

IPAS/IPPS

Independent Inspection Report

Centre:	Bridgewater House
Inspector:	Emma Downey
Date of Inspection:	8th December 2022
Time of Arrival & Departure:	1000-1300

Part 1
General Information on Services

Independent Inspection Report

Centre: **Bridgewater House**
Date of Inspection: 8th December 2022

1. CENTRE DETAILS

Name and address of Centre	Bridgewater House, Main Street, Carrick-on-Suir, Co Tipperary.
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Contractor	Thomas Duggan
Manager	Pat Power
Who deputises for manager in his/her absence?	Give Job Title only Relief manager

Telephone Number	051-641800
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Current Contracted Capacity	189
Current Occupancy (today)	144
Current Centre Profile (e.g., singles, families etc.)	Families and single females

HSE Area	South Eastern Area
Public Health Nurse	Rosin Walsh
DSP / CWO name	Anne Power
Environmental Health Officer name	Marie Dowling/Sue Codd
Local Fire Officer Name	Ray O'Leary
Local Fire Station	Carrick-on-Suir

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

3 GENERAL SECURITY & EMERGENCY DETAILS

Is 24 hour supervision provided? (Y/N)	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Give details of roster hours	Receptionist on duty until 1730 , evening receptionist 1730– 2130, night porter 2130- 0830
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?	1 in Reception and 2 in kitchen
Who is responsible for first aid restocking?	Job title <i>only</i> (not name) of person responsible: restocked by manager and receptionist
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 central heating
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?	Times discussed with residents at monthly meetings.
What are the heating 'ON' times?	Dependant on weather

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?	RIARulesdiscussed onone-to-one basis on arrival

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

Are residents issued with key for their bedroom?(Yes/No)	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Are residents issued with key for main door? (Yes/No)	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
If no, give details	

Are there procedures to allow residents to receive visitors? (Give details)	Visitors log in place
Outline visiting times :	10am-10pm
In what areas are visitors allowed in the centre?	Communal areas only
Any other relevant information:	
Is there a facility for storage of residents' valuables*? (Give details.) (* Storage is at resident's own risk)	Locked storage room available, if required
What toiletries are provided to residents on arrival?	Shampoo, hand soap, toothpaste, bin liners & washing powder.
What arrangements are in place to replenish these items?	Replenished monthly, or on request

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: Log in place and active last date 6/12/22	

8 CHILD PROTECTION

Are measures in place to inform staff and visitors of RIA's Child Protection Policy? (Give details)	Policy in place and communicated
Are visitors asked to sign a declaration agreeing to adhere to the child protection policy?	Yes, frequent visitors only
Where is declaration held?	In child protection policy
Is there a sign in book for visitors? Where?	Yes, in reception
Are there notices on public display giving name and contact details of Designated Liaison Person? Where?	Yes
Have Designated Liaison Persons received HSE training?	Pat is DLP
Are notices prominently displayed regarding parental supervision of children? Where?	Yes, in dining room

9 FOOD SAFETY

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

Food Hall - Shop

Is the till system in place Electronic POS: n/a	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Relevant Certification (halal meats) in place/on display:	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

Is there appropriate storage; shelving, cold storage, dry storage:	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
n/a		
Were the points value of the items clearly displayed:	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
n/a		
Is the area generally clean:	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
n/a		
If no for any of the above, please give details: No shop on site. Residents order through app and it is delivered.		
Visual Check: Have you noticed any issues requiring attention? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (Products in date, fresh food, ethnic food, Halal food, variety available, suitable range of food products, toiletries and cleaning materials.)		
If yes to any issues please give detail:		
No food hall. Residents shop from APP. Checked selection and comprehensive. Do food products available in the food hall reflect the reasonable needs of the different ethnic groups; e.g. the provision of halal food for Muslim residents, the provision of food for gluten free, vegetarian, vegan residents, etc. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> n/a		
If no please give details:		
Products (Available) Check: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> On app Adequately stocked in order to provide a choice for residents. Meat, fish (including oily fish); Eggs; Non-meat proteins such as pulses, beans and tofu; Dairy products including fortified milk; Variety of breakfast cereals, including porridge; Potatoes, wholegrains, rice and pasta; Fresh fruit and vegetables; Olive, rape and other cooking oils; Spices and sauces; Ethnic goods; Tea, coffee and other hot drinks; Sweets, pastries and carbonated drinks.		
Please Insert/List Some Items/Products Below;		
Item/Product:	Points Value:	Expiry Date on
Product:		
Milk	1.89/2l	Not available
Chicken frozen	3.90	Not available
Fresh bread	1.75	Not available
Bananas	1.99/1kg	n/a
Overall Comments/Additional Comments: Each order delivered separately in boxes for each resident.		

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

Are residents consulted regarding menu / dietary requests? (Give details.)	Own food prepared now
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 	N/A
Is infant formula kept out of public view?	yes
What arrangements are in place for distribution of infant formula?	Shop

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?	Own food prepared now
Where are the snacks located and how are they accessed?	Own food
Are meals available for residents who arrive late? (Give details.)	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If management informed, food will be made available
Are meals available for new arrivals? (Give details)	If management informed, food will be made available
Are packed lunches available for residents travelling to Dublin on official business? (Give details)	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Own food prepared now
If the inspection takes place during Ramadan this section <u>must</u> be completed. What arrangements are in place to facilitate residents observing a fast during Ramadan?	Food available out of hours for residents. Residents food is kept for them also.

12 FACILITIES FOR FEEDING BABIES

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

Where?	
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13 INDOOR FACILITIES

<i>Are the following available to residents?</i>	Yes/No			
Computers with Internet access	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
WIFI	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
DVD player	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
Computer Games	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
Snooker Table	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
Pool Table	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
Table Tennis Table	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
Board Games	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
Newspapers	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
Books	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
Toys / games for children	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
Other	playroom available			
Give details of any other arrangement or other comments:	Free internet tickets for local library available from reception. Weekly family learning programme in place			

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?	Clonmel
What is the frequency of the service? (List time table opposite)	Bus eireann

15 TV SYSTEM

Is there a specific TV system in place? (give details)	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
An average, how many TV channels are provided to residents?	7 channels available per room
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)	Residents, or staff if required
What procedures are in place for the exchange of towels and bed linen at the centre?	At residents' discretion - available from reception
What procedures are in place for ironing boards and irons?	3 irons and ironing boards in laundry

	room attached to wall
How is washing powder / tablets supplied?	Distributed monthly, or on request
Are there specific arrangements for access to the laundry (give details):	Open 9am to 9pmnight

17 CLEANING (General Arrangements)

Are there cleaning materials and equipment provided by management for residents?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
What cleaning equipment is available to residents?	Detergent available from shop, brushes, mops & vacuums in kitchen on each floor and at reception
What is the procedure for residents to access vacuum cleaners, brushes & other cleaning equipment?	Available as above and any problems can be reported at reception
What arrangements are in place if rooms are not cleaned sufficiently by residents?	Housekeeping may assist with cleaning, if necessary.

PART 2

Room by Room Inspection

Independent Inspection

Centre: *Bridgewater House*

Date of Inspection: **8th December 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 checked="" type="checkbox"/>	Managers Office and Reception
Accident/ Incident procedure	<input checked="" type="checkbox"/>	Managers Office and Reception

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

18 Staff Awareness

Did you see the RIA Code of Practice*?	<input checked="" type="checkbox"/>
Are all staff aware of RIA Code & House Rules?	<input checked="" type="checkbox"/>
How are staff made aware of RIA Code & House Rules? Staff are given a copy and asked to sign.	

**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>
28/11/22	Maintenance	ok
5/12/22	Maintenance	ok
2/12/22	John Clancy	Ok electrician says he will send cert

19b FIRE ALARM & DETECTION SYSTEM INSPECTION SCHEDULE

Date	Inspected By (Company Name / Position)	OK	Defect	Remedial Action Taken (Y/N)	Sign Off Y/N
6/12/22	Maintenance	y	None	n	y
7/12/22	Maintenance	y	None	n	y
22/9/22	Custom Electronics	y	None	n	y

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
6/12/22	Manager	<input checked="" type="checkbox"/>	None	n	y
7/12/22	Manager	<input checked="" type="checkbox"/>	None	n	y
24/6/22	Munster fire and safety	<input checked="" type="checkbox"/>	None	n	y

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
6/12/22	Maintenance	<input checked="" type="checkbox"/>	None	N	Y
7/12/22	Maintenance	<input checked="" type="checkbox"/>	None	N	Y

19e FIRE DRILL PROCEDURE INSPECTION SCHEDULE

Date & Time	Numbers of staff involved in drill	No. of residents present / evacuated **	Evacuation Time	Comments
11/7/20	5	139	4.45 min	All Ok
7/1/20	5	124	5 min	All ok

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

19f STAFF INSTRUCTION AND TRAINING (Fire Safety)

Job Description	Course	Instructor	Duration	Date
Fire safety	Fire safety	MFS	½ day	3/1/18
All Staff	Fire Warden	MFC	½ day	21/2/22

19g FIRE ASSEMBLY POINTS

Where are the Fire Assembly Points located?	In yard
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 all ok
Are there designated 'Smoking' areas? <i>Include locations</i>	Yes Exterior in yard

Comments:

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

(in corridors & common areas)

Are fire exits clear from obstruction?	Yes
Are they unlocked?	Yes
Are fire exits clearly posted throughout the building?	Yes
Are all fire doors kept closed?	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:

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

Have you seen the following?

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

HSE Breastfeeding Posters (if applicable)	<input checked="" type="checkbox"/>	Social room and reception
Designated Liaison Person details (Child Protection)	<input checked="" type="checkbox"/>	Social room and reception
Supervision of children notice	<input checked="" type="checkbox"/>	Throughout facility
Gym Notices (Child Safety – if applicable)	<input type="checkbox"/>	No Gym

IOM Voluntary Return Posters	<input checked="" type="checkbox"/>	Social room and reception
Anti Human-Trafficking Posters	<input checked="" type="checkbox"/>	Social room and reception
‘NO to Violence & Harassment’ Posters	<input checked="" type="checkbox"/>	Social room and reception

Social Room / Tea Station (State Location): In dining area

What facilities are provided? Hot water, tea, Own food now from shop		
Is the area generally clean?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
If no please give details:		
Visual Check: Have you noticed any issues requiring attention?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
If yes please detail:		

Play Room:

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

Other comments:

kitchenette / Tea Station Beside Room 10

What facilities are provided?	Burco boiler, 7 fridges, freezer and microwave		
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:			

kitchenette / Tea Station Beside Church

What facilities are provided?	Burco boiler, 6 fridges and microwave		
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:			

kitchenette / Tea Station Beside Room 53

What facilities are provided?	Burco boiler, hot plates		
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:			

Gym

What facilities are provided?	None		
Is the area generally clean?	Yes	<input 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 type="checkbox"/>
If yes please detail:			

TV and Pool Room

What facilities are provided?	No Tv room		
Is the area generally clean?	Yes	<input 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 type="checkbox"/>

If yes please detail:

Classroom/Homework Club

What facilities are provided? Tables, chairs etc	
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:	

DINING AREA:

Please outline the meal times:

	From	To
Breakfast	n/a	n/a
Lunch	n/a	n/a
Dinner	n/a	n/a

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

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

Breakfast	
Lunch	
Dinner	

Is menu cycle on display?	Yes <input type="checkbox"/> No <input type="checkbox"/> n/a
Does menu cycle correspond with options available?	Yes <input type="checkbox"/> No <input type="checkbox"/> n/a
If no, ask manager for explanation and provide details:	
Which meal was sampled?	Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> n/a
Please describe the meal in detail (e.g. was it hot / cold, bland / spicy etc.)	
Was there a vegetarian option? (note salad and vegetables <u>alone</u> are not considered as vegetarian option)	Yes <input type="checkbox"/> No <input type="checkbox"/> n/a
Give details of this option:	
Were there ethnic dishes available?	Yes <input type="checkbox"/> n/a No <input type="checkbox"/>
Give details of this option:	
Was fresh foods available for Infants? (as per HSE Infant Feeding Guidelines)	Yes <input type="checkbox"/> n/a No <input type="checkbox"/>

In your opinion, does the food on offer appear to provide a good variety?	Yes <input type="checkbox"/> n/a <input type="checkbox"/> No <input type="checkbox"/>
Did inspection take place during Ramadan?	Yes <input type="checkbox"/> No <input type="checkbox"/> n/a <input type="checkbox"/>
If yes, please outline arrangements for provision of meals outside of normal mealtimes, <i>(medical or other appointments, etc.)</i> :	
Is there any damaged seating or tables in dining room?	Yes <input type="checkbox"/> No <input type="checkbox"/> n/a <input type="checkbox"/>
Is there enough seating for residents present to sit down and eat their lunch?	Yes <input type="checkbox"/> n/a <input 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?	
Who is responsible for reviewing the system?	
How frequently is the system reviewed?	

HACCP Records:

Pest Control: Prevent-a-pest 25/11/22 no activity
Induction and Ongoing Staff Training: n/a
Time & Temperature Records: n/a
Hygiene Audits: n/a
List of Approved Suppliers: All food ordered from warehouse via App
Cleaning Schedules: In place and up to date
Procedures for accepting deliveries: each resident orders via app
General Comments:

HACCP and Kitchen Evaluation

General:

Is the kitchen commercial or domestic?	Commercial
What equipment is in place? Cooker, fridges, freezers. Sinks, dry storage, chemical storage	
In what condition is the equipment? Good condition	
Comments:	

STRUCTURAL HYGIENE

Kitchen:

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

Dry Goods:

Suitably equipped? <i>Shelving/containers etc</i>	n/a
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Condition and suitability of facilities: Facilities are suitable	
What evidence is there of stock rotation?	n/a

Refrigerated Storage:

What type of refrigerated storage is provided?	Fridges, freezers,
Comment on the condition and suitability of the refrigerated storage: Good condition and clean	
Are thermostats provided and in working order?	n/a
Are food items date stamped?	n/a
Are samples of dishes being kept?	n/a

Other:

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

Do residents use the main kitchen?	yes
Is that use supervised to ensure safe & hygienic practices are observed?	n/a
By whom is it supervised?	N/A

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, refrigerated units.</i>
n/a

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

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

Comments:

STAFF FACILITIES AND HYGIENE

Are designated staff facilities provided?	Yes
What facilities are in place?	Changing room

Are all areas clean and well maintained?	Yes
Are suitable hand washing & drying facilities provided?	Yes
Is storage provided for personal belongings?	Good Hygiene
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>	no
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Are uniforms provided for:	
Kitchen Staff?	n/a
Serving Staff?	n/a

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

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23 PUBLIC TOILET :

	Number	Soap	Toilet Paper	Hand Towels / Dryers	Hot Water	Sanitary Bins
Unisex:	2	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Is there a cleaning schedule displayed?					Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Record the last time entry.						
Is the area clean? (provide comment) Yes						
Are all facilities working?					Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
<i>Visual Check:</i> Have you noticed any issues requiring attention?					Yes* <input type="checkbox"/>	No <input checked="" type="checkbox"/>
If No, give details:						

24 COMMUNAL ROOM (State Location):

<u>Visitors Room</u>		
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"/>
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 Basketball nets, timber climbing frame, swings and slide				

LAUNDRY ROOM

	Washing Machines	Dryers
Number	14	10
Do they appear to be in working order? Yes		
Comments: laundry opened 9-9pm 7 days a week 4 irons 4 ironing boards		

CORRIDOR : Ground Floor

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

CORRIDOR : First Floor

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

STAIRWAY : To First Floor

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

Communal toilet (state location): beside room 24.

	number	soap	Toilet paper	Hand towels/dryers	Hot water	Sanitary bin
unisex	4	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there a cleaning schedule displayed?					Yes <input type="checkbox"/>	No <input type="checkbox"/>
<input checked="" type="checkbox"/>						
Is the area clean?					Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
<input type="checkbox"/>						
Are all facilities working?					Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
<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:

Communal showers (state location): beside room 27. 3 shower cubicles, 2 sinks

	number	soap	Toilet paper	Hand towels/dryers	Hot water	Sanitary bin
unisex	3	<input checked="" type="checkbox"/>	n/a	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there a cleaning schedule displayed? <input checked="" type="checkbox"/>					Yes <input type="checkbox"/> No <input type="checkbox"/>	
Is the area clean? <input type="checkbox"/>					Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Are all facilities working? <input type="checkbox"/>					Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Visual check: have you noticed any issues requiring attention? <input checked="" type="checkbox"/>					Yes <input type="checkbox"/> No <input type="checkbox"/>	
If no, give details:						

Communal showers (state location): beside room 47. For use by 46 and 47. 46 1 shower 1 toilet

	number	soap	Toilet paper	Hand towels/dryers	Hot water	Sanitary bin
unisex	2+1	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there a cleaning schedule displayed? <input checked="" type="checkbox"/>					Yes <input type="checkbox"/> No <input type="checkbox"/>	
Is the area clean? <input type="checkbox"/>					Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Are all facilities working? <input type="checkbox"/>					Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Visual check: have you noticed any issues requiring attention? <input checked="" type="checkbox"/>					Yes <input type="checkbox"/> No <input type="checkbox"/>	
If no, give details:						

Communal showers (state location): beside room 49. 2 shower cubicles, 1 toilet.

	number	soap	Toilet paper	Hand towels/dryers	Hot water	Sanitary bin
unisex	1+1	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there a cleaning schedule displayed? <input checked="" type="checkbox"/>					Yes <input type="checkbox"/> No <input type="checkbox"/>	
Is the area clean? <input type="checkbox"/>					Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Are all facilities working? <input type="checkbox"/>					Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Visual check: have you noticed any issues requiring attention? <input checked="" type="checkbox"/>					Yes <input type="checkbox"/> No <input type="checkbox"/>	
If no, give details:						

Communal showers (state location): Across from room 51.

	number	soap	Toilet paper	Hand towels/dryers	Hot water	Sanitary bin
unisex	1+1	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there a cleaning schedule displayed?					Yes	<input type="checkbox"/> No
<input checked="" type="checkbox"/>						
Is the area clean?					Yes	<input checked="" type="checkbox"/> No
<input type="checkbox"/>						
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:						

Communal showers (state location): For use of rooms 54 and 55

	number	soap	Toilet paper	Hand towels/dryers	Hot water	Sanitary bin
unisex	1+1	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there a cleaning schedule displayed?					Yes	<input type="checkbox"/> No
<input checked="" type="checkbox"/>						
Is the area clean?					Yes	<input checked="" type="checkbox"/> No
<input type="checkbox"/>						
Are all facilities working?					Yes	<input checked="" type="checkbox"/> No
<input type="checkbox"/>						
Visual check: have you noticed any issues requiring attention?					Yes	<input checked="" type="checkbox"/> No
<input type="checkbox"/>						
If no, give details:						

Bedrooms:

CLEANING (General Arrangements)

How often are bedrooms inspected?	twice weekly <input type="checkbox"/>	Weekly/fortnightly <input checked="" type="checkbox"/>
Who cleans the bedrooms?	Staff <input type="checkbox"/>	Residents <input checked="" type="checkbox"/>
How often do staff clean the bedrooms?	Weekly <input type="checkbox"/>	fortnightly <input type="checkbox"/>
	Monthly <input type="checkbox"/>	Other <input checked="" type="checkbox"/>
Are there cleaning materials and equipment provided by management for residents?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
What cleaning equipment is available to residents?	Cleaning materials from shop, buckets and brushes	

What arrangements are in place if rooms are not cleaned sufficiently by residents?	Management will assist.
--	-------------------------

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

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

ROOM NUMBER 3 and 5				
Room Profile:		Room Capacity:		Room Occupancy:
Family interconnecting		6		4
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details:				

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

ROOM NUMBER 6				
Room Profile:		Room Capacity:		Room Occupancy:
family		2		3
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details:				

ROOM NUMBER 7				
Room Profile:		Room Capacity:		Room Occupancy:
family		5		4
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details:				

ROOM NUMBER 8				
Room Profile:		Room Capacity:		Room Occupancy:
family		2		1
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>

If *, please give details:

ROOM NUMBER 9				
Room Profile:		Room Capacity:		Room Occupancy:
family		5		4
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input type="checkbox"/>	No * <input checked="" type="checkbox"/>
If *, please give details:				

ROOM NUMBER 10				
Room Profile:		Room Capacity:		Room Occupancy:
Family		2		0
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details:				

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

ROOM NUMBER 12				
Room Profile:		Room Capacity:		Room Occupancy:
Family		2		2
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

ROOM NUMBER 13				
Room Profile:		Room Capacity:		Room Occupancy:
Family		5		4
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details:				

ROOM NUMBER 14 + 15				
Room Profile:		Room Capacity:		Room Occupancy:
family		6		5
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details:				

ROOM NUMBER 16,17,18 (apartment)				
Room Profile:		Room Capacity:		Room Occupancy:
family		6		6
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details: 2 hotplates in room and cluttered				

ROOM NUMBER 19, 20 & 21				
Room Profile:		Room Capacity:		Room Occupancy:
family		8		5
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

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

ROOM NUMBER 22				
Room Profile:		Room Capacity:		Room Occupancy:
Single		2		1
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	Very Good	Adequate	Poor *	Needs urgent attention *
Cleanliness	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order? Yes <input checked="" type="checkbox"/> No * <input type="checkbox"/>				
If *, please give details:				

ROOM NUMBER 23				
Room Profile:		Room Capacity:		Room Occupancy:
Single		2		1
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	Very Good	Adequate	Poor *	Needs urgent attention *
Cleanliness	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order? Yes <input checked="" type="checkbox"/> No * <input type="checkbox"/>				
If *, please give details: Lamp shade broken				

ROOM NUMBER 24+25				
Room Profile:		Room Capacity:		Room Occupancy:
Single		2		2
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	Very Good	Adequate	Poor *	Needs urgent attention *
Cleanliness	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order? Yes <input checked="" type="checkbox"/> No * <input type="checkbox"/>				
If *, please give details:				

ROOM NUMBER 27				
Room Profile:		Room Capacity:		Room Occupancy:
Single		1		0
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice

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

ROOM NUMBER 28				
Room Profile:		Room Capacity:		Room Occupancy:
Single		1		1
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details:				

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

ROOM NUMBER 30+31				
Room Profile:		Room Capacity:		Room Occupancy:
Vacant		5		3
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details:				

ROOM NUMBER 35		
Room Profile:		Room Capacity:
vacant		5

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

ROOM NUMBER 36 +37				
Room Profile:		Room Capacity:		Room Occupancy:
Family		5		4
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details:				

ROOM NUMBER 38				
Room Profile:		Room Capacity:		Room Occupancy:
Family		5		5
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details:				

ROOM NUMBER 39&40 (apartment)				
Room Profile:		Room Capacity:		Room Occupancy:
family		7		6
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details:				
ROOM NUMBER 41,42 (apartment)				
Room Profile:		Room Capacity:		Room Occupancy:
family		6		5

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

ROOM NUMBER 43				
Room Profile:		Room Capacity:		Room Occupancy:
Vacant		3		2
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order? Yes <input checked="" type="checkbox"/> No * <input type="checkbox"/>				
If *, please give details:				

ROOM NUMBER 44				
Room Profile:		Room Capacity:		Room Occupancy:
Vacant		5		3
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order? Yes <input checked="" type="checkbox"/> No * <input type="checkbox"/>				
If *, please give details:				

ROOM NUMBER 45				
Room Profile:		Room Capacity:		Room Occupancy:
single		1		1
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order? Yes <input checked="" type="checkbox"/> No * <input type="checkbox"/>				

If *, please give details:

ROOM NUMBER 47

Room Profile:		Room Capacity:		Room Occupancy:	
family		7		0	
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *	
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Is everything in working order?			Yes <input type="checkbox"/>	No * <input checked="" type="checkbox"/>	
If *,					

ROOM NUMBER 49

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

ROOM NUMBER 50

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

ROOM NUMBER 53

Room Profile:		Room Capacity:		Room Occupancy:	
Family		1		1	
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	

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

ROOM NUMBER 54				
Room Profile:		Room Capacity:		Room Occupancy:
family		6		4
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Very Good	Adequate	Poor *	Needs urgent attention *
Cleanliness	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order? Yes <input checked="" type="checkbox"/> No * <input type="checkbox"/>				
If *, please give details:				

ROOM NUMBER 57 & 58 (interconnecting rooms)				
Room Profile:		Room Capacity:		Room Occupancy:
family		5		4
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	Very Good	Adequate	Poor *	Needs urgent attention *
Cleanliness	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order? Yes <input checked="" type="checkbox"/> No * <input type="checkbox"/>				
If *, please give details:				

ROOM NUMBER 59 & 60 (interconnecting rooms)				
Room Profile:		Room Capacity:		Room Occupancy:
family		5		5
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	Very Good	Adequate	Poor *	Needs urgent attention *
Cleanliness	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is everything in working order? Yes <input checked="" type="checkbox"/> No * <input type="checkbox"/>				
If *, please give details:				

ROOM NUMBER 61 & 62 (interconnecting rooms)				
Room Profile:		Room Capacity:		Room Occupancy:
family		4		4
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

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

ROOM NUMBER 63				
Room Profile:		Room Capacity:		Room Occupancy:
single		2		1
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	Very Good	Adequate	Poor *	Needs urgent attention *
Cleanliness	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is everything in working order? Yes <input checked="" type="checkbox"/> No * <input type="checkbox"/>				
If *, please give details: Mould in bathroom				

ROOM NUMBER 64				
Room Profile:		Room Capacity:		Room Occupancy:
Family		4		2
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	Very Good	Adequate	Poor *	Needs urgent attention *
Cleanliness	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order? Yes <input checked="" type="checkbox"/> No * <input type="checkbox"/>				
If *, please give details:				

ROOM NUMBER 65 & 66 (interconnecting rooms)				
Room Profile:		Room Capacity:		Room Occupancy:
family		5		4
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	Very Good	Adequate	Poor *	Needs urgent attention *
Cleanliness	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order? Yes <input checked="" type="checkbox"/> No * <input type="checkbox"/>				
If *, please give details:				
ROOM NUMBER 67 & 68 (interconnecting rooms)				
Room Profile:		Room Capacity:		Room Occupancy:
family		5		3

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

ROOM NUMBER 69				
Room Profile:		Room Capacity:		Room Occupancy:
Family		2		1
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details:				

ROOM NUMBER 70+71				
Room Profile:		Room Capacity:		Room Occupancy:
Family		6		4
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details:				

ROOM NUMBER 72				
Room Profile:		Room Capacity:		Room Occupancy:
Family		5		3
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details:				

ROOM NUMBER 73				
Room Profile:		Room Capacity:		Room Occupancy:
Family		5		5
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details:				

ROOM NUMBER 74				
Room Profile:		Room Capacity:		Room Occupancy:
Family		6		5
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details: Mould in bathroom				

ROOM NUMBER 75				
Room Profile:		Room Capacity:		Room Occupancy:
Family		6		5
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details:				

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

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General Representations

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

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

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

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

Personal representations should be recorded in Part 3.

From:

Sent:

Friday 3 February 2023 16:22

To:

Subject:

Re: QTS - Inspection Report Bridgewater House - Please review and respond

CAUTION: This eMail originated from outside your organisation and the BTS Managed Desktop service. Do not click on any links or open any attachments unless you recognise the sender or are expecting the email and know that the content is safe. If you are in any doubt, please contact the OGCIO IT Service Desk.

Good afternoon Luke,

I can confirm I have reviewed the report and the following actions have been taken:

Room 23 lamp shade replaced.

Room 16/17/18 I asked the residents to stop using and remove hot plates.

Room 74 bathroom ceiling has been treated for mould and painted with anti mould paint.

Kind regards

Pat Power