|------|---------|---------------|
| Cleanliness | | | | | | | | | |
| Is everything | in working orde | r? | | ١ | res 🖂 | N | o * | | |
| If *, please giv | ve details: | | | | | | | | |
| | | | | | | | | | |
| ROOM NUM | BER 118 | | | | | | | | |
| Room Profile: | : Family | | Room | Capa | city: | | Roo | m Occ | upancy: |
| | | | 3 | | | | 4 | | |
| TV | Ensuite | Shared | Bathro | om | Smok | e Ala | rm | F | ire Notice |
| | | | | • | | | | | |
| | Very Good | d Adec | uate | Pc | or * | N | eeds | urgent | t attention * |
| Cleanliness | | | \leq | | | | | L | |
| | in working orde | r? | | ١ | res 🔀 | No | * | | |
| If *, please give | ve details: | | | | | | | | |
| ROOM NUMI | DED 200 | | | | | | | | |
| Room Profile: | | | Room | n Capa | city: | | Roo | m Occ | upancy: |
| NOOM TOME. | . Jingies | | 4 | Сара | city. | | 0 | 111 Occ | арапсу. |
| TV | Ensuite | Shared | Bathro | om | Smok | e Ala | | | ire Notice |
| | | | | | | X | | | |
| | Very Good | d Adec | uate | Pc | or * | N | eeds | urgent | t attention * |
| Cleanliness | | | | | | | | |] |
| Is everything | in working orde | r? | | ١ | res 🖂 | No | * [| | |
| If *, please given | ve details: | | | | | | | | |
| | | | | | | | | | |
| ROOM NUMI | | | | | •• | | | | |
| Room Profile: | : Family | | | n Capa | city: | | | m Occ | upancy: |
| TV | Ensuite | Shared | 5 Dathro | | Smok | م ۸ ام | 4 | | ire Notice |
| 1 V | Elisuite | Silareu | Datiiio | ЮПП | SITION | e Ala | []]] | Г | ire Notice |
| | | | | | | \boxtimes | | | |
| | Very Good | d Adec | luate | Pc | or * | N | eeds | urgent | t attention * |
| Cleanliness | | | | | | | | |] |
| Is everything | in working orde | r? | | ١ | res 🖂 | No | * [| | |
| If *, please given | ve details: | | | | | | | | |
| | | | | | | | | | |
| ROOM NUMI | BER 202 | | | | | | | | |
| Room Profile: | : Family | | Room | n Capa | city: | | Roo | m Occ | upancy: |
| | | | 5 | | T | | 4 | T | |
| TV | Ensuite | Shared | Bathro | om | Smok | e Ala | rm | F | ire Notice |
| | | | | _ | | \boxtimes | | | |
| | Very Good | d Adec | luate | Pc | or * | N | eeds | urgent | t attention * |
| Cleanliness | $\overline{\mathbb{M}}$ | | | | | | | | 7 |

| Is everything | Is everything in working order? Yes No * | | | | | | | | |
|---|--|---------------|----------|-----------|----------|--------------------|-------------|-----------------|--------------------|
| If *, please giv | If *, please give details: | | | | | | | | |
| | | | | | | | | | |
| ROOM NUME | BER | 203 | | | | | | | |
| Room Profile: | Fai | mily | | Room | Capa | city: | | Roo | m Occupancy: |
| | | | | 3 | | | | 2 | |
| TV | | Ensuite | Shared | Bathro | om | Smok | e Ala | ırm | Fire Notice |
| | | | | | | | \boxtimes | | \boxtimes |
| | | Very Good | Adeq | uate | Po | or * | Ν | eeds | urgent attention * |
| Cleanliness | | \boxtimes | | | | | | | |
| Is everything | in v | vorking order | ? | | Υ | 'es 🖂 | Ν | o * | |
| If *, please given | ve c | letails: | | | | | | | |
| Г <u></u> | | | | | | | | | |
| ROOM NUME | | | | I _ | | | | | |
| Room Profile: | : Fai | mily | | Room 4 | Capa | city: | | 800 2 | m Occupancy: |
| TV | | Ensuite | Shared | • | om | Smok | e Ala | | Fire Notice |
| | | | | | | | | | |
| | Very Good Adequate Poor * Needs urgent atter | | | | | urgent attention * | | | |
| Cleanliness | | | | <u> </u> | | | | | |
| Is everything | in v | vorking order | ? | | Y | 'es 🔀 | N | o * | |
| If *, please given | ve c | letails: | | | | | | | |
| | | | | | | | | | |
| ROOM NUME | | | | Ι_ | | | | | |
| Room Profile: | Fai | mily | | | Capa | city: | | | m Occupancy: |
| | | | <u> </u> | 3 | | | | 2 | |
| TV | | Ensuite | Shared | Bathro | om | Smoke Alarm | | | Fire Notice |
| | | | | | | | \boxtimes | | |
| | | Very Good | Adeq | uate | Po | or * | N | eeds | urgent attention * |
| Cleanliness | | | | | | | | | |
| Is everything | | | ? | | Υ | ′es 🔀 | No | o * [| |
| If *, please giv | ve c | letails: | | | | | | | |
| | | | | | | | | | |
| ROOM NUM | 3ER | 206 | | | | | | | |
| Room Profile: Family Room Capacity: Room Occupancy: | | | | | | | | | |
| | 3 3 | | | | | | | | |
| TV | Ensuite Shared Bathroom Smoke Alarm Fire Notice | | | | | Fire Notice | | | |
| | | | | | | | | | |
| | | Very Good | Adeq | uate | Po | or * | N | eeds | urgent attention * |
| Cleanliness | | \boxtimes | | | | | | | |
| Is everything | in v | vorking order | ? | | <u>Y</u> | 'es 🔀 | N | 0 * | |
| If *, please giv | ve n | letails: | | | | | | | |

| ROOM NUMBER 208 | | | | | | | | | |
|-------------------------------------|---------------------------|---------------|--------|--------|----------|----------|-----------------|------|--------------------|
| Room Profile: Single Room Capacity: | | | | | | | Room Occupancy: | | |
| | | | | 4 | | | | 3 | |
| TV | | Ensuite | Shared | Bathro | om | Smok | e Ala | rm | Fire Notice |
| | | \boxtimes | | | | | X | | \boxtimes |
| | | Very Good | d Adeq | luate | Ро | or * | Ν | eeds | urgent attention * |
| Cleanliness | | | | | | | | | |
| Is everything | in v | vorking order | ر} | | Υ | 'es 🔀 | N | o * | |
| If *, please giv | ve c | letails | | | | | | | |
| | | | | | | | | | |
| ROOM NUM | BER | 209 | | | | | | | |
| Room Profile: | Fai | mily | | Room | Capa | city: | | Roo | m Occupancy: |
| | | | | 2 | | | | 2 | |
| TV | | Ensuite | Shared | Bathro | om | Smok | e Ala | ırm | Fire Notice |
| | | | | | | | X | | \boxtimes |
| | | Very Good | d Adeq | luate | Po | or * | N | eeds | urgent attention * |
| Cleanliness | | | | | | | | | |
| Is everything | in v | vorking order | ر} | | Υ | 'es 🔀 | N | o * | |
| If *, please given | ve c | letails: | | | | | | | |
| | | | | | | | | | |
| | | 240 | | | | | | | |
| ROOM NUM | | | | Deen | Cana | a:4 | | Daa | O |
| Room Profile: | Fa | mily | | 3 | Capa | city: | | 3 | m Occupancy: |
| T\/ | | Encuito | Shared | _ | 0 000 | Smok | o A I o | _ | Fire Notice |
| TV | | Ensuite | Snared | васпго | om | Smok | e Ala | ırm | Fire Notice |
| | | \boxtimes | | | | | \boxtimes | | |
| | | Very Good | Adeq | juate | Po | or * | N | eeds | urgent attention * |
| Cleanliness | | \boxtimes | | | | | | | |
| Is everything | in v | vorking order | ι, | | Υ | ′es 🖂 | Ν | o * | |
| If *, please giv | ve c | letails: | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| ROOM NUMI | BER | 211 | | | | | | | |
| Room Profile: | Sir | igle | | Room | Сара | city: | | Roo | m Occupancy: |
| | | | | 3 | | | | 2 | • • |
| TV | | Ensuite | Shared | Bathro | om | Smok | e Ala | rm | Fire Notice |
| | | | | | | | X | | \boxtimes |
| | | Very Good | Adeq | uate | Po | or * | N | eeds | urgent attention * |
| Cleanliness | | , | Г | 1 | Γ | | | | |
| Is everything | in v | vorking order | رغ | | <u> </u> | 'es 🔀 | N | o * | |
| If *, please giv | | | | | | <u> </u> | | | |
| , I Pi | ii , picase give details. | | | | | | | | |

| ROOM NUME | BER | 212 | | | | | | | | |
|---|-------|--------------|--------|----------------------------|------|----------|-------------|--------------------|--------------------|--|
| Room Profile: | : Sin | igle | | Room Capacity: | | | | Room Occupancy: | | |
| | | <u> </u> | | 3 | | <u> </u> | | 3 | , , | |
| TV | | Ensuite | Shared | nared Bathroom Sm | | Smok | e Alaı | rm | Fire Notice | |
| | | | | | | | X | | \boxtimes | |
| | | Very Good | d Adeq | juate | Pc | or * | Ne | eeds | urgent attention * | |
| Cleanliness | | | | | | | | | | |
| Is everything | in w | vorking orde | ι, | | ١ | ′es 🔀 | No | o * | | |
| If *, please giv | ve d | letails: | | | | | | | | |
| | | | | | | | | | | |
| ROOM NUME | BER | 214 | | | | | | | | |
| Room Profile: | : Fai | mily | | Room | Сара | city: | | Roo | m Occupancy: | |
| | | • | | 3 | | | | 3 | , , | |
| TV | | Ensuite | Shared | Bathro | om | Smok | e Alaı | rm | Fire Notice | |
| | | | _ | | | | | | | |
| | | Very Good | d Adeq | equate Poor * Needs urgent | | | | urgent attention * | | |
| Cleanliness | | | | <u> </u> | | | | | | |
| Is everything | | | r? | | ١ | ′es 🔀 | No | o * | | |
| If *, please giv | ve d | letails: | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| ROOM NUME | BER | 215 | | | | | | | | |
| Room Profile: | | | | Room | Сара | citv: | | Roo | m Occupancy: | |
| | | | | 3 | | <u> </u> | | 3 | ' ' | |
| TV | | Ensuite | Shared | Bathro | om | Smok | e Alaı | rm | Fire Notice | |
| | | | | | | | \boxtimes | | \boxtimes | |
| | | Very Good | d Adeq | luate | Pc | or * | Ne | eeds | urgent attention * | |
| Cleanliness | | | | <u> </u> | | | | | | |
| Is everything | in w | vorking orde | ιŚ | | Υ | ′es 🔀 | No | o * | | |
| If *, please giv | ve d | letails | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| ROOM NUME | BER | 216 | | | | | | | | |
| Room Profile: single Room Capacity: Room Occupancy: | | | | | | | | | | |
| | | | T | 3 | | Т | | 3 | | |
| TV | | Ensuite | Shared | Bathro | om | Smok | e Alaı | rm | Fire Notice | |
| | | | | | | | | | | |
| | | Very Good | d Adeq | uate | Po | or * | Ne | eeds | urgent attention * | |
| Cleanliness | | 1 1 | N | /I | 1 | 1 | | | 1 1 | |

| Is everything | in working order | | Y | 'es 🔀 | No * | | |
|-------------------|------------------|-----------------|-------------------|---------|----------|--------------------|--|
| If *, please giv | | • | <u> </u> | 60 🔼 | | | |
| , p.ease g. | | | | | | | |
| DOOR A NUMBER | DED 247 | | | | | | |
| ROOM NUMB | | Poo | m Canad | sitve | Poo | m Occupancy: | |
| Room Profile: | Single | 3 | m Capac | Lity: | 2 | m Occupancy: | |
| TV | Ensuite | Shared Bathr | nom | Smoke | Alarm | Fire Notice | |
| | Ensuite | Silarea Batili | Silared Batilloom | | | THE NOTICE | |
| | \boxtimes | | | | \leq | | |
| | Very Good | Adequate | Ро | or * | Needs | urgent attention * | |
| Cleanliness | | \boxtimes | | | | | |
| Is everything | in working order | ·? | Y | es 🖂 | No * | | |
| If *, please giv | ve details | | | | | | |
| | | | | | | | |
| ROOM NUME | RFR 218 | | | | | | |
| Room Profile: | | Roo | m Capac | citv: | Roo | m Occupancy: | |
| | | 3 | оара | ,. | 3 | с совраноу. | |
| TV | Ensuite | Shared Bathr | oom | Smoke | Alarm | Fire Notice | |
| | \boxtimes | | | | \leq | | |
| | Very Good | l Adequate | Po | or * | Needs | urgent attention * | |
| Cleanliness | | | | | | | |
| Is everything | in working order | ? | Υ | es 🔀 | No * | | |
| If *, please give | ve details | | | | | | |
| | | | | | | | |
| ROOM NUME | BFR 219 | | | | | | |
| Room Profile: | | Roo | m Capac | citv: | Roo | m Occupancy: | |
| | | 3 | | , | 3 | | |
| TV | Ensuite | Shared Bathr | oom | Smoke | Alarm | Fire Notice | |
| | | | | | \leq | | |
| | Very Good | l Adequate | Po | or * | Needs | urgent attention * | |
| Cleanliness | | | | | | | |
| | in working order | -? | Υ | 'es 🔀 | No * | | |
| If *, please giv | ve details | | | | | | |
| | | | | | | | |
| | | | | | | | |
| Use this space | e for any comm | ents or other i | nforma | tion no | t covere | d in this form: | |
| | , | | | _ | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

General Representations

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

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

Personal representations should be recorded in Part 3.

Summary Sheet

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

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

IPAS/IPPS

Independent
Inspection Report

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

Part 1 General Information on Services

Independent Inspection Report

Centre: The Grand Hotel

Accommodation Centre

Date of Inspection: 30/5/22

| 1. | CFN1 | TRE C |)FT | AILS |
|----|------|-------|-----|-------------|
| | | | | |

| 1. CENTRE DETAILS | | | | | | | |
|--|-----------------------------|----------|---|-----|-------------|--|--|
| Name and address of Centre The Grand Hotel | | | | | | | |
| | Abbey Street, Wicklow Town, | | | | | | |
| | Co.Wicklow | | | | | | |
| | | | | | | | |
| Contractor | Vesta Hotels | | | | | | |
| Manager | Adrian Shana | _ | | | | | |
| Who deputises for manager in his/her | Give Job Title on | - | | | | | |
| absence? | Lorraine Vick | ers | | | | | |
| Telephone Number | (0404)67337 | | | | | | |
| relephone Number | (0404)07337 | | | | | | |
| Current Contracted Capacity | 111 | | | | | | |
| Current Occupancy (today) | 92 | | | | | | |
| Current Centre Profile (e.g., singles, families etc.) | Families, sing | les | | | | | |
| HSE Area | Wicklow | | | | | | |
| Public Health Nurse | Geraldine No | lan | | | | | |
| DSP / CWO name | Kevin Kellagh | an | | | | | |
| Environmental Health Officer name | Eibhlin Haugh | | | | | | |
| Local Fire Officer Name | Aidan Demps | ey | | | | | |
| Local Fire Station | Wicklow | | | | | | |
| Is the Centre certified by any Quality Manage | mont System | Yes | | No | \boxtimes | | |
| (i.e. Q Mark, ISO)?: | ement system | 165 | Ш | No | | | |
| If yes, please give details: | l | | | | | | |
| What was the date of the last certificatio | n? | | | | | | |
| Have you a copy of the Certification | | Yes | | No | | | |
| | | | | | | | |
| Please provide a copy of the follow | ving | | | | | | |
| Official Product | | | | Cho | eck List | | |
| Official Register | | | | | | | |
| Menu Cycle | | | | | | | |
| Staffing Lists as follows: | 1 | | | | I | | |
| 1. Full list of staff employed at the centre (i | ndicating Names | , Titles | , | | | | |
| Roles, etc.,) 2. Indicate who is on duty at time of inspec | tion (today) | | | | | | |
| a separate list of Designated Liaison Pers | ` ', | tion) | | | | | |
| a separate list of Designated Liaisoff Pers | ons (crind protec | | | | | | |

| 3 | GFNFRAI | SECURITY & | EMERGENCY | DFTAILS |
|---|-----------|-------------|------------------|---------|
| _ | OFIAFINAL | JECUINI I G | LIVILIVOLIVOI | |

| Is 24 hour supervision provided? | (Y/N) | Yes | \boxtimes | No | | |
|---|-------|--|-------------|--------|-------------|--|
| Give details of roster hours | | 0800-1630, 163 | 0-200 | 0, 200 | 00-0800 | |
| Is security provided by external company? | (Y/N) | Yes | | No | | |
| If yes, give name of company: | | | | | | |
| Does the centre have CCTV? | (Y/N) | Yes | \boxtimes | No | | |
| Is a list of emergency numbers available in the | e | Yes | \boxtimes | No | | |
| Manager's office? | | | | | | |
| Does the list include the following numbers? | (Y/N) | Yes | \boxtimes | No | | |
| Local Garda station 24 hr number | | | | | | |
| Local hospital | | | | | | |
| Local fire station | | If no, give details | : | | | |
| Duty Social Work Team | | | | | | |
| Out of hours GP Service | | | | | | |
| RIA out of hours number | | | | | | |
| | | | | | | |
| Are first aid kits available? | (Y/N) | Yes | | No | | |
| Where and how many? | | | | | | |
| Who is responsible for first aid restocking? | | Job title only (not name) of person | | | | |
| | | responsible:Kitchei | n | | | |
| Is there a defibrillator in the centre? | · | Yes | | No | \boxtimes | |
| How many staff been trained to use it? | | | | | | |

4 HEATING ARRANGEMENTS

| What type of heating is used in the centre? | Gas |
|---|---------------------------------|
| Do residents have control of the heating in their own | Yes No 🗌 |
| bedroom? | Valves in room |
| If no, what arrangements are in place? | |
| What are the heating 'ON' times? | 0700-1000, 1300-1500, 1900-2300 |

5 HOUSE RULES

| Are residents provided with a copy of the House Rules on arrival? | Yes No 🗌 |
|---|-----------------------|
| How does centre management explain house rules to residents on arrival? | One to one on arrival |

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

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

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

7 ARRANGEMENTS FOR MAINTENANCE

| Does the centre have a written procedure in place | Yes | \boxtimes | No | |
|--|-----|-------------|----|--|
| for residents to report maintenance issues? (Yes/No) | | | | |
| Is there a maintenance day book? (Yes/No) | Yes | \boxtimes | No | |
| Describe the maintenance procedure at the centre: | | | | |
| Log on computer last entry 29/5/22 | | | | |
| | | | | |

8 CHILD PROTECTION

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

9 FOOD SAFETY

| Has a HACCP system been implemented? (Yes/No) | Yes | \boxtimes | No | |
|--|------|-------------|----|--|
| Have the premises been inspected by an Environmental | Yes | \boxtimes | No | |
| Health Officer? (Yes/No) | | | | |
| Date of last visit: | 29/5 | /22 | | |

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

| | <u> </u> |
|--|---|
| Are residents consulted regarding menu / | Requests are considered |
| dietary requests? (Give details.) | |
| Provide details opposite: | Parents make lunches from fridge |
| Which of the following are provided for school | |
| children's packed lunches: | |
| Sandwich? What sandwich fillings are available: Cheese? Ham? Chicken? Tuna? Jam? Other? Drinks? Juice? Water? Yogurt? Fruit? Other | 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 | On request |
| of infant formula? | |

11 ARRANGEMENTS FOR REFRESHMENTS / MEALS OUTSIDE NORMAL MEAL TIMES

| Are tea / coffee / drinking water / Snacks etc. available outside mealtimes? | Yes No 🗌 |
|--|--------------------|
| 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 No |
| 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 No |
| If the inspection takes place during Ramadan this | no |
| section must be completed. | |
| What arrangements are in place to facilitate residents observing a fast during Ramadan? | |

12 FACILITIES FOR FEEDING BABIES

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

| 4.0 | | _ | _ | | ~ | |
|-----|-------|---|-----|--|---|----------|
| 13 | 11/11 | | N | $\mathbf{L} \mathbf{\Lambda} \mathbf{I}$ | | ITIES |
| 13 | 114 | v | UN. | FA! | | .i i ilo |

| Are the following are available to residents? | Yes/No |
|--|------------|
| Computers with Internet access | Yes No |
| WIFI | Yes 🛛 No 🗌 |
| DVD player | Yes 🛛 No 🗌 |
| Computer Games | Yes 🛛 No 🗌 |
| Snooker Table | Yes No 🖂 |
| Pool Table | Yes No |
| Table Tennis Table | Yes 🛛 No 🗌 |
| Board Games | Yes 🛛 No 🗌 |
| Newspapers | Yes No 🖂 |
| Books | Yes 🛛 No 🗌 |
| Toys / games for children | Yes 🛛 No 🗌 |
| Other | |
| Give details of any other arrangement or other | |
| comments: | |

14 TRANSPORT ARRANGEMENTS

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

15 TV SYSTEM

| Is there a specific TV system in place? | Yes No |
|---|--------|
| (give details) | |
| An average, how many TV channels are provided to residents? | 130 |
| Are residents allowed to erect satellite | No |
| dishes? | |

16 LAUNDRY FACILITIES (General Arrangements)

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

17 CLEANING (General Arrangements)

| , , , | |
|--|-----------------------------|
| Are there cleaning materials and equipment | Yes 🛛 No 🗌 |
| provided by management for residents? | |
| What cleaning equipment is available to residents? | Cloths, sprays, toilet duck |
| What is the procedure for residents to access vacuum cleaners, brushes & other cleaning equipment? | In reception |
| What arrangements are in place if rooms are not cleaned sufficiently by residents? | Staff will clean |

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 yo | u seen | the | follo | owing? |
|-----------|---------|--------|-----|-------|--------|
|-----------|---------|--------|-----|-------|--------|

| , | | Location of display |
|---|-------------|------------------------------|
| Up to date House Rules | \boxtimes | Notice board near recreation |
| | | room |
| Complaint Forms | | Reception |
| Accident/ Incident procedure | | Reception |

| HSE Breastfeeding Posters | Notice board near recreation |
|--|------------------------------|
| (if applicable) | room |
| Designated Liaison Person details | Notice board near recreation |
| (Child Protection) | room |
| Supervision of children notice | Notice board near recreation |
| | room |
| Gym Notices (Child Safety – if applicable) | N/A |
| IOM Voluntary Return Posters | Notice board near recreation |
| | room |

18 Staff Awareness

| Did you see the RIA Code of Practice*? | |
|---|--|
| Are all staff aware of RIA Code & House Rules? | |
| How are staff made aware of RIA Code & House Rules? | |
| 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 | \boxtimes | | | |
| 30/5/22 | Night Porter | \boxtimes | | | |
| 3/5/22 | Fire Protection | \boxtimes | | | |
| | Ireland | | | | |

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 | | | | |
| 30/5/22 | Night Porter | | | | |
| 3/5/22 | Fire Protection | \boxtimes | | | |
| | Ireland | | | | |

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 | | | | |
| 30/5/22 | Night Porter | \boxtimes | | | |
| 3/5/22 | Ashtec | | | | |

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 | \boxtimes | | , , , | |
| 30/5/22 | Night Porter | \boxtimes | | | |

19e FIRE DRILL PROCEDURE INSPECTION SCHEDULE

| Date & Time | Numbers of staff involved in drill | No. of residents present / evacuated ** | Evacuation Time | Comments |
|------------------|------------------------------------|---|--------------------|----------|
| 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 | Robert Kelly | 3 hours | 8/21 |
| | awareness | | | |
| | | | | |

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 | Yes |
| premises, inc bedrooms? | |
| Are all smoke alarms linked back to a | Yes |
| central control panel? | |

| Are there designated 'Smoking' areas? Include locations | Front of building |
|--|-------------------|
| Comments: | |

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

(in corridors & common areas)

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

Administration Area:

| Reception: | | Vec No |
|---|--------------|--------------------------------------|
| Is the area generally clean? | | Yes 🔀 No |
| If no please give details: | | |
| Visual Check: Have you noticed any issues re | equiring att | ention? Yes No |
| (e.g., fire exit signs, hazards, lighting, notices, dé | cor, etc.) | |
| If yes please detail: | | |
| | | |
| lave you seen the following? | | |
| | | Location of display |
| Up to date House Rules | | In reception |
| Complaint Forms | | In reception |
| Accident/ Incident procedure | | In reception |
| HSE Breastfeeding Posters | | Notice board outside recreation |
| (if applicable) | | area |
| Designated Liaison Person details | \boxtimes | Notice board outside recreation |
| (Child Protection) | | area |
| Supervision of children notice | | Notice board outside recreation area |
| Gym Notices (Child Safety – if applicable) | | n/a |
| | 1 — | |
| IOM Voluntary Return Posters | | Notice board outside recreation area |
| Anti Human-Trafficking Posters | | Notice board outside recreation area |
| 'NO to Violence & Harassment' Posters | | Notice board outside recreation |
| | | area |
| | | |
| ocial Room / Tea Station (State Location What facilities are provided? Tea, coffee, br | • | |
| s the area generally clean? | | Yes No |
| If no please give details: | | |
| Visual Check: Have you noticed any issues re | equiring att | ention? Yes No |
| If yes please detail: | | |
| | | |
| re-school Room: Play room | | |
| s the area generally clean? Yes / No | Yes | |

| If no please give of | details: | | | | | | | | |
|----------------------|-----------------|--------------|--------------|----------|-------------|-------------|-------------------------|---|-------------------|
| Visual Check: Hav | ve vou notice | d any issu | es requiri | ng ati | tentio | n? Ves | П | No 🖂 | |
| (observe whether the | • | • | • | _ | | | | | |
| Other comments: | | , ,, | , , | <u> </u> | | | | <u>, , , , , , , , , , , , , , , , , , , </u> | |
| | | | | | | | | | |
| | | | | | | | | | |
| DINING AREA: | | | | | | | | | |
| | | | | | | | | | |
| Please outline th | 1 | | | | T | | | | |
| | From | | | | То | | | | |
| Breakfast | 0800 | | | | 1000 | | | | |
| Lunch | 1230 | | | | 140 | 0 | | | |
| Dinner | 1700 | | | | 183 | 0 | | | |
| | | | | | | | | | |
| Which is the mair | n meal of the | day: | Lur | nch | | Dinne | er 🛛 | | |
| Is menu cycle ava | ilable? | | Yes | ; | \boxtimes | No | | | |
| | | | | | | | | | |
| If no, give details | of all menu | options o | on day of | insp | ectio | n: | | | |
| Breakfast | | • | · · | • | | | | | |
| Lunch | | | | | | | | | |
| Dinner | | | | | | | | | |
| | | | | | | | | | |
| Is menu cycle on | display? | | | | | Yes | M | No | $\overline{\Box}$ |
| Does menu cycle | | with ontion | ns availah | le? | | Yes | $\overline{\mathbf{X}}$ | No | Ħ |
| If no, ask manage | • | • | | | | 103 | | 110 | |
| i iio, ask manage | r tor explaina | tion and p | noviae ac | .cans. | | | | | |
| | | | | | | | | | |
| Which meal was s | sampled? | Bı | reakfast | \neg | | Lunch | 1 X | Dinner | |
| Please describe th | • | tail (e.g. w | vas it hot | / cold | l. blan | | | | |
| Very tasty, hot ar | | (0.8. 1 | . 45 16 1106 | , 00.0 | , Diaii | а, ор.с | , c.c., | | |
| | | | | | | | | | |
| Was there a vege | tarian optior | ? | | Ye | S | | No | ⊠ no | |
| (note salad and v | • | | t | | | ans but | | ds available | e |
| considered as veg | | | | | 0 | | | | |
| Give details of thi | | | | | | | | | |
| Were there ethni | • | able? | | Ye | S | \boxtimes | No | | |
| Give details of thi | | | | | | rrots, c | oleslav | w, pasta sal | ad, |
| | • | | | | | | | sage, roast | , |
| | | | | | | | | ise, beef cu | ırry, |
| | | | | | | | _ | , cheese sa | - |
| | | | | | | ake, ap | _ | | |
| Was fresh foods a | available for I | nfants? | | Ye | | | No | Main | |
| (as per HSE Infant | Feeding Gui | delines) | | | | olended | | | |
| In your opinion, d | | | appear to | Ye | | \boxtimes | No | | |
| provide a good va | | | | | | | | | |
| Did inspection tal | | ng Ramada | an? | Ye | S | | No | \boxtimes | |
| If yes, please outl | | | | _ | | tside of | norm | al mealtime | <u></u> |
| (medical or other a | _ | - | | | | | | | • |

| Is there any damaged seating or tables in din | ing room? Yes No 🔀 |
|---|--------------------------------------|
| Is there enough seating for residents present | to sit down and Yes 🛛 No 🗌 |
| eat their lunch? | |
| Comments: | |
| | |
| KITCHEN AREA: Food Safety Critical Requ | irements |
| FOOD SAFETY | |
| Has the premises been inspected by an | Yes |
| Environmental Health Officer? | |
| Date of Visit? | 9/6/21 |
| Comments: | |
| | T |
| Has a HACCP system been | Yes |
| implemented? | |
| 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 | , |
| Induction and Ongoing Staff Training: Che | ≥f food safety training in place |
| Time & Temperature Records: Temperature calibrated monthly last entry 30/5/23 | ure records in place. Thermometers |
| Hygiene Audits: No | |
| List of Approved Suppliers: In place | |
| Cleaning Schedules: In place and up to da | ite last entry 30/5/22 |
| Procedures for accepting deliveries: Deliv | rery 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:

| Yes | | | |
|---|--|--|--|
| Yes | | | |
| Yes | | | |
| No signs in place | | | |
| | | | |
| | | | |
| yes | | | |
| | | | |
| Comment of the structural hygiene of the kitchen (i.e | | | |
| floors/walls/ceilings/doors/windows/work surfaces/ventilation, etc) | | | |
| | | | |
| | | | |
| Yes | | | |
| | | | |
| | | | |
| | | | |

Dry Goods:

| Suitably equipped? Shelving/containers | Yes | |
|---|-----|--|
| etc | | |
| Condition and suitability of facilities: Low level of dry goods storage | | |
| | | |

| What evidence is there of stock | All goods labelled and dated |
|---------------------------------|------------------------------|
| rotation? | |
| | |

Refrigerated Storage:

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

Other:

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

OPERERATIONAL HYGIENE

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

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

| Is the necessary holding equipment provided? e.g. bain maries, refridgerated |
|--|
| units. |
| 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 | |
| | |
| Commenter | |
| Comments: | |
| | |
| | |
| | |
| | |
| | |
| STAFF FACILITIES AND HYGIENE | |
| STATE TACILITIES AND ITTOILINE | |
| Are designated staff facilities provided? | Yes |
| What facilities are in place? | Toilets, canteen and changing area |
| , , , , , , , , , , , , , , , , , , , | , and a second s |
| | |
| Are all areas clean and well maintained? | Yes |
| Are suitable hand washing & drying | Yes |
| facilities provided? | |
| Is storage provided for personal | Yes |
| belongings? | |
| Are showers provided? <i>Indicate</i> | Yes |
| cleanliness & suitability | |
| | Ter |
| Is a designated area provided for staff | Yes |
| breaks? If yes, is it clean/suitable/well | |
| maintained. | |
| If no, outline arrangements for breaks | |
| | |
| Are uniforms provided for: | |
| Kitchen Staff? | Yes |
| Serving Staff? | Yes |
| <u> </u> | |
| Are uniforms clean and in good | Yes |
| condition? (to include | |
| caps/hairnets/closed heel/toe shoes etc) | |
| Is personal grooming satisfactory? | Yes |
| Are safe habits practiced? | Yes |
| General Comments on staff facilities: | |
| | |

| | Number | Soap | Toilet | Hand Towels / | Hot | Sanitary Bins |
|------------------|---------------|--------------|------------------|-------------------|-----------|------------------------|
| | | | Paper | Dryers | Wate | r |
| Unisex: | | | | | | |
| Ladies: | 5 | | | \boxtimes | | |
| Gents: | 5 | | | \boxtimes | | |
| Is there a | cleaning s | chedule di | splayed? | | II. | Yes No |
| Record tl | ne last time | entry. | | | | |
| Is the are | a clean? (p | rovide con | nment) Cle | an | | |
| Are all fa | cilities worl | king? | | | | Yes No * |
| Visual Ch | eck: Have | you notice | d any issues | requiring attent | ion? | Yes* No |
| If No, giv | e details: | | | | | |
| | | | | | | |
| | | | | | | |
| 4 C | AMMINA | I BOOM I | Recreation | room: | | |
| Storage a | | L INCOIVI I | teer eation | 100111. | | |
| Storage (| iica. | | | | | |
| Is the wa | lkway thro | ugh the are | ea clear? | | Yes | ⊠ No □ |
| | xit signs cle | _ | | | Yes | |
| | · · | , | | | | |
| General : | Seating Are | ea | | | | |
| Is the sea | iting in goo | d conditio | n? | | Yes | ⊠ No □ |
| | _ | nerally use | d for? Po | ool, ping pong se | ating Yes | No 🗌 |
| Compute | | | | | | |
| | a generally | | | | Yes | |
| | | you notice | d any issues | requiring attent | ion? Yes | ∐ No ⊠ |
| it yes ple | ase detail: | | | | | |
| A | | . 2 . (| 1 1 1 11 | | | |
| Any otne | er commen | ts? IT yes p | lease detail: | | | |
| | | | | | | |
| | | _ | | | | |
| | R GROUN | | <u>LITIES</u> | | | |
| lease ra | te the follo | owing: | | | | |
| | | | | | | |
| | | | Very Good | Adequate | Poor* | Needs urgent attention |
| Condition | of exterior | of | | | | |
| centre | | | | | | |
| Paintworl | c of the cent | re | | | | |

| Maintenance standard of the grounds (e.g. grass cut, walkways clear etc.) | | | | | | |
|---|---|----------------|-------------|-------------|-------------|--|
| Cleanliness of the grounds (ie., evidence of rubbish etc.) | | | | | | |
| Where you have rated * plea | ase provide deta | ils and comme | ents: | | | |
| Are there any facilities availa | ble for children | outdoors? Ye | es 🗌 | No | \boxtimes | |
| Comments | | | | | | |
| LAUNDRY ROOM | _ | | | | | |
| | | Machines | | Drye | ers | |
| Number | | 4 | | 4 | | |
| Do they appear to be in work Comments: | king order? Y | es | | | | |
| CORRIDOR All | | | | | | |
| Is the area generally clean? | | | Yes | \boxtimes | No | |
| If no please give details: | | | | | | |
| Visual Check: Have you notic | ced any issues r | equiring atten | tion? Yes | \boxtimes | No | |
| If yes please detail: First floo | or corridor has | damp on wall | outside roo | m 206 | | |
| STAIRWAY All: | | | | | | |
| Is the area generally clean? | | | Yes | \boxtimes | No | |
| If no please give details: | | | | | | |
| Visual Check: Have you notion (e.g., fire exit signs, hazards, lig | • | | tion? Yes | | No | |
| If yes please detail: | · <u> · · · · · · · · · · · · · · · · · ·</u> | • | | | | |

Bedrooms:

| CLEANING (G | eneral Arrange | ements) | | | | | | | | |
|----------------------------|---------------------------|-------------|-------------------------------|--------------------------------|-------|--------|--------|-------------|--|--|
| How often are | e bedrooms insp | ected? | twice | weekly | | We | ekly | \boxtimes | | |
| Who cleans th | ne bedrooms? | | Staff | | | Reside | ents | | | |
| How often do | staff clean the b | edrooms? | | Weekly fortnightly | | | | | | |
| | | | Monthly Uther | | | | | | | |
| | ning materials a | | | | | _ | | | | |
| equipment pr residents? | ovided by mana | gement for | Yes | 1 | No | | | | | |
| What cleaning residents? | g equipment is a | vailable to | Cloths | Cloths, sprays and toilet duck | | | | | | |
| What arrange | ments are in pla | Staff w | ill clean | | | | | | | |
| are not cleane | ed sufficiently by | residents? | | | | | | | | |
| | | | | | | | | | | |
| ROOM NUME | BER 100 | | | | | | | | | |
| Room Profile: | Family | Ro | om Capa | city: | | Roor | n Occi | upancy: | | |
| | | 2 | | | | 2 | | | | |
| TV | Ensuite | Shared Bat | hroom | room Smoke Alarm Fire Notice | | | | | | |
| \boxtimes | | | | | | | | | | |
| | Very Good | Adequat | Poor * Needs urgent attention | | | | | | | |
| Cleanliness | | | | | | | | | | |
| Is everything | in working order | ? | ` | ′es 🔀 | Ν | o * | | | | |
| If *, please giv | ve details: | | | | | | | | | |
| | | | | | | | | | | |
| ROOM NUME | BER 101 | | | | | | | | | |
| Room Profile: | Family | Ro | om Capa | city: | | Roor | n Occi | upancy: | | |
| | | 5 | | | | 4 | | | | |
| TV | Ensuite | Shared Bat | hroom | Smok | e Ala | ırm | Fi | re Notice | | |
| | | | | [| | | | | | |
| | Very Good | Adequat | e Po | or * | N | eeds ι | urgent | attention * | | |
| Cleanliness | | | | | | | | | | |
| Is everything | in working order | ? | Y | es 🔀 | No | o * [| | | | |
| If *, please giv | f *, please give details: | | | | | | | | | |

| ROOM NUMI | BER 104 | | | | | | | | | |
|---|-------------------|-----------------|--------------------|----------|----------------|--------------------|--|--|--|--|
| Room Profile: Family Room Capacity: Room Occupancy: | | | | | | | | | | |
| | <u> </u> | 2 | | | 2 | I | | | | |
| TV | Ensuite | Shared Batl | nroom | Smok | e Alarm | Fire Notice | | | | |
| | | | | | \boxtimes | \boxtimes | | | | |
| | Very Good | d Adequate | e Po | or * | Needs | urgent attention * | | | | |
| Cleanliness | | | | <u> </u> | | | | | | |
| Is everything | in working orde | r? | ١ | res 🔀 | No * | | | | | |
| If *, please gi | ve details: Paint | t peeling on ce | <mark>iling</mark> | | | | | | | |
| DOONA NUUNAI | DED 105 | | | | | | | | | |
| ROOM NUMI | | D _O | om Cana | city | Poo | m Occupancy: | | | | |
| Room Profile | Single | 3 | om Capa | city: | 2 | m Occupancy: | | | | |
| TV | Ensuite | Shared Batl | aroom | Smok | e Alarm | Fire Notice | | | | |
| 1 V | Elisuite | Shared Bati | 1100111 | SITION | e Alailli | Fire Notice | | | | |
| | | | | | \boxtimes | | | | | |
| | Very Good | d Adequate | e Po | or * | Needs | urgent attention * | | | | |
| Cleanliness | | | | | | | | | | |
| | in working orde | r? | | res 🔀 | No * | | | | | |
| If *, please gi | ve details: | | | | | | | | | |
| | | | | | | | | | | |
| ROOM NUMI | BER 106 | | | | | | | | | |
| Room Profile | | Ro | om Capa | city: | Roo | m Occupancy: | | | | |
| | • | 3 | | | 3 | · · · | | | | |
| TV | Ensuite | Shared Batl | nroom | Smok | e Alarm | Fire Notice | | | | |
| | | | | | \boxtimes | | | | | |
| | Very Good | d Adequate | e Po | or * | Needs | urgent attention * | | | | |
| Cleanliness | | | | | | | | | | |
| Is everything | in working orde | r? | | res 🔀 | No * | | | | | |
| If *, please gi | ve details: | | | | | | | | | |
| | | | | | | | | | | |
| ROOM NUMI | | | | •• | 15 | | | | | |
| Room Profile | : Single | 80 3 | om Capa | city: | R00 | m Occupancy: | | | | |
| TV | Ensuite | Shared Batl | nroom | Smok | e Alarm | Fire Notice | | | | |
| | | | | | \overline{X} | | | | | |
| | Very Good | d Adequate | D D C | oor * | Needs | urgent attention * | | | | |
| Cleanliness | Very door | Auequate | | | iveeus | | | | | |
| | in working orde | r? | <u> </u> | res 🖂 | No * | | | | | |
| If *, please gi | | | | | · | | | | | |
| | | | | | | | | | | |
| ROOM NUMI | BER 108 | | | | | | | | | |

| Room Profile: | : Sir | ngle | | | Room | Capa | city: | | Roo | m Occupancy: |
|--------------------|-------|----------------------------------|----|------------------|-------------|------|------------------------------|----------|---------|--------------------|
| | | | | | 4 | | | | 3 | |
| TV | | Ensuite Shared Bathroom Smoke Al | | | e Ala | rm | Fire Notice | | | |
| | | \boxtimes | | | | | | X | | |
| | | Very Good | | Adeq | uate | Ро | or * | N | eeds | urgent attention * |
| Cleanliness | | | | \triangleright | | | | | | |
| Is everything | in v | vorking order | ? | | | Υ | 'es 🖂 | No | * [| |
| If *, please giv | ve c | details: | | | | | | | | |
| DOORA NUINA | | 100 | | | | | | | | |
| ROOM NUME | | | | | D | C | -14 | | D | 0 |
| Room Profile: | : ға | mily | | | | Capa | city: | | | m Occupancy: |
| T) (| 1 | Fig. 1. i.e. | | Cla a se a al | 2 | | Consti | - 41- | 2 | Fine Matine |
| TV | | Ensuite | , | Shared | ватпго | om | Smoke | e Ala | rm | Fire Notice |
| | | | | | | | | <u> </u> | | <u> </u> |
| | | Very Good | | Adeq | uate | Po | or * | N | eeds | urgent attention * |
| Cleanliness | | | | \geq | | | | | | |
| Is everything | in v | vorking order | .? | | | Υ | 'es 🔀 | N | 0 * | |
| If *, please given | ve c | details: | | | | | | | | |
| | | | | | | | | | | |
| ROOM NUMI | BER | 110 | | | | | | | | |
| Room Profile: | : Fa | mily | | | Room | Capa | city: | | Roo | m Occupancy: |
| | | | | | 3 | | | | 3 | |
| TV | | Ensuite | | Shared | Bathro | om | Smoke | e Ala | rm | Fire Notice |
| | | | | | | | | | | |
| | | Very Good | | Adeq | uate | Po | oor * Needs urgent attention | | | urgent attention * |
| Cleanliness | | | | \geq | | | | | | |
| Is everything | in v | vorking order | ·? | | | Υ | 'es 🖂 | N | 0 * | |
| If *, please giv | ve c | details: | | | | | | | | |
| | | | | | | | | | | |
| ROOM NUM | BER | 111 | | | | | | | | |
| Room Profile: | : Fa | mily | | | | Capa | city: | | | m Occupancy: |
| TV | | Ensuite | | Shared | 3 Rathro | om | Smoke | دا۸ د | m rm | Fire Notice |
| | | Elisuite | | Silaieu | Башто | 0111 | SITION | = Ala | 1111 | riie Notice |
| | | | | | | | | \leq | | \boxtimes |
| ol II | | Very Good | | Adeq | uate | Po | or * | N | eeds | urgent attention * |
| Cleanliness | | | | | | | , [7] | | | |
| Is everything | | | ٠. | | | Υ | 'es 🔀 | N | 0 * | |
| If *, please give | ve c | details: | | | | | | | | |
| | | | | | | | | | | , |
| ROOM NUME | | | | | ı | | | - | | |
| Room Profile: | : Fa | mily | | | | Capa | city: | | | m Occupancy: |
| | | | | | 3 | | | | 2 | |

| TV | Ensuite | Shared | Bathro | om | Smok | Smoke Alarm | | Fire Notice |
|------------------|------------------|---------|-----------------|------|-------|-------------|------|--------------------|
| | | | | | | | | |
| | Very Good | Adeq | Adequate Poor * | | | Ne | eeds | urgent attention * |
| Cleanliness | | | | | | | | |
| Is everything | in working order | · . | | Υ | 'es 🔀 | No | * | |
| If *, please giv | ve details: | | | | | | - | |
| | | | | | | | | |
| ROOM NUME | BER 114 | | | | | | | |
| Room Profile: | Family | | Room | Capa | city: | | Roo | m Occupancy: |
| | | | | 3 | | | | |
| TV | Ensuite | Shared | Bathro | om | Smok | e Ala | rm | Fire Notice |
| | \boxtimes | | | | | \boxtimes | | |
| | Very Good | Adeq | uate | Po | or * | Ne | eeds | urgent attention * |
| Cleanliness | | | | | | | | |
| Is everything | in working order | · | | Y | ′es 🖂 | No | * | |
| If *, please giv | ve details: | | | | | | | |
| | | | | | | | | |
| ROOM NUME | BER 115 | | | | | | | |
| Room Profile: | Family | | Room | Capa | city: | | Roo | m Occupancy: |
| | | 3 3 | | | | | | |
| TV | Ensuite | Shared | Bathro | om | Smok | e Ala | rm | Fire Notice |
| \boxtimes | \boxtimes | | | | | X | | \boxtimes |
| | Very Good | Adeq | uate | Ро | or * | Ne | eeds | urgent attention * |
| Cleanliness | | | | | | | | |
| Is everything | in working order | -? - | | Υ | ′es 🖂 | No | o * | |
| If *, please giv | | | | | | | | |
| | | | | | | | | |
| ROOM NUME | 3ER 116 | | | | | | | |
| Room Profile: | | | Room | Сара | city: | | Roo | m Occupancy: |
| | | | 2 | • | , | | 2 | . , |
| TV | Ensuite | Shared | Bathro | om | Smok | e Ala | rm | Fire Notice |
| | | | | | | \boxtimes | | \boxtimes |
| | Very Good | l Adeq | uate | Po | or * | Ne | eeds | urgent attention * |
| Cleanliness | | Ż | 1 | | | | | |
| Is everything | in working order | ·? | _3 | Y | ′es 🔀 | No | o * | |
| If *, please giv | - | - | | | | | | |
| | | | | | | | | |
| ROOM NUME | BER 117 | | | | | | | |
| Room Profile: | | | Room | Capa | city: | | Roo | m Occupancy: |
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| Is everything | in v | vorking order | · ? | | ١ | ′es 🔀 | No | o * | | | |
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| ROOM NUME | BFR | 118 | | | | | | | | | |
| Room Profile: | | | | Room | Сара | citv: | | Roo | m Occ | cupancy: | |
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| TV | | Ensuite | Shared | Bathro | om | Smok | e Ala | rm | F | ire Notice | |
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| Cleanliness | | Very Good | i Ade | quate | PC | or * | INE | eas | urgen | t attention | |
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| ROOM NUME | BER | 202 | | | | | | | | | |
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| ROOM NUME | BER | 203 | | | | | | | | |
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| ROOM NUM | BER | 208 | | | | | | | |
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| ROOM NUMI | BER | 209 | | | | | | | |
| Room Profile: | Fai | mily | | Room | Capa | city: | | Roo | m Occupancy: |
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| ROOM NUMI | BER | 211 | | | | | | | |
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| ROOM NUME | BER | 212 | | | | | | | |
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| ROOM NUME | BER | 215 | | | | | | | |
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General Representations

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

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

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



David Lardner
International Protection Procurement Services
Department of Children, Equality, Disability, Integration and Youth Affairs 2nd Floor Montague Court
7-11 Montague Street
Dublin 2,
Ireland. 6th 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 29th 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 6th 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