

IPPS / IPAS

Independent Inspection Report

Centre:	Abbeyfield Hotel, Ballaghderren, Co. Roscommon
Inspector:	Shane Mac Loughlin
Date of Inspection:	29/3/22
Time of Arrival & Departure:	12pm -2.45pm

Part 1
General Information on Services

Independent Inspection Report

Centre: **Abbeyfield Hotel**

Date of Inspection: 29/3/22

1. CENTRE DETAILS

Name and address of Centre	Abbeyfield Hotel
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Contractor	Nextweek & Co Ltd (John Crean)
Manager	Christian Antoine
Who deputises for manager in his/her absence?	Give Job Title only Assistant Manager

Telephone Number	094 9861856
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Current Contracted Capacity	230
Current Occupancy (today)	146
Current Centre Profile (e.g., singles, families etc.)	Singles & families

HSE Area	North West
Public Health Nurse	Maura Martyn
DSP / CWO name	Emily Cooney
Environmental Health Officer name	Joan Walsh
Local Fire Officer Name	Michael Frayne
Local Fire Station	Ballaghderreen

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

2. Please provide a copy of the following

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

3 GENERAL SECURITY & EMERGENCY DETAILS

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

4 HEATING ARRANGEMENTS

What type of heating is used in the centre?	Gas
Do residents have control of the heating in their own bedroom?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
If no, what arrangements are in place?	gas on timer - BMS system
What are the heating 'ON' times?	7-10 1-4 6-10

5 HOUSE RULES

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

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

Are residents issued with key for their bedroom?(Yes/No)	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Are residents issued with key for main door? (Yes/No)	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
If no, give details	front desk manned and door automatic
Are there procedures to allow residents to receive visitors? (Give details)	yes
Outline visiting times :	9am-9pm
In what areas are visitors allowed in the centre?	front lobby and reception area

Any other relevant information:	
Is there a facility for storage of residents' valuables*? (Give details.) (* Storage is at resident's own risk)	good storage in rooms
What toiletries are provided to residents on arrival?	Soap, toothpaste, shampoo
What arrangements are in place to replenish these items?	Available at reception

7 ARRANGEMENTS FOR MAINTENANCE

Does the centre have a written procedure in place for residents to report maintenance issues? (Yes/No)	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Is there a maintenance day book? (Yes/No)	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Describe the maintenance procedure at the centre: Daily maintenance book	

8 CHILD PROTECTION

Are measures in place to inform staff and visitors of RIA's Child Protection Policy? (Give details)	yes
Are visitors asked to sign a declaration agreeing to adhere to the child protection policy?	yes
Where is declaration held?	managers office
Is there a sign in book for visitors? Where?	reception desk
Are there notices on public display giving name and contact details of Designated Liaison Person? Where?	no
Have Designated Liaison Persons received HSE training?	yes
Are notices prominently displayed regarding parental supervision of children? Where?	yes in lobby

9 FOOD SAFETY

Has a HACCP system been implemented? (Yes/No)	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Have the premises been inspected by an Environmental Health Officer? (Yes/No)	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Date of last visit:	16/1/20

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

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

11 ARRANGEMENTS FOR REFRESHMENTS / MEALS OUTSIDE NORMAL MEAL TIMES

Are tea / coffee / drinking water / Snacks etc. available outside mealtimes?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
What food/snacks are available after hours or when kitchen is closed?	tea, coffee, bread/toast
Where are the snacks located and how are they accessed?	dining room and bar room
Are meals available for residents who arrive late? (Give details.)	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> once chef notified left for microwaving
Are meals available for new arrivals? (Give details)	yes - once chef notified by manager
Are packed lunches available for residents travelling to Dublin on official business? (Give details)	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> On request
If the inspection takes place during Ramadan this section must be completed. What arrangements are in place to facilitate residents observing a fast during Ramadan?	n/a

12 FACILITIES FOR FEEDING BABIES

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

13 INDOOR FACILITIES

<i>Are the following available to residents?</i>	Yes/No	
Computers with Internet access	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
WIFI	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
DVD player	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Computer Games	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Snooker Table	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Pool Table	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Table Tennis Table	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Board Games	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Newspapers	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Books	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Toys / games for children	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Other	Table football and Air Hockey table	
Give details of any other arrangement or other comments:	Residents kitchen now in place and multi-purpose room with cinema and other activities	

14 TRANSPORT ARRANGEMENTS

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

15 TV SYSTEM

Is there a specific TV system in place? (give details)	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Satellite
An average, how many TV channels are provided to residents?	50+
Are residents allowed to erect satellite dishes?	no

16 LAUNDRY FACILITIES (General Arrangements)

Are Laundry facilities available in the centre? (Y/N)	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
If No, what service is provided?	
Who launders towels and bedlinen? (e.g., residents, staff, other, etc)	staff in laundry
What procedures are in place for the exchange of towels and bed linen at the centre?	staff do linens
What procedures are in place for ironing boards and irons?	Available in laundry
How is washing powder / tablets supplied?	Issued by reception

Are there specific arrangements for access to the laundry (give details):	always open
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17 **CLEANING (General Arrangements)**

Are there cleaning materials and equipment provided by management for residents?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
What cleaning equipment is available to residents?	Cleaning staff employed
What is the procedure for residents to access vacuum cleaners, brushes & other cleaning equipment?	Issued by reception
What arrangements are in place if rooms are not cleaned sufficiently by residents?	cleaning staff employed

PART 2

Room by Room Inspection

Independent Inspection

Centre: Abbeyfield Hotel

Date of Inspection: 29/3/22

Section A- Administration / Communal areas

17 Have you seen the following?

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

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

18 Staff Awareness

Did you see the IPAS / IPPS Code of Practice*?	<input checked="" type="checkbox"/>
Are all staff aware of IPAS / IPPS Code & House Rules?	<input checked="" type="checkbox"/>
How are staff made aware of IPAS /IPPS Code & House Rules? verbally communicated by manager	

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

19 FIRE SAFETY

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

19a EMERGENCY LIGHTING INSPECTION SCHEDULE

<u>Date</u>	<u>Inspected By</u> (Company Name / Position)	<u>Comments</u>
15/11/21	Apex	Annual service
28/3/21	internal	recorded as part of nightly walkaround

19b FIRE ALARM & DETECTION SYSTEM INSPECTION SCHEDULE

Date	Inspected By (Company Name / Position)	OK	Defect	Remedial Action Taken (Y/N)	Sign Off Y/N
8/12/21	Full Service	<input checked="" type="checkbox"/>			
28/3/22	internal	<input checked="" type="checkbox"/>			

19c FIRE FIGHTING EQUIPMENT INSPECTION SCHEDULE

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

Date	Inspected By (Company Name / Position)	OK	Defect	Remedial Action Taken (Y/N)	Sign Off Y/N
29/1/22	Fire zone ltd	<input checked="" type="checkbox"/>			

28/3/22	internal	<input checked="" type="checkbox"/>			
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19d FIRE EXIT DOORS / MEANS OF ESCAPE INSPECTION SCHEDULE

Date	Inspected By (Company Name / Position)	OK	Defect	Remedial Action Taken (Y/N)	Sign Off Y/N
28/3/22	internal	<input checked="" type="checkbox"/>			
27/3/22	internal	<input checked="" type="checkbox"/>			

19e FIRE DRILL PROCEDURE INSPECTION SCHEDULE

Date & Time	Numbers of staff involved in drill	No. of residents present / evacuated **	Evacuation Time	Comments
3/2/22 11am	21	159	5min	No issues
9 dec 2021 11am	20	163	6 mins	No issues

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

19f STAFF INSTRUCTION AND TRAINING (Fire Safety)

Job Description	Course	Instructor	Duration	Date
all staff	General fire	Guardian Safety		9/9/2021

19g FIRE ASSEMBLY POINTS

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

19h FIRE ALARM SYSTEM

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

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

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

Administration Area:

Reception: Hotel Lobby at entrance

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

Have you seen the following?

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

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

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

Social Room / Tea Station (State Location): dining room and side bar room

What facilities are provided? Coffee & tea making		
Is the area generally clean?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
If no please give details:		
Visual Check: Have you noticed any issues requiring attention?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
If yes please detail:		

Pre-school Room:

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

Other comments:

DINING AREA:

Please outline the meal times:

	From	To
Breakfast	9am	10am
Lunch	1pm	2pm
Dinner	7pm	8pm

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

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

Breakfast	
Lunch	
Dinner	

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

KITCHEN AREA: Food Safety Critical Requirements

FOOD SAFETY

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

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

HACCP Records:

Pest Control: Rentokill 25/3/22 –no activity noted
Induction and Ongoing Staff Training: Staff certificates on file
Time & Temperature Records: Not keeping Hot holding records
Hygiene Audits: weekly
List of Approved Suppliers: on food receipt book
Cleaning Schedules: schedules are in place
Procedures for accepting deliveries: procedure is in place
General Comments:

HACCP and Kitchen Evaluation

General:

Is the kitchen commercial or domestic?	commercial
What equipment is in place?	Walk in fridge, Deep fryers, microwave , walk in freezer, blast chiller, combi oven, gas hobs (being replace), rice cooker, chest freezer, bain marie x 2 , salad bar
In what condition is the equipment?	Equipment is in good working condition.
Comments:	Kitchen and dining areas are being well maintained and are at a high standard.

STRUCTURAL HYGIENE

Kitchen:

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

Dry Goods:

Suitably equipped? <i>Shelving/containers etc</i>	ok
Condition and suitability of facilities:	good
What evidence is there of stock rotation?	yes

Refrigerated Storage:

What type of refrigerated storage is provided?	Walk in freezer, chest freezer, walk in fridge
Comment on the condition and suitability of the refrigerated storage: good	
Are thermostats provided and in working order?	yes
Are food items date stamped?	Fish in freezer not labelled
Are samples of dishes being kept?	no

Other:

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

Do residents use the main kitchen?	No
Is that use supervised to ensure safe & hygienic practices are observed?	n/a
By whom is it supervised?	

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

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

Condition and suitability of serving equipment and utensils:
good

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

Comments: no food safety or hygiene concerns/issues.
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STAFF FACILITIES AND HYGIENE

Are designated staff facilities provided?	Yes
What facilities are in place?	Changing room , lockers and showers

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

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

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

23 PUBLIC TOILET (State Location): main lobby

	Number	Soap	Toilet Paper	Hand Towels / Dryers	Hot Water	Sanitary Bins
Unisex:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ladies:	3	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Gents:	3	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Is there a cleaning schedule displayed? Record the last time entry.					Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

Is the area clean? (provide comment)	
Are all facilities working?	Yes <input checked="" type="checkbox"/> No * <input type="checkbox"/>
<i>Visual Check:</i> Have you noticed any issues requiring attention?	Yes* <input type="checkbox"/> No <input checked="" type="checkbox"/>
If No, give details:	

24 COMMUNAL ROOM (State Location): old bar room

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

OUTDOOR GROUNDS / FACILITIES

Please rate the following:

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

LAUNDRY ROOM

	Washing Machines	Dryers
Number	10	10
Do they appear to be in working order? yes		
Comments: also staff industrial laundry on-site for linens etc.		

CORRIDOR (State Location): all corridors

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

STAIRWAY (State Location): all stairways

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

Bedrooms:

CLEANING (General Arrangements)

How often are bedrooms inspected?	twice weekly <input type="checkbox"/> Weekly <input checked="" type="checkbox"/>
Who cleans the bedrooms?	Staff <input checked="" type="checkbox"/> Residents <input type="checkbox"/>
How often do staff clean the bedrooms?	Weekly <input checked="" type="checkbox"/> fortnightly <input type="checkbox"/> Monthly <input type="checkbox"/> Other <input type="checkbox"/>
Are there cleaning materials and equipment provided by management for residents?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
What cleaning equipment is available to residents?	Housekeeping do cleaning but all equipment can be provided to residents on request
What arrangements are in place if rooms are not cleaned sufficiently by residents?	housekeeping staff in hotel

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

New cooking area with two hob stations installed in coffee dock which is now being used.

ROOM NUMBER 101/102 interconnecting				
Room Profile:		Room Capacity:		Room Occupancy:
Shared		5		5
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
		x		
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details:				

ROOM NUMBER 104 / 103 interconnecting				
Room Profile:		Room Capacity:		Room Occupancy:
Shared		5		5
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	Very Good	Adequate	Poor *	Needs urgent attention *

Cleanliness		x		
Is everything in working order? Yes <input checked="" type="checkbox"/> No * <input type="checkbox"/>				
If *, please give details:				
ROOM NUMBER 105 / 106 interconnecting				
Room Profile:		Room Capacity:		Room Occupancy:
Shared		5		4
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
		x		
Is everything in working order? Yes <input checked="" type="checkbox"/> No * <input type="checkbox"/>				
If *, please give details:				

ROOM NUMBER 107				
Room Profile:		Room Capacity:		Room Occupancy:
Shared		2		1
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
		x		
Is everything in working order? Yes <input checked="" type="checkbox"/> No * <input type="checkbox"/>				
If *, please give details:				

ROOM NUMBER 108				
Room Profile:		Room Capacity:		Room Occupancy:
Shared		4		3
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
		x		
Is everything in working order? Yes <input checked="" type="checkbox"/> No * <input type="checkbox"/>				
If *, please give details:				

ROOM NUMBER 109				
Room Profile:		Room Capacity:		Room Occupancy:
Shared		2		1
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
		x		

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

ROOM NUMBER 110				
Room Profile:		Room Capacity:		Room Occupancy:
Shared		2		1
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
		x		
Is everything in working order? yes				
If *, please give details:				

ROOM NUMBER 111/112 interconnecting				
Room Profile:		Room Capacity:		Room Occupancy:
Shared		5		3
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
		x		
Is everything in working order? yes				
If *, please give details:				

ROOM NUMBER 205/206 interconnecting				
Room Profile:		Room Capacity:		Room Occupancy:
Shared		5		4
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
		x		
Is everything in working order? Yes <input checked="" type="checkbox"/> No * <input type="checkbox"/>				
If *, please give details:				

ROOM NUMBER 209/210 interconnecting		
Room Profile:		Room Capacity:
Shared		6
		0

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

ROOM NUMBER 115 / 116 interconnecting				
Room Profile:		Room Capacity:		Room Occupancy:
Shared		6		5
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
		x		
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details:				

ROOM NUMBER 215/216 interconnecting				
Room Profile:		Room Capacity:		Room Occupancy:
Shared		4		4
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
		x		
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details:				

ROOM NUMBER 201				
Room Profile:		Room Capacity:		Room Occupancy:
Shared		3		2
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
		x		
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details:				

ROOM NUMBER 202				
Room Profile:		Room Capacity:		Room Occupancy:
Shared		3		1

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

ROOM NUMBER 203				
Room Profile:		Room Capacity:		Room Occupancy:
Shared		3		0
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
		x		
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details:				

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

ROOM NUMBER 207				
Room Profile:		Room Capacity:		Room Occupancy:
Shared		2		1
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
		x		
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details:				

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

ROOM NUMBER 214				
Room Profile:		Room Capacity:		Room Occupancy:
Shared		2		0
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
		x		
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details:				

ROOM NUMBER 211				
Room Profile:		Room Capacity:		Room Occupancy:
Shared		2		1
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
		x		
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details:				

ROOM NUMBER 212				
Room Profile:		Room Capacity:		Room Occupancy:
Shared		2		1
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
		x		
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details:				

ROOM NUMBER 213				
Room Profile:		Room Capacity:		Room Occupancy:
Shared		2		2
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
		x		
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details:				

ROOM NUMBER 219				
Room Profile:		Room Capacity:		Room Occupancy:
Shared		2		1
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
		x		
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details:				

ROOM NUMBER 217				
Room Profile:		Room Capacity:		Room Occupancy:
Shared		2		0
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
		x		
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details:				

ROOM NUMBER 218				
Room Profile:		Room Capacity:		Room Occupancy:
Shared		2		0
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
		x		
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details:				

ROOM NUMBER 220				
Room Profile:		Room Capacity:		Room Occupancy:
Shared		2		0
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
		x		
Is everything in working order? Yes <input checked="" type="checkbox"/> No * <input type="checkbox"/>				
If *, please give details:				

ROOM NUMBER 221				
Room Profile:		Room Capacity:		Room Occupancy:
Shared		2		2
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
		x		
Is everything in working order? Yes <input checked="" type="checkbox"/> No * <input type="checkbox"/>				
If *, please give details:				

Apartments:

No:124					
Number of bedrooms	Occupancy	En-suite / bathrooms	Fire Notice	Heating	Smoke alarm (working)
3	5	Yes	Yes	Yes	Yes
Décor	Painted walls, carpet floors, living room with lounge, television, tables, chairs & wardrobes in bedrooms.				
Cleanliness	Satisfactory				

No:126					
Number of bedrooms	Occupancy	En-suite / bathrooms	Fire Notice	Heating	Smoke alarm (working)
3	0	Yes	Yes	Yes	Yes
Décor	Painted walls, carpet floors, living room with lounge, television, tables, chairs & wardrobes in bedrooms.				
Cleanliness	Satisfactory				

No:127					
Number of bedrooms	Occupancy	En-suite / bathrooms	Fire Notice	Heating	Smoke alarm (working)
3	6	Yes	Yes	Yes	Yes
Décor	Painted walls, carpet floors, living room with lounge, television, tables, chairs & wardrobes in bedrooms.				
Cleanliness	Satisfactory				

No:128					
Number of bedrooms	Occupancy	En-suite / bathrooms	Fire Notice	Heating	Smoke alarm (working)
3	7	Yes	Yes	Yes	Yes
Décor	Painted walls, carpet floors, living room with lounge, television, tables, chairs & wardrobes in bedrooms.				
Cleanliness	Satisfactory				

No:129					
Number of bedrooms	Occupancy	En-suite / bathrooms	Fire Notice	Heating	Smoke alarm (working)
3	6	Yes	Yes	Yes	Yes
Décor	Painted walls, carpet floors, living room with lounge, television, tables, chairs & wardrobes in bedrooms.				
Cleanliness	Satisfactory				

No:222					
Number of bedrooms	Occupancy	En-suite / bathrooms	Fire Notice	Heating	Smoke alarm (working)
3	0	Yes	Yes	Yes	Yes
Décor	Painted walls, carpet floors, living room with lounge, television, tables, chairs & wardrobes in bedrooms.				
Cleanliness	Satisfactory				

No:223					
Number of bedrooms	Occupancy	En-suite / bathrooms	Fire Notice	Heating	Smoke alarm (working)
3	5	Yes	Yes	Yes	Yes
Décor	Painted walls, carpet floors, living room with lounge, television, tables, chairs & wardrobes in bedrooms.				
Cleanliness	Satisfactory				

No: 224					
Number of bedrooms	Occupancy	En-suite / bathrooms	Fire Notice	Heating	Smoke alarm (working)
3	7	Yes	Yes	Yes	Yes
Décor	Painted walls, carpet floors, living room with lounge, television, tables, chairs & wardrobes in bedrooms.				
Cleanliness	Satisfactory				

No: 225					
Number of bedrooms	Occupancy	En-suite / bathrooms	Fire Notice	Heating	Smoke alarm (working)
3	0	Yes	Yes	Yes	Yes
Décor	Painted walls, carpet floors, living room with lounge, television, tables, chairs & wardrobes in bedrooms.				
Cleanliness	Satisfactory				

No: 226					
Number of bedrooms	Occupancy	En-suite / bathrooms	Fire Notice	Heating	Smoke alarm (working)
3	0	Yes	Yes	Yes	Yes
Décor	Painted walls, carpet floors, living room with lounge, television, tables, chairs & wardrobes in bedrooms.				
Cleanliness	Satisfactory				

No: 227					
Number of bedrooms	Occupancy	En-suite / bathrooms	Fire Notice	Heating	Smoke alarm (working)
3	5	Yes	Yes	Yes	Yes
Décor	Painted walls, carpet floors, living room with lounge, television, tables, chairs & wardrobes in bedrooms.				
Cleanliness	Satisfactory				

No: 228					
Number of bedrooms	Occupancy	En-suite / bathrooms	Fire Notice	Heating	Smoke alarm (working)
3	0	Yes	Yes	Yes	Yes

Décor	Painted walls, carpet floors, living room with lounge, television, tables, chairs & wardrobes in bedrooms.
Cleanliness	Satisfactory

No: 230					
Number of bedrooms	Occupancy	En-suite / bathrooms	Fire Notice	Heating	Smoke alarm (working)
3	7	Yes	Yes	Yes	Yes
Décor	Painted walls, carpet floors, living room with lounge, television, tables, chairs & wardrobes in bedrooms.				
Cleanliness	Satisfactory				

No: 231					
Number of bedrooms	Occupancy	En-suite / bathrooms	Fire Notice	Heating	Smoke alarm (working)
3	4	Yes	Yes	Yes	Yes
Décor	Painted walls, carpet floors, living room with lounge, television, tables, chairs & wardrobes in bedrooms.				
Cleanliness	Satisfactory				

No: 232					
Number of bedrooms	Occupancy	En-suite / bathrooms	Fire Notice	Heating	Smoke alarm (working)
3	0	Yes	Yes	Yes	Yes
Décor	Painted walls, carpet floors, living room with lounge, television, tables, chairs & wardrobes in bedrooms.				
Cleanliness	Satisfactory				

No: 234					
Number of bedrooms	Occupancy	En-suite / bathrooms	Fire Notice	Heating	Smoke alarm (working)
3	4	Yes	Yes	Yes	Yes
Décor	Painted walls, carpet floors, living room with lounge, television, tables, chairs & wardrobes in bedrooms.				
Cleanliness	Satisfactory				

No:235					
Number of bedrooms	Occupancy	En-suite / bathrooms	Fire Notice	Heating	Smoke alarm (working)
3	6	Yes	Yes	Yes	Yes

Décor	Painted walls, carpet floors, living room with lounge, television, tables, chairs & wardrobes in bedrooms.
Cleanliness	Satisfactory

General Representations

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

no

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

no

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

no

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

Personal representations should be recorded in Part 3.

Summary Sheet

Name of Centre:	Abbeyfield Hotel,
Address:	Ballaghderreen, Co Roscommon
Proprietor :	Nextweek Co Ltd.
Manager:	Christian Antoine
Contact Name:	Christian Antoine
Capacity Per MOA (Current Occupancy):	230 (146)
Date of Inspection:	29/3/22

Fire Safety:

No issues

Bedroom Issues:

No issues

Food safety :

Fish in freezer unlabeled

IPPS / IPAS

Independent Inspection Report

Centre:	Abbeyfield Hotel, Ballaghderren, Co. Roscommon
Inspector:	Fergal Duane
Date of Inspection:	22/09/2022
Time of Arrival & Departure:	13:00 pm -16:00

Part 1
General Information on Services

Independent Inspection Report

Centre: **Abbeyfield Hotel**

Date of Inspection: 22/09/2022

1. CENTRE DETAILS

Name and address of Centre	Abbeyfield Hotel
----------------------------	-------------------------

Contractor	Nextweek & Co Ltd (John Crean)
Manager	Christian Antoine
Who deputises for manager in his/her absence?	Give Job Title only Assistant Manager

Telephone Number	094 9861856
------------------	--------------------

Current Contracted Capacity	220
Current Occupancy (today)	138
Current Centre Profile (e.g., singles, families etc.)	Singles & families

HSE Area	North West
Public Health Nurse	Maura Martyn
DSP / CWO name	Emily Cooney
Environmental Health Officer name	Joan Walsh
Local Fire Officer Name	Michael Frayne
Local Fire Station	Ballaghderreen

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

2. Please provide a copy of the following

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

3 GENERAL SECURITY & EMERGENCY DETAILS

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

4 HEATING ARRANGEMENTS

What type of heating is used in the centre?	Gas
Do residents have control of the heating in their own bedroom?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
If no, what arrangements are in place?	gas on timer - BMS system
What are the heating 'ON' times?	7-10 1-4 6-10 extra hours added in winter

5 HOUSE RULES

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

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

Are residents issued with key for their bedroom?(Yes/No)	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Are residents issued with key for main door?(Yes/No)	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
If no, give details	front desk manned and door automatic
Are there procedures to allow residents to receive visitors? (Give details)	yes
Outline visiting times :	9am-9pm
In what areas are visitors allowed in the centre?	front lobby and reception area

Any other relevant information:	
Is there a facility for storage of residents' valuables*? (Give details.)(*Storage is at resident's own risk)	good storage in rooms
What toiletries are provided to residents on arrival?	Soap, toothpaste, shampoo
What arrangements are in place to replenish these items?	Available at reception

7 ARRANGEMENTS FOR MAINTENANCE

Does the centre have a written procedure in place for residents to report maintenance issues? (Yes/No)	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Is there a maintenance day book? (Yes/No)	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Describe the maintenance procedure at the centre: Daily maintenance book	

8 CHILD PROTECTION

Are measures in place to inform staff and visitors of RIA's Child Protection Policy? (Give details)	yes
Are visitors asked to sign a declaration agreeing to adhere to the child protection policy?	yes
Where is declaration held?	managers office
Is there a sign in book for visitors? Where?	reception desk
Are there notices on public display giving name and contact details of Designated Liaison Person? Where?	no
Have Designated Liaison Persons received HSE training?	yes
Are notices prominently displayed regarding parental supervision of children? Where?	yes in lobby

9 FOOD SAFETY

Has a HACCP system been implemented? (Yes/No)	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Have the premises been inspected by an Environmental Health Officer? (Yes/No)	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Date of last visit:	16/1/2020 – None since then

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

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

11 ARRANGEMENTS FOR REFRESHMENTS / MEALS OUTSIDE NORMAL MEAL TIMES

Are tea / coffee / drinking water / Snacks etc. available outside mealtimes?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
What food/snacks are available after hours or when kitchen is closed?	tea, coffee, bread/toast
Where are the snacks located and how are they accessed?	dining room and bar room
Are meals available for residents who arrive late? (Give details.)	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> once chef notified left for microwaving
Are meals available for new arrivals? (Give details)	yes - once chef notified by manager
Are packed lunches available for residents travelling to Dublin on official business? (Give details)	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> On request
If the inspection takes place during Ramadan this section must be completed. What arrangements are in place to facilitate residents observing a fast during Ramadan?	n/a

12 FACILITIES FOR FEEDING BABIES

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

13 INDOOR FACILITIES

<i>Are the following are available to residents?</i>	Yes/No
Computers with Internet access	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
WIFI	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
DVD player	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Computer Games	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Snooker Table	Yes <input type="checkbox"/> No <input type="checkbox"/>
Pool Table	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Table Tennis Table	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Board Games	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Newspapers	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Books	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Toys / games for children	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Other	Table football and Air Hockey table
Give details of any other arrangement or other comments:	Residents kitchen now in place and multi-purpose room with cinema and other activities New classrooms added and being used during the inspection.

14 TRANSPORT ARRANGEMENTS

Is there a bus service provided? (Yes/No):	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Where does the service go to?	
What is the frequency of the service? (List time table opposite)	Facility have own 7 seater for transport for medical or required transport.

15 TV SYSTEM

Is there a specific TV system in place? (give details)	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Satellite
An average, how many TV channels are provided to residents?	50+
Are residents allowed to erect satellite dishes?	no

16 LAUNDRY FACILITIES (General Arrangements)

Are Laundry facilities available in the centre? (Y/N)	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
If No, what service is provided?	
Who launders towels and bedlinen? (e.g., residents, staff, other, etc)	staff in laundry
What procedures are in place for the exchange of towels and bed linen at the centre?	staff do linens
What procedures are in place for ironing boards and irons?	Available in laundry
How is washing powder / tablets supplied?	Issued by reception

Are there specific arrangements for access to the laundry (give details):	always open
---	--------------------

17 **CLEANING (General Arrangements)**

Are there cleaning materials and equipment provided by management for residents?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
What cleaning equipment is available to residents?	Cleaning staff employed
What is the procedure for residents to access vacuum cleaners, brushes & other cleaning equipment?	Issued by reception
What arrangements are in place if rooms are not cleaned sufficiently by residents?	cleaning staff employed

PART 2

Room by Room Inspection

Independent Inspection

Centre: Abbeyfield Hotel

Date of Inspection: 22/09/2022

Section A- Administration / Communal areas

17 Have you seen the following?

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

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

18 Staff Awareness

Did you see the IPAS / IPPS Code of Practice*?	<input checked="" type="checkbox"/>
Are all staff aware of IPAS / IPPS Code & House Rules?	<input checked="" type="checkbox"/>
How are staff made aware of IPAS /IPPS Code & House Rules? verbally communicated by manager	

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

19 FIRE SAFETY

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

19a EMERGENCY LIGHTING INSPECTION SCHEDULE

<u>Date</u>	<u>Inspected By</u> (Company Name / Position)	<u>Comments</u>
21/09/22	Apex	Annual service
21/09/22	internal	recorded as part of nightly walkaround

19b FIRE ALARM & DETECTION SYSTEM INSPECTION SCHEDULE

Date	Inspected By (Company Name / Position)	OK	Defect	Remedial Action Taken (Y/N)	Sign Off Y/N
21/09/22	internal	<input checked="" type="checkbox"/>			
30/05/2022	Apex Fire	<input checked="" type="checkbox"/>			

19c FIRE FIGHTING EQUIPMENT INSPECTION SCHEDULE

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

Date	Inspected By (Company Name / Position)	OK	Defect	Remedial Action Taken (Y/N)	Sign Off Y/N
21/09/22	Fire zone ltd	<input checked="" type="checkbox"/>			
21/09/22	internal	<input checked="" type="checkbox"/>			

19d FIRE EXIT DOORS / MEANS OF ESCAPE INSPECTION SCHEDULE

Date	Inspected By (Company Name / Position)	OK	Defect	Remedial Action Taken (Y/N)	Sign Off Y/N
20/09/22	internal	<input checked="" type="checkbox"/>			
21/09/22	internal	<input checked="" type="checkbox"/>			

19e FIRE DRILL PROCEDURE INSPECTION SCHEDULE

Date & Time	Numbers of staff involved in drill	No. of residents present / evacuated **	Evacuation Time	Comments
24/08/22 14:00	19	144	4min	10 found on 2nd walk
9 dec 2021 11am	20	163	6 mins	No issues

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

19f STAFF INSTRUCTION AND TRAINING (Fire Safety)

Job Description	Course	Instructor	Duration	Date
all staff	General fire	Guardian Safety		9/9/2021

19g FIRE ASSEMBLY POINTS

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

19h FIRE ALARM SYSTEM

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

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

(in corridors & common areas)

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

Administration Area:

Reception: Hotel Lobby at entrance

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

Have you seen the following?

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

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

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

Social Room / Tea Station (State Location): dining room and side bar room

What facilities are provided? Coffee & tea making	
Is the area generally clean?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
If no please give details:	
<i>Visual Check:</i> Have you noticed any issues requiring attention?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
If yes please detail:	

Pre-school Room:

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

DINING AREA:**Please outline the meal times:**

	From	To
Breakfast	8am	9am
Lunch	1pm	2pm
Dinner	7.30	7pm

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

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

Breakfast	
Lunch	
Dinner	

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

KITCHEN AREA: Food Safety Critical Requirements

FOOD SAFETY

Has the premises been inspected by an Environmental Health Officer?	No
Date of Visit?	2021
Comments:	

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

HACCP Records:

Pest Control: Rentokill 21/09/2022–activity noted and areas refilled, 4 mice removed.
Induction and Ongoing Staff Training: Staff certificates on file
Time & Temperature Records: Not keeping Hot holding records
Hygiene Audits: weekly
List of Approved Suppliers: on food receipt book
Cleaning Schedules: schedules are in place
Procedures for accepting deliveries: procedure is in place
General Comments: Kitchen was clean, in good order and managed well.

HACCP and Kitchen Evaluation

General:

Is the kitchen commercial or domestic?	commercial
What equipment is in place?	Walk in fridge, Deep fryers, microwave , walk in freezer, blast chiller, combi oven, gas hobs (being replace), rice cooker, chest freezer, bain marie x 2 , salad bar
In what condition is the equipment?	Equipment is in good working condition.
Comments:	Kitchen and dining areas are being well maintained and are at a high standard.

STRUCTURAL HYGIENE

Kitchen:

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

Dry Goods:

Suitably equipped? <i>Shelving/containers etc</i>	ok
Condition and suitability of facilities:good	
What evidence is there of stock rotation?	yes

Refrigerated Storage:

What type of refrigerated storage is provided?	Walk in freezer, chest freezer, walk in fridge
Comment on the condition and suitability of the refrigerated storage: good	
Are thermostats provided and in working order?	yes
Are food items date stamped?	yes
Are samples of dishes being kept?	no

Other:

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

Do residents use the main kitchen?	No
Is that use supervised to ensure safe & hygienic practices are observed?	n/a
By whom is it supervised?	Chef

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

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

Condition and suitability of serving equipment and utensils:
good

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

Comments: no food safety or hygiene concerns/issues.
--

STAFF FACILITIES AND HYGIENE

Are designated staff facilities provided?	Yes
What facilities are in place?	Changing room , lockers and showers

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

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

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

23 PUBLIC TOILET (State Location): main lobby

	Number	Soap	Toilet Paper	Hand Towels / Dryers	Hot Water	Sanitary Bins
Unisex:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ladies:	3	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Gents:	3	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Is there a cleaning schedule displayed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>						
Record the last time entry.						
Is the area clean? (provide comment)						
Are all facilities working? Yes <input checked="" type="checkbox"/> No * <input type="checkbox"/>						
Visual Check: Have you noticed any issues requiring attention? Yes* <input type="checkbox"/> No <input checked="" type="checkbox"/>						
If No, give details:						

24 COMMUNAL ROOM (State Location): old bar room**Storage area:**

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

General Seating Area

Is the seating in good condition? Yes ☒ No ☐
 What is the area generally used for? Yes ☒ No ☐

Computer room:

Is the area generally clean? Yes ☒ No ☐
Visual Check: Have you noticed any issues requiring attention? Yes ☐ No ☒
 If yes please detail:

Any other comments? If yes please detail:

OUTDOOR GROUNDS / FACILITIES

Please rate the following:

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

LAUNDRY ROOM

	Washing Machines	Dryers
Number	10	10
Do they appear to be in working order? yes		
Comments: also staff industrial laundry on-site for linens etc.		

CORRIDOR (State Location): all corridors

Is the area generally clean? Yes ☒ No ☐

If no please give details:

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

If yes please detail: +

STAIRWAY (State Location): all stairways

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

Bedrooms:

CLEANING (General Arrangements)

How often are bedrooms inspected?	twice weekly <input type="checkbox"/> Weekly <input checked="" type="checkbox"/>
Who cleans the bedrooms?	Staff <input checked="" type="checkbox"/> Residents <input type="checkbox"/>
How often do staff clean the bedrooms?	Weekly <input checked="" type="checkbox"/> fortnightly <input type="checkbox"/> Monthly <input type="checkbox"/> Other <input type="checkbox"/>
Are there cleaning materials and equipment provided by management for residents?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
What cleaning equipment is available to residents?	Housekeeping do cleaning but all equipment can be provided to residents on request
What arrangements are in place if rooms are not cleaned sufficiently by residents?	housekeeping staff in hotel

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

7 new classrooms added to the courtyard area and in use daily.

ROOM NUMBER 101/102 interconnecting

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

ROOM NUMBER 104 / 103 interconnecting

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

If *, please give details:				
ROOM NUMBER 105 / 106 interconnecting				
Room Profile:		Room Capacity:		Room Occupancy:
Shared		5		4
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
		x		
Is everything in working order? Yes <input checked="" type="checkbox"/> No * <input type="checkbox"/>				
If *, please give details:				

ROOM NUMBER 107				
Room Profile:		Room Capacity:		Room Occupancy:
Shared		2		1
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
		x		
Is everything in working order? Yes <input checked="" type="checkbox"/> No * <input type="checkbox"/>				
If *, please give details:				

ROOM NUMBER 108				
Room Profile:		Room Capacity:		Room Occupancy:
Shared		4		3
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
		x		
Is everything in working order? Yes <input checked="" type="checkbox"/> No * <input type="checkbox"/>				
If *, please give details:				

ROOM NUMBER 109				
Room Profile:		Room Capacity:		Room Occupancy:
Shared		2		1
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
		x		
Is everything in working order? Yes <input checked="" type="checkbox"/> No * <input type="checkbox"/>				

If *, please give details:

ROOM NUMBER 110

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

ROOM NUMBER 111/112 interconnecting

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

ROOM NUMBER 205/206 interconnecting

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

ROOM NUMBER 209/210 interconnecting

Room Profile:		Room Capacity:		Room Occupancy:	
Shared		6		0	
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice	

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

ROOM NUMBER 115 / 116 interconnecting				
Room Profile:		Room Capacity:		Room Occupancy:
Shared		6		5
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
		x		
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details:				

ROOM NUMBER 215/216 interconnecting				
Room Profile:		Room Capacity:		Room Occupancy:
Shared		4		4
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
		x		
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details:				

ROOM NUMBER 201				
Room Profile:		Room Capacity:		Room Occupancy:
Shared		3		2
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
		x		
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details:				

ROOM NUMBER 202				
Room Profile:		Room Capacity:		Room Occupancy:
Shared		3		1
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice

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

ROOM NUMBER 203				
Room Profile:		Room Capacity:		Room Occupancy:
Shared		3		0
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
		x		
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details:				

ROOM NUMBER 204				
Room Profile:		Room Capacity:		Room Occupancy:
Shared		3		0
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
		x		
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details:				

ROOM NUMBER 207				
Room Profile:		Room Capacity:		Room Occupancy:
Shared		2		1
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
		x		
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details: smoke detector covered				

ROOM NUMBER 208		
Room Profile:		Room Capacity:
		Room Occupancy:

Shared		4		3	
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *	
		x			
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>	
If *, please give details: Electric heater identified in room.					

ROOM NUMBER 114					
Room Profile:		Room Capacity:		Room Occupancy:	
Shared		2		0	
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *	
		x			
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>	
If *, please give details:					

ROOM NUMBER 214					
Room Profile:		Room Capacity:		Room Occupancy:	
Shared		2		1	
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *	
		x			
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>	
If *, please give details:					

ROOM NUMBER 211					
Room Profile:		Room Capacity:		Room Occupancy:	
Shared		2		1	
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *	
		x			
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>	
If *, please give details:					

ROOM NUMBER 212					
Room Profile:		Room Capacity:		Room Occupancy:	
Shared		2		1	

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

ROOM NUMBER 213				
Room Profile:		Room Capacity:		Room Occupancy:
Shared		2		1
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
		x		
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details:				

ROOM NUMBER 219				
Room Profile:		Room Capacity:		Room Occupancy:
Shared		2		1
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
		x		
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details:				

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

ROOM NUMBER 218		
Room Profile:		Room Capacity:

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

ROOM NUMBER 220					
Room Profile:		Room Capacity:		Room Occupancy:	
Shared		2		1	
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *	
		x			
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>	
If *, please give details:					

ROOM NUMBER 221					
Room Profile:		Room Capacity:		Room Occupancy:	
Shared		2		1	
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *	
		x			
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>	
If *, please give details:					

Apartments:

No:124					
Number of bedrooms	Occupancy	En-suite / bathrooms	Fire Notice	Heating	Smoke alarm (working)
3	5	Yes	Yes	Yes	Yes
Décor	Painted walls, carpet floors, living room with lounge, television, tables, chairs & wardrobes in bedrooms.				
Cleanliness	Satisfactory				

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No:126					
Number of bedrooms	Occupancy	En-suite / bathrooms	Fire Notice	Heating	Smoke alarm (working)
3	5	Yes	Yes	Yes	Yes
Décor	Painted walls, carpet floors, living room with lounge, television, tables, chairs & wardrobes in bedrooms.				
Cleanliness	Satisfactory				

No:127					
Number of bedrooms	Occupancy	En-suite / bathrooms	Fire Notice	Heating	Smoke alarm (working)
3	6	Yes	Yes	Yes	Yes
Décor	Painted walls, carpet floors, living room with lounge, television, tables, chairs & wardrobes in bedrooms.				
Cleanliness	Satisfactory				

No:128					
Number of bedrooms	Occupancy	En-suite / bathrooms	Fire Notice	Heating	Smoke alarm (working)
3	7	Yes	Yes	Yes	Yes
Décor	Painted walls, carpet floors, living room with lounge, television, tables, chairs & wardrobes in bedrooms.				
Cleanliness	Satisfactory				

No:129					
Number of bedrooms	Occupancy	En-suite / bathrooms	Fire Notice	Heating	Smoke alarm (working)
3	6	Yes	Yes	Yes	Yes
Décor	Painted walls, carpet floors, living room with lounge, television, tables, chairs & wardrobes in bedrooms.				
Cleanliness	Satisfactory				

No:222					
Number of bedrooms	Occupancy	En-suite / bathrooms	Fire Notice	Heating	Smoke alarm (working)
3	6	Yes	Yes	Yes	Yes
Décor	Painted walls, carpet floors, living room with lounge, television, tables, chairs & wardrobes in bedrooms.				
Cleanliness	Satisfactory				

No:223					
Number of bedrooms	Occupancy	En-suite / bathrooms	Fire Notice	Heating	Smoke alarm (working)
3	5	Yes	Yes	Yes	Yes
Décor	Painted walls, carpet floors, living room with lounge, television, tables, chairs & wardrobes in bedrooms.				
Cleanliness	Satisfactory				

No: 224					
Number of bedrooms	Occupancy	En-suite / bathrooms	Fire Notice	Heating	Smoke alarm (working)
3	7	Yes	Yes	Yes	Yes
Décor	Painted walls, carpet floors, living room with lounge, television, tables, chairs & wardrobes in bedrooms.				
Cleanliness	Satisfactory				

Note : Flaking in paint in bathroom of 224.

No: 225					
Number of bedrooms	Occupancy	En-suite / bathrooms	Fire Notice	Heating	Smoke alarm (working)
3	6	Yes	Yes	Yes	Yes
Décor	Painted walls, carpet floors, living room with lounge, television, tables, chairs & wardrobes in bedrooms.				
Cleanliness	Satisfactory				

No: 226					
Number of bedrooms	Occupancy	En-suite / bathrooms	Fire Notice	Heating	Smoke alarm (working)
3	5	Yes	Yes	Yes	Yes
Décor	Painted walls, carpet floors, living room with lounge, television, tables, chairs & wardrobes in bedrooms.				
Cleanliness	Satisfactory				

No: 227					
Number of bedrooms	Occupancy	En-suite / bathrooms	Fire Notice	Heating	Smoke alarm (working)
3	5	Yes	Yes	Yes	Yes
Décor	Painted walls, carpet floors, living room with lounge, television, tables, chairs & wardrobes in bedrooms.				

Cleanliness	Satisfactory
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No: 228					
Number of bedrooms	Occupancy	En-suite / bathrooms	Fire Notice	Heating	Smoke alarm (working)
3	0	Yes	Yes	Yes	Yes
Décor	Painted walls, carpet floors, living room with lounge, television, tables, chairs & wardrobes in bedrooms.				
Cleanliness	Satisfactory				

No: 230					
Number of bedrooms	Occupancy	En-suite / bathrooms	Fire Notice	Heating	Smoke alarm (working)
3	7	Yes	Yes	Yes	Yes
Décor	Painted walls, carpet floors, living room with lounge, television, tables, chairs & wardrobes in bedrooms.				
Cleanliness	Satisfactory				

No: 231					
Number of bedrooms	Occupancy	En-suite / bathrooms	Fire Notice	Heating	Smoke alarm (working)
3	9	Yes	Yes	Yes	Yes
Décor	Painted walls, carpet floors, living room with lounge, television, tables, chairs & wardrobes in bedrooms.				
Cleanliness	Satisfactory				

No: 232					
Number of bedrooms	Occupancy	En-suite / bathrooms	Fire Notice	Heating	Smoke alarm (working)
3	0	Yes	Yes	Yes	Yes
Décor	Painted walls, carpet floors, living room with lounge, television, tables, chairs & wardrobes in bedrooms.				
Cleanliness	Satisfactory				

No: 234					
Number of bedrooms	Occupancy	En-suite / bathrooms	Fire Notice	Heating	Smoke alarm (working)
3	4	Yes	Yes	Yes	Yes
Décor	Painted walls, carpet floors, living room with lounge, television, tables,				

	chairs & wardrobes in bedrooms.
Cleanliness	Satisfactory

No:235					
Number of bedrooms	Occupancy	En-suite / bathrooms	Fire Notice	Heating	Smoke alarm (working)
3	8	Yes	Yes	Yes	Yes
Décor	Painted walls, carpet floors, living room with lounge, television, tables, chairs & wardrobes in bedrooms.				
Cleanliness	Satisfactory				

General Representations

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

no

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

no

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

no

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

Personal representations should be recorded in Part 3.

Summary Sheet

Name of Centre:	Abbeyfield Hotel,
Address:	Ballaghderreen, Co Roscommon
Proprietor :	Nextweek Co Ltd.
Manager:	Christian Antoine
Contact Name:	Christian Antoine
Capacity Per MOA (Current Occupancy):	220 (138)
Date of Inspection:	22/09/22

General :

New classrooms added and in use.
2 kitchens added and in use.
Doctor and dentist visit weekly.

Fire Safety:

Fire Alarms System Inspection due in Sept. Awaiting on Apex fire to arrive.
208 Electric Heater identified in the room.

Bedroom Issues:

Apartment 224 – Paint flaking from the walls in the backroom on the external wall.

Food safety :

No Issues.

Subject: FW: IPPS Inspection reports sent 29/11/22 - No Response received
Date: Tuesday 14 February 2023 14:31:17

From: Christian Antoine | NextWeek <Christian@nextweek.ie>
Sent: Wednesday 8 February 2023 11:01

Subject: Fw: IPPS Inspection reports sent 29/11/22 - No Response received

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Dear David,

As per email below, a response to the inspections were sent to you on 3rd of January 2023.

Thanks,

Kind Regards,

Christian Antoine
General Manager
AbbeyField Resettlement and Orientation Centre
Christian@nextweek.ie
086-6002208

From: Christian Antoine | NextWeek
Sent: Tuesday 3 January 2023 12:40

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

Dear David,

I do apologise for the late reply on the review of 2 inspections by IPPS Independent Inspection Reports from QTS Ltd on March 2022 and September 2022.
Looking at the two reports there are only a few issues that needed to be addressed:
Electric heater in room 208 has been confiscated
Bathroom in Apt 224 has been repainted.

A full Fire Alarm Service inspection has been done by Apex Fire on November 22nd 2022.

If you have any questions or queries, please don't hesitate to contact me here at the Centre.

Kind Regards,

Christian Antoine
General Manager
AbbeyField Resettlement and Orientation Centre
Christian@nextweek.ie
086-6002208