

# **IPAS/IPPS**

## **Independent Inspection Report**

<b>Centre:</b>	<b>King Thomond Hotel</b>
<b>Inspector:</b>	<b>Shane Mac Loughlin</b>
<b>Date of Inspection:</b>	<b>14/4/22</b>
<b>Time of Arrival &amp; Departure:</b>	<b>14.00 -17.00</b>

*Part 1*  
*General Information on Services*

# Independent Inspection Report

*Centre:* King Thomond Hotel

*Date of Inspection:* 14/4/22

**1. CENTRE DETAILS**

Name and address of Centre	<b>King Thomond Hotel, Lisdoonvara, Co. Clare</b>
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Contractor	<b>Marcus Whyte</b>
Manager	<b>Megan Whyte</b>
Who deputises for manager in his/her absence?	Give Job Title only <b>Assistant manager / Receptionist</b>

Telephone Number	<b>0657074444</b>
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Current Contracted Capacity	<b>152</b>
Current Occupancy (today)	<b>120</b>
Current Centre Profile (e.g., singles, families etc.)	<b>Family</b>

HSE Area	<b>Mid-West</b>
Public Health Nurse	<b>Kate Barry</b>
DSP / CWO name	<b>Mary O Connor</b>
Environmental Health Officer name	<b>Emma O Donnell</b>
Local Fire Officer Name	<b>G Hayes</b>
Local Fire Station	<b>Lisdoonvara</b>

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

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

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

### 3 GENERAL SECURITY & EMERGENCY DETAILS

Is 24 hour supervision provided? (Y/N)	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Give details of roster hours	<b>Night staff 8pm to 8 am</b>
Is security provided by external company? (Y/N)	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
If yes, give name of company:	<b>Internal Staff</b>
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?	<b>2 between kitchen and reception</b>
Who is responsible for first aid restocking?	Job title <u>only</u> (not name) of person responsible: <b>Manager</b>
Is there a defibrillator in the centre? How many staff been trained to use it?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

### 4 HEATING ARRANGEMENTS

What type of heating is used in the centre?	<b>Electric/Oil combination</b>
Do residents have control of the heating in their own bedroom?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
If no, what arrangements are in place?	
What are the heating 'ON' times?	

### 5 HOUSE RULES

Are residents provided with a copy of the House Rules on arrival?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
How does centre management explain house rules to residents on arrival?	<b>On arrival induction with Manager and IPAS/IPPS booklet issued</b>

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

Are residents issued with key for their bedroom?(Yes/No)	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Are residents issued with key for main door? (Yes/No)	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
If no, give details	<b>Door is locked in evening time at security on duty (locked at 10pm)</b>
Are there procedures to allow residents to receive visitors? (Give details)	<b>Yes</b>
Outline visiting times :	<b>10am to 10pm</b>
In what areas are visitors allowed in the centre?	<b>Reception lobby and lounge</b>
Any other relevant information:	
Is there a facility for storage of residents' valuables*? (Give details.) (* Storage is at resident's own risk)	<b>In own rooms only</b>
What toiletries are provided to residents on arrival?	<b>Soap, shampoo, toothpaste, toilet paper</b>
What arrangements are in place to replenish these items?	<b>Go to manager – checked also monthly</b>

**7 ARRANGEMENTS FOR MAINTENANCE**

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

**8 CHILD PROTECTION**

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

**9 FOOD SAFETY**

Has a HACCP system been implemented? (Yes/No)	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Have the premises been inspected by an Environmental Health Officer? (Yes/No)	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Date of last visit:	<b>1/4/19</b>

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

Are residents consulted regarding menu / dietary requests? (Give details.)	<b>New shop system and residents cooking stations now in place. Centre no longer prepares residents melas. Residents have full control on what and when they eat.</b>
Provide details opposite: Which of the following are provided for school children's packed lunches: <ul style="list-style-type: none"> <li>• Sandwich? What sandwich fillings are available: Cheese? Ham? Chicken? Tuna? Jam? Other?</li> <li>• Drinks? Juice? Water?</li> <li>• Yogurt?</li> <li>• Fruit?</li> <li>• Other</li> </ul>	<b>Residents make lunches for their own children</b>
Is infant formula kept out of public view?	<b>Yes</b>
What arrangements are in place for distribution of infant formula?	<b>Issued by manager</b>

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

Are tea / coffee / drinking water / Snacks etc. available outside mealtimes?	<b>New shop system and residents cooking stations now in place. Centre no longer prepares residents melas. Residents have full control on what and when they eat.</b>
What food/snacks are available after hours or when kitchen is closed?	
Where are the snacks located and how are they accessed?	
Are meals available for residents who arrive late? (Give details.)	
Are meals available for new arrivals? (Give details)	
Are packed lunches available for residents travelling to Dublin on official business? (Give details)	
<b>If the inspection takes place during Ramadan this section <u>must</u> be completed.</b> What arrangements are in place to facilitate residents observing a fast during Ramadan?	<b>n/a</b>

**12 FACILITIES FOR FEEDING BABIES**

<b><i>Are the following available?</i></b>	
Access to drinking water (for breastfeeding mothers / for preparation of infant formula)	Yes
Sterilisers	Yes
Kettles	Yes

Fridge (for bottles of EBM* / formula) <i>*Expressed Breast Milk</i>	Yes
Bottle Warmer	Yes
Microwave	Yes
Are these facilities available 24 hours a day - yes	yesYes
Is there a dedicated room provided? Yes Where? Crèche room off lobby	Yes

### 13 INDOOR FACILITIES

<b><i>Are the following available to residents?</i></b>	Yes/No			
Computers with Internet access	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
WIFI	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
DVD player	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
Computer Games	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
Snooker Table	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
Pool Table	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
Table Tennis Table	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
Board Games	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
Newspapers	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
Books	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
Toys / games for children	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
Other				
Give details of any other arrangement or other comments:	<b>Dedicated playroom off lobby</b>  <b>DINING ROOM is setup for Homework club with seating &amp; school desks etc.</b>			

### 14 TRANSPORT ARRANGEMENTS

Is there a bus service provided? (Yes/No):	yes
Where does the service go to?	<b>Ennis &amp; Ennistymon</b>
What is the frequency of the service? (List time table opposite)	<b>Mondays &amp; Wednesdays</b>

### 15 TV SYSTEM

Is there a specific TV system in place? (give details)	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> <b>Saorview</b>
An average, how many TV channels are provided to residents?	<b>14+</b>
Are residents allowed to erect satellite dishes?	<b>No</b>

### 16 LAUNDRY FACILITIES (General Arrangements)

Are Laundry facilities available in the centre? (Y/N)	Yes <b>x</b> No <input type="checkbox"/>
If No, what service is provided?	
Who launders towels and bedlinen? (e.g., residents, staff, other, etc)	<b>Housekeeping</b>
What procedures are in place for the exchange of towels and bed linen at the centre?	<b>On request with manger</b>
What procedures are in place for ironing boards and irons?	<b>Available from laundry both irons and ironing boards</b>
How is washing powder / tablets supplied?	<b>Washing machines on automatic dosing</b>
Are there specific arrangements for access to the laundry (give details):	<b>Open from 8am to 9pm</b>

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

Are there cleaning materials and equipment provided by management for residents?	Yes <b>x</b> No <input type="checkbox"/>
What cleaning equipment is available to residents?	<b>Cif/Toilet cleaner/Vacuum/Mops and brushes</b>
What is the procedure for residents to access vacuum cleaners, brushes & other cleaning equipment?	<b>Request them from managers office</b>
What arrangements are in place if rooms are not cleaned sufficiently by residents?	<b>Manager speaks to resident and if necessary assistance provided</b>



## *PART 2*

### *Room by Room Inspection*

#### Independent Inspection

*Centre: King Thomond*

*Date of Inspection: 14/4/22*

## Section A- Administration / Communal areas

### 17 Have you seen the following?

		Location of display
Up to date House Rules	x	Dining room and lobby
Complaint Forms	x	Reception board
Accident/ Incident procedure	x	Mangers office

HSE Breastfeeding Posters (if applicable)	x	Dining room
Designated Liaison Person details (Child Protection)	x	Lobby/reception
Supervision of children notice	x	Lobby
Gym Notices (Child Safety – if applicable)	x	n/a
IOM Voluntary Return Posters	x	lobby

### 18 Staff Awareness

Did you see the IPAS/IPPS Code of Practice*?	x
Are all staff aware of IPAS/IPPS Code & House Rules?	x
How are staff made aware of IPAS/IPPS Code & House Rules? <b>Training session by manager and sign off.</b>	

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

### 19 FIRE SAFETY

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

#### 19a EMERGENCY LIGHTING INSPECTION SCHEDULE

<u>Date</u>	<u>Inspected By</u> (Company Name / Position)	<u>Comments</u>
20/3/22	internal	
5/4/22	Judge Fire & Security	Ok

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

Date	Inspected By (Company Name / Position)	OK	Defect	Remedial Action Taken ( Y/N)	Sign Off Y/N
5/4/22	Judge Fire & Security	x	n/a		
4/4/22	internal	x	n/a		

**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
7/2/22	Banner Fire	x			
4/4/22	Internal	x			

**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
14/4/22	Internal security	x			
13/4/22	Internal security	x			

**19e FIRE DRILL PROCEDURE INSPECTION SCHEDULE**

Date & Time	Numbers of staff involved in drill	No. of residents present / evacuated **	Evacuation Time	Comments
12/3/22 2pm	5	104/110	3 mins	.
28/6/21 11am	5	122/120	4min 30s	

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

Job Description	Course	Instructor	Duration	Date
All staff	Fire Safety	unknown	1hr	28/11/20

**19g FIRE ASSEMBLY POINTS**

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

**19h FIRE ALARM SYSTEM**

Is there a fire alarm system in place?	<b>Yes</b>
Are there smoke alarms throughout the premises, inc bedrooms?	<b>yes</b>
Are all smoke alarms linked back to a central control panel?	<b>yes</b>
Are there designated 'Smoking' areas? <i>Include locations</i>	<b>No smoking allowed inside building</b>
Comments:	

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

(in corridors & common areas)

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

## Administration Area:

### Reception:

Is the area generally clean?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
If no please give details:	
<i>Visual Check:</i> 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"/> x
If yes please detail:	

### Have you seen the following?

		Location of display
Up to date House Rules	x	Dining room and lobby
Complaint Forms	x	Dining room and lobby
Accident/ Incident procedure	x	Managers office
HSE Breastfeeding Posters (if applicable)	X	Dining room
Designated Liaison Person details (Child Protection)	X	Lobby
Supervision of children notice	X	Lobby
Gym Notices (Child Safety – if applicable)	n/a	n/a
IOM Voluntary Return Posters	x	Dining room and lobby
Anti Human-Trafficking Posters	x	Dining room and lobby
‘NO to Violence & Harassment’ Posters	x	Dining room and lobby

### Social Room / Tea Station (State Location): In Hotel lobby on left hand side

What facilities are provided? <b>Tea &amp; coffee making facilities</b>	
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
If no please give details:	
<i>Visual Check:</i> Have you noticed any issues requiring attention?	n/a (observe whether the area is colourful, has sufficient toys, changing areas, toilets in working order, etc)
Other comments:	

**DINING AREA:**

New shop system and residents cooking stations now in place. Centre no longer prepares residents meals. Residents have full control on what and when they eat.

**KITCHEN AREA: Food Safety Critical Requirements****FOOD SAFETY**

Has the premises been inspected by an Environmental Health Officer?	Yes
Date of Visit?	1/4/19
Comments: No major issues – improvements noted have all been implemented	

Has a HACCP system been implemented?	Yes
Who designed the HACCP system?	Chef
Who is responsible for reviewing the system?	Chef
How frequently is the system reviewed?	Monthly by manager

**HACCP Records:**

<b>Pest Control:</b> ISS Pest Control visit 7/2/22 – no issues
<b>Induction and Ongoing Staff Training:</b> HACCP training has been provided to all kitchen staff.
<b>Time &amp; Temperature Records:</b> all shop records are maintained and in order.
<b>Hygiene Audits:</b> ok
<b>List of Approved Suppliers:</b> Detailed list of approved suppliers in place.
<b>Cleaning Schedules:</b> Daily/weekly cleaning registers in place however kitchen is in need of a deep clean.
<b>Procedures for accepting deliveries:</b> Deliveries and storage of food in shop is compliant with all HACCP requirements

## HACCP and Kitchen Evaluation

New shop system and residents cooking stations now in place. Centre no longer prepares residents melas. Residents have full control on what and when they eat.

### General

<b>Is the kitchen commercial or domestic?</b>	Commercial and residential – 9 cooking station have been installed for residents use
<b>What equipment is in place?</b> 2 Freezers, 4 fridges and 9 4 hob cookers with ovens.	
<b>In what condition is the equipment?</b> Equipment in good working	
<b>Comments:</b> clean as you go policy in place and works well	

## Structural Hygiene

### Kitchen:

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

## Food Hall - Shop

Is the till system in place Electronic POS:	Yes	<input checked="" type="checkbox"/>	No	<input 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 checked="" type="checkbox"/>	No	<input type="checkbox"/>
Were the points value of the items clearly displayed:	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
Is the area generally clean:	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
If <b>no</b> for <b>any</b> of the above, please give details:				
<b>Visual Check:</b> Have you noticed any issues requiring attention?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
<b>(Products in date, fresh food, ethnic food, Halal food, variety available, suitable range of food products, toiletries and cleaning materials.)</b>				
If <b>yes</b> to any issues please give detail:				

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 ☒ No ☐

If **no** please give details:

**Products (Available) Check:** Yes ☒ No ☐  
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 cereal.

**Please Insert/List Some Items/Products Below;**

1 l Milk      0.75 points      expiry 22/45/22  
Kelloggs Cornflakes      3.17 points      exp 18/3/23  
Frozen lamb      5.00 points      exp 12/5/22



## **Structural Hygiene cont**

### **Dry Goods**

<b>Suitably equipped?</b> <i>Shelving/containers etc</i>	Yes in shop
<b>Condition and suitability of facilities:</b>  Suitable shelving area is provided. All items clearly displayed and shelving kept in a clean state.	
<b>What evidence is there of stock rotation?</b>	All stock within expiry dates.

### **Refrigerated Storage**

<b>What type of refrigerated storage is provided?</b>	Free standing commercial refrigerators and free standing and walk-in freezers.
<b>Comment on the condition and suitability of the refrigerated storage:</b> Walk in freezer is overcrowded, multiple boxes on the floor, stickers on food items do not match delivery records.	
<b>Are thermostats provided and in working order?</b>	Yes, all in good working order.
<b>Are food items date stamped?</b>	Yes.
<b>Are samples of dishes being kept?</b>	Yes, kept in refrigerated display unit in service area.

### **Other**

<b>Is there appropriate storage for cleaning agents and chemicals?</b>	Yes, separate locked room facility in place. Appropriate shelving provided.
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## Operational Hygiene

<b>Do residents use the main kitchen?</b>	yes
<b>Is that use supervised to ensure safe &amp; hygienic practices are observed?</b>	N/A
<b>By whom is it supervised?</b>	N/A

<b>Is the correct equipment provided? e.g. colour coded chopping boards</b>
Yes, colour coded chopping boards and knives are used for separate food preparation areas. Colour notices on display advising of which equipment to use.

Is the necessary holding equipment provided? <i>e.g. bain maries, refrigerated units</i>
n/a.

<b>Condition and suitability of serving equipment and utensils:</b>
All serving equipment and utensils are clean and well maintained.

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

**Comments:**

## **Staff Facilities and Hygiene**

<b>Are designated staff facilities provided?</b>	Yes.
<b>What facilities are in place?</b>	staff locker room facilities and toilets in place.

<b>Are all areas clean and well maintained?</b>	Yes. All areas are regularly cleaned and are in a good condition.
<b>Are suitable hand washing &amp; drying facilities provided?</b>	Yes.
<b>Is storage provided for personal belongings?</b>	Yes, lockers are provided.
<b>Are showers provided? <i>indicate cleanliness&amp; suitability</i></b>	No.

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

<b>Are uniforms clean and in good condition? <i>(to include caps/hairnets/closed heel/toe shoes etc)</i></b>	Deliveries and storage of food in shop is compliant with all HACCP requirements
<b>Is personal grooming satisfactory?</b>	
<b>Are safe habits practiced?</b>	
<b>General Comments on staff facilities:</b>	

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

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

**24 COMMUNAL ROOM (State Location): Large reception lobby**

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

**OUTDOOR GROUNDS / FACILITIES**

Please rate the following

	Very Good	Adequate	Poor*	Needs urgent attention*
Condition of exterior of centre	x	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Paintwork of the centre	x	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maintenance standard of the grounds (e.g. grass cut, walkways clear etc.)	x	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cleanliness of the grounds (ie., evidence of rubbish etc.)	x	<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				
Comments playground in side garden with swings and slide				

**LAUNDRY ROOM**

	Washing Machines	Dryers
Number	<b>9</b>	<b>9</b>
Do they appear to be in working order? <b>yes</b>		

**CORRIDOR all corridors are maintained exceptionally well**

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 all stairwells are clean and kept clear**

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 type="checkbox"/> Residents <input checked="" 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 checked="" type="checkbox"/> No <input type="checkbox"/>
What cleaning equipment is available to residents?	Mops, brushes, toilet cleaner, vacuum etc.
What arrangements are in place if rooms are not cleaned sufficiently by residents?	Management will work with resident and if necessary get housekeeping to assist in cleaning.

<b>ROOM 2</b>				
Room Profile: family		Room Capacity:		Room Occupancy:
		<b>3</b>		<b>2</b>
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<b>x</b>	<b>x</b>	<b>n/a</b>	<b>X</b>	<b>x</b>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<b>x</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order? yes				
If *, please give details:				

<b>ROOM 3</b>				
Room Profile: family		Room Capacity:		Room Occupancy:
		<b>2</b>		<b>2</b>
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<b>x</b>	<b>x</b>	<b>n/a</b>	<b>X</b>	<b>x</b>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<b>x</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order? yes				
If *, please give details:				

<b>ROOM 4</b>				
Room Profile: family		Room Capacity:		Room Occupancy:
		<b>3</b>		<b>2</b>
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice

<b>x</b>	<b>x</b>	<b>n/a</b>	<b>X</b>	<b>x</b>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<b>x</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order? yes				
If *, please give details:				

<b>ROOM 5</b>				
Room Profile: family		Room Capacity:		Room Occupancy:
		<b>2</b>		<b>1</b>
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<b>x</b>	<b>x</b>	<b>n/a</b>	<b>X</b>	<b>x</b>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<b>x</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order? yes				
If *, please give details:				

<b>ROOM 6</b>				
Room Profile: family		Room Capacity:		Room Occupancy:
<b>family</b>		<b>4</b>		<b>2</b>
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<b>x</b>	<b>x</b>	<b>n/a</b>	<b>X</b>	<b>x</b>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<b>x</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order? yes				
If *, please give details:				

<b>ROOM 8</b>				
Room Profile: family		Room Capacity:		Room Occupancy:
		<b>4</b>		<b>4</b>
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<b>x</b>	<b>x</b>	<b>n/a</b>	<b>X</b>	<b>x</b>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<b>x</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order? yes				
If *, please give details:				

<b>ROOM 35</b>				
Room Profile: family		Room Capacity:		Room Occupancy:
		<b>2</b>		<b>2</b>
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice

<b>x</b>	<b>x</b>	<b>n/a</b>	<b>X</b>	<b>x</b>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<b>x</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order? yes				
If *, please give details:				

<b>ROOM 36</b>				
Room Profile: family		Room Capacity:		Room Occupancy:
		<b>2</b>		<b>2</b>
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<b>x</b>	<b>x</b>	<b>n/a</b>	<b>X</b>	<b>x</b>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<b>x</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order? yes				
If *, please give details:				

<b>ROOM 37</b>				
Room Profile: family		Room Capacity:		Room Occupancy:
		<b>3</b>		<b>1</b>
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<b>x</b>	<b>x</b>	<b>n/a</b>	<b>X</b>	<b>x</b>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<b>x</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order? yes				
If *, please give details:				

<b>ROOM 41</b>				
Room Profile: family		Room Capacity:		Room Occupancy:
		<b>4</b>		<b>4</b>
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<b>x</b>	<b>x</b>	<b>n/a</b>	<b>X</b>	<b>x</b>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<b>x</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order? yes				
If *, please give details:				

<b>ROOM 42</b>				
Room Profile: family		Room Capacity:		Room Occupancy:
		<b>3</b>		<b>3</b>
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<b>x</b>	<b>x</b>	<b>n/a</b>	<b>X</b>	<b>x</b>
	Very Good	Adequate	Poor *	Needs urgent attention *



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

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

<b>ROOM 44</b>				
Room Profile: family		Room Capacity:		Room Occupancy:
		<b>2</b>		<b>2</b>
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<b>x</b>	<b>x</b>	<b>n/a</b>	<b>X</b>	<b>x</b>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<b>x</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order? Yes <b>x</b> No * <input type="checkbox"/>				
If *, please give details:				

<b>ROOM 45 &amp; 46</b>				
Room Profile: family		Room Capacity:		Room Occupancy:
		<b>5</b>		<b>4</b>
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<b>x</b>	<b>x</b>	<b>n/a</b>	<b>X</b>	<b>x</b>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<b>x</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order? Yes <b>x</b> No * <input type="checkbox"/>				
If *, please give details:				

<b>ROOM 47</b>				
Room Profile: family		Room Capacity:		Room Occupancy:
		<b>1</b>		<b>1</b>
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<b>x</b>	<b>x</b>	<b>n/a</b>	<b>X</b>	<b>x</b>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<b>x</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

<b>ROOM 49</b>				
Room Profile: family		Room Capacity:		Room Occupancy:
		<b>3</b>		<b>2</b>
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<b>x</b>	<b>x</b>	<b>n/a</b>	<b>x</b>	<b>x</b>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<b>x</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order? Yes <b>x</b> No * <input type="checkbox"/>				
If *, please give details:				

<b>ROOM 50</b>				
Room Profile: family		Room Capacity:		Room Occupancy:
		<b>5</b>		<b>4</b>
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<b>x</b>	<b>x</b>	<b>n/a</b>	<b>x</b>	<b>x</b>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<b>x</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order? Yes <b>x</b> No * <input type="checkbox"/>				
If *, please give details:				

<b>ROOM 51</b>				
Room Profile: family		Room Capacity:		Room Occupancy:
		<b>3</b>		<b>2</b>
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<b>x</b>	<b>x</b>	<b>n/a</b>	<b>x</b>	<b>x</b>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<b>x</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order? Yes <b>x</b> No * <input type="checkbox"/>				
If *, please give details:				

<b>ROOM 53</b>				
Room Profile: family		Room Capacity:		Room Occupancy:
		<b>3</b>		<b>3</b>
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<b>x</b>	<b>x</b>	<b>n/a</b>	<b>x</b>	<b>x</b>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<b>x</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

<b>ROOM 54</b>				
Room Profile: family		Room Capacity:		Room Occupancy:
		<b>2</b>		<b>2</b>
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<b>x</b>	<b>x</b>	<b>n/a</b>	<b>X</b>	<b>x</b>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<b>x</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details:				

<b>ROOM 55</b>				
Room Profile: family		Room Capacity:		Room Occupancy:
		<b>2</b>		<b>2</b>
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<b>x</b>	<b>x</b>	<b>n/a</b>	<b>X</b>	<b>x</b>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<b>x</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details:				

<b>ROOM 56</b>				
Room Profile: family		Room Capacity:		Room Occupancy:
		<b>2</b>		<b>2</b>
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<b>x</b>	<b>x</b>	<b>n/a</b>	<b>X</b>	<b>x</b>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<b>x</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details:				

<b>ROOM 57</b>				
Room Profile: family		Room Capacity:		Room Occupancy:
		<b>3</b>		<b>3</b>
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<b>x</b>	<b>x</b>	<b>n/a</b>	<b>X</b>	<b>x</b>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<b>x</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>

If \*, please give details:

<b>ROOM 58</b>				
Room Profile: family		Room Capacity:		Room Occupancy:
		<b>2</b>		<b>2</b>
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<b>x</b>	<b>x</b>	<b>n/a</b>	<b>X</b>	<b>x</b>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<b>x</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <b>X</b>	No * <input type="checkbox"/>
If *, please give details:				

<b>ROOM 59 + 60</b>				
Room Profile: family		Room Capacity:		Room Occupancy:
		<b>4</b>		<b>3</b>
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<b>x</b>	<b>x</b>	<b>n/a</b>	<b>X</b>	<b>x</b>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<b>x</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <b>X</b>	No * <input type="checkbox"/>
If *, please give details:				

<b>ROOM 61</b>				
Room Profile: family		Room Capacity:		Room Occupancy:
		<b>3</b>		<b>3</b>
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<b>x</b>	<b>x</b>	<b>n/a</b>	<b>X</b>	<b>x</b>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<b>X</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <b>X</b>	No * <input type="checkbox"/>
If *, please give details:				

<b>ROOM 62</b>				
Room Profile: shared		Room Capacity:		Room Occupancy:
		<b>2</b>		<b>1</b>
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<b>x</b>	<b>x</b>	<b>n/a</b>	<b>X</b>	<b>x</b>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<b>x</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <b>X</b>	No * <input type="checkbox"/>

If \*, please give details:

**ROOM 63**

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

**ROOM 64**

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

**ROOM 65**

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

**ROOM 66**

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

<b>ROOM 67</b>				
Room Profile: family		Room Capacity:		Room Occupancy:
		<b>2</b>		<b>1</b>
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<b>x</b>	<b>x</b>	<b>n/a</b>	<b>X</b>	<b>x</b>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<b>x</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <b>x</b>	No * <input type="checkbox"/>
If *, please give details:				

<b>ROOM 68 + 70</b>				
Room Profile: family		Room Capacity:		Room Occupancy:
		<b>4</b>		<b>3</b>
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<b>x</b>	<b>x</b>	<b>n/a</b>	<b>X</b>	<b>x</b>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<b>x</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <b>x</b>	No * <input type="checkbox"/>
If *, please give details:				

<b>ROOM 69</b>				
Room Profile: family		Room Capacity:		Room Occupancy:
		<b>3</b>		<b>2</b>
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<b>x</b>	<b>x</b>	<b>n/a</b>	<b>X</b>	<b>x</b>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<b>x</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <b>x</b>	No * <input type="checkbox"/>
If *, please give details:				

<b>ROOM 71</b>				
Room Profile: family		Room Capacity:		Room Occupancy:
		<b>1</b>		<b>1</b>
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<b>x</b>	<b>x</b>	<b>n/a</b>	<b>X</b>	<b>x</b>
	Very Good	Adequate	Poor *	Needs urgent attention *

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

<b>ROOM 72</b>				
Room Profile: family		Room Capacity:		Room Occupancy:
		<b>4</b>		<b>4</b>
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<b>n/a</b>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order? Yes <input checked="" type="checkbox"/> No * <input type="checkbox"/>				
If *, please give details:				

<b>ROOM 73</b>				
Room Profile: family		Room Capacity:		Room Occupancy:
		<b>4</b>		<b>3</b>
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<b>n/a</b>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order? Yes <input checked="" type="checkbox"/> No * <input type="checkbox"/>				
If *, please give details:				

<b>ROOM 74</b>				
Room Profile: family		Room Capacity:		Room Occupancy:
		<b>2</b>		<b>1</b>
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<b>n/a</b>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order? Yes <input checked="" type="checkbox"/> No * <input type="checkbox"/>				
If *, please give details:				

<b>ROOM 75</b>				
Room Profile: family		Room Capacity:		Room Occupancy:
		<b>3</b>		<b>3</b>
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<b>n/a</b>	<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:				

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

<b>ROOM 76</b>				
Room Profile: family		Room Capacity:		Room Occupancy:
		<b>2</b>		<b>2</b>
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<b>x</b>	<b>x</b>	<b>n/a</b>	<b>x</b>	<b>x</b>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<b>x</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order? Yes <b>x</b> No * <input type="checkbox"/>				
If *, please give details:				

<b>ROOM 77</b>				
Room Profile: family		Room Capacity:		Room Occupancy:
		<b>4</b>		<b>0</b>
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<b>x</b>	<b>x</b>	<b>n/a</b>	<b>x</b>	<b>x</b>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<b>x</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order? Yes <b>x</b> No * <input type="checkbox"/>				
If *, please give details: <b>slight mould in bathroom</b>				

<b>ROOM 78</b>				
Room Profile: family		Room Capacity:		Room Occupancy:
		<b>1</b>		<b>1</b>
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<b>x</b>	<b>x</b>	<b>n/a</b>	<b>x</b>	<b>x</b>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<b>x</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order? Yes <b>x</b> No * <input type="checkbox"/>				
If *, please give details:				

<b>ROOM 79- isolation room</b>				
Room Profile: family		Room Capacity:		Room Occupancy:
		<b>2</b>		<b>0</b>
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<b>x</b>	<b>x</b>	<b>n/a</b>	<b>x</b>	<b>x</b>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<b>x</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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

<b>ROOM 80</b>				
Room Profile: family		Room Capacity:		Room Occupancy:
		<b>2</b>		<b>1</b>
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<b>x</b>	<b>x</b>	<b>n/a</b>	<b>X</b>	<b>x</b>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<b>x</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details:				

<b>ROOM 81</b>				
Room Profile: family		Room Capacity:		Room Occupancy:
		<b>1</b>		<b>1</b>
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<b>x</b>	<b>x</b>	<b>n/a</b>	<b>X</b>	<b>x</b>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<b>x</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details:				

<b>ROOM 82</b>				
Room Profile: family		Room Capacity:		Room Occupancy:
		<b>4</b>		<b>3</b>
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<b>x</b>	<b>x</b>	<b>n/a</b>	<b>X</b>	<b>x</b>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<b>x</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details:				

<b>ROOM 84</b>				
Room Profile: family		Room Capacity:		Room Occupancy:
		<b>3</b>		<b>3</b>
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<b>x</b>	<b>x</b>	<b>n/a</b>	<b>X</b>	<b>x</b>
	Very Good	Adequate	Poor *	Needs urgent attention *

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

<b>ROOM 85</b>				
Room Profile: family		Room Capacity:		Room Occupancy:
		<b>1</b>		<b>1</b>
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<b>x</b>	<b>x</b>	<b>n/a</b>	<b>x</b>	<b>x</b>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<b>x</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order? Yes <b>x</b> No * <input type="checkbox"/>				
If *, please give details:				

<b>ROOM 86</b>				
Room Profile: family		Room Capacity:		Room Occupancy:
		<b>3</b>		<b>2</b>
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<b>x</b>	<b>x</b>	<b>n/a</b>	<b>x</b>	<b>x</b>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<b>x</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order? Yes <b>x</b> No * <input type="checkbox"/>				
If *, please give details:				

<b>ROOM 87</b>				
Room Profile: family		Room Capacity:		Room Occupancy:
		<b>1</b>		<b>1</b>
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<b>x</b>	<b>x</b>	<b>n/a</b>	<b>x</b>	<b>x</b>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<b>x</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order? Yes <b>x</b> No * <input type="checkbox"/>				
If *, please give details:				

<b>ROOM 88</b>				
Room Profile: family		Room Capacity:		Room Occupancy:
		<b>4</b>		<b>3</b>
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<b>x</b>	<b>x</b>	<b>n/a</b>	<b>x</b>	<b>x</b>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<b>x</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

<b>ROOM 89</b>				
Room Profile: family		Room Capacity:		Room Occupancy:
		<b>3</b>		<b>2</b>
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<b>x</b>	<b>x</b>	<b>n/a</b>	<b>X</b>	<b>x</b>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<b>x</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <b>X</b>	No * <input type="checkbox"/>
If *, please give details:				

<b>ROOM 90</b>				
Room Profile: family		Room Capacity:		Room Occupancy:
		<b>2</b>		<b>2</b>
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<b>x</b>	<b>x</b>	<b>n/a</b>	<b>X</b>	<b>x</b>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<b>x</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <b>X</b>	No * <input type="checkbox"/>
If *, please give details:				

<b>ROOM 91</b>				
Room Profile: family		Room Capacity:		Room Occupancy:
		<b>3</b>		<b>2</b>
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<b>x</b>	<b>x</b>	<b>n/a</b>	<b>X</b>	<b>x</b>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<b>x</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <b>X</b>	No * <input type="checkbox"/>
If *, please give details:				

<b>ROOM 92</b>				
Room Profile: family		Room Capacity:		Room Occupancy:
		<b>3</b>		<b>3</b>
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<b>x</b>	<b>x</b>	<b>n/a</b>	<b>X</b>	<b>x</b>

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

<b>ROOM 93</b>				
Room Profile: family		Room Capacity:		Room Occupancy:
		<b>3</b>		<b>3</b>
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<b>x</b>	<b>x</b>	<b>n/a</b>	<b>x</b>	<b>x</b>
	Very Good	Adequate	Poor *	Needs urgent attention *
Cleanliness	<b>x</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order? Yes <b>x</b> No * <input type="checkbox"/>				
If *, please give details:				

## General Representations

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

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

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

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

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

<b>Summary Sheet</b>
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<b>Name of Centre:</b>	King Thomond
<b>Address:</b>	Lisdoonvarna, Co Clare
<b>Contractor :</b>	Marcus Whyte
<b>Manager:</b>	Jessica Bane
<b>Contact Name:</b>	Megan Whyte
<b>Capacity Per MOA (Current Occupancy):</b>	155 (122 )
<b>Date of Inspection:</b>	14/4/22

**Fire Safety:**

No issues

**Food Safety:**

No issues

**Bedrooms:**

No issues

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# **IPAS/IPPS**

## **Independent Inspection Report**

<b>Centre:</b>	<b>King Thomond Hotel</b>
<b>Inspector:</b>	<b>Shane Mac Loughlin</b>
<b>Date of Inspection:</b>	<b>24/10/22</b>
<b>Time of Arrival &amp; Departure:</b>	<b>15.00 -17.30</b>

*Part 1*  
*General Information on Services*

# Independent Inspection Report

*Centre:* King Thomond Hotel

*Date of Inspection:* 24/10/22



**1. CENTRE DETAILS**

Name and address of Centre	<b>King Thomond Hotel, Lisdoonvara, Co. Clare</b>
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Contractor	<b>Marcus Whyte</b>
Manager	<b>Megan Whyte</b>
Who deputises for manager in his/her absence?	Give Job Title only <b>Assistant manager / Receptionist</b>

Telephone Number	<b>0657074444</b>
------------------	-------------------

Current Contracted Capacity	<b>174</b>
Current Occupancy (today)	<b>136</b>
Current Centre Profile (e.g., singles, families etc.)	<b>Family</b>

HSE Area	<b>Mid-West</b>
Public Health Nurse	<b>Kate Barry</b>
DSP / CWO name	<b>Mary O Connor</b>
Environmental Health Officer name	<b>Emma O Donnell</b>
Local Fire Officer Name	<b>G Hayes</b>
Local Fire Station	<b>Lisdoonvara</b>

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

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

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

### 3 GENERAL SECURITY & EMERGENCY DETAILS

Is 24 hour supervision provided? (Y/N)	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Give details of roster hours	<b>Night staff 8pm to 8 am</b>
Is security provided by external company? (Y/N)	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
If yes, give name of company:	<b>Internal Staff</b>
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?	<b>2 between kitchen and reception</b>
Who is responsible for first aid restocking?	Job title <u>only</u> (not name) of person responsible: <b>Manager</b>
Is there a defibrillator in the centre? How many staff been trained to use it?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

### 4 HEATING ARRANGEMENTS

What type of heating is used in the centre?	<b>Electric/Oil combination</b>
Do residents have control of the heating in their own bedroom?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
If no, what arrangements are in place?	
What are the heating 'ON' times?	

### 5 HOUSE RULES

Are residents provided with a copy of the House Rules on arrival?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
How does centre management explain house rules to residents on arrival?	<b>On arrival induction with Manager and IPAS/IPPS booklet issued</b>

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

Are residents issued with key for their bedroom?(Yes/No)	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Are residents issued with key for main door? (Yes/No)	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
If no, give details	<b>Door is locked in evening time at security on duty (locked at 10pm)</b>
Are there procedures to allow residents to receive visitors? (Give details)	<b>Yes</b>
Outline visiting times :	<b>10am to 10pm</b>
In what areas are visitors allowed in the centre?	<b>Reception lobby and lounge</b>
Any other relevant information:	
Is there a facility for storage of residents' valuables*? (Give details.) (* Storage is at resident's own risk)	<b>In own rooms only</b>
What toiletries are provided to residents on arrival?	<b>Soap, shampoo, toothpaste, toilet paper</b>
What arrangements are in place to replenish these items?	<b>Go to manager – checked also monthly</b>

**7 ARRANGEMENTS FOR MAINTENANCE**

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

**8 CHILD PROTECTION**

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

**9 FOOD SAFETY**

Has a HACCP system been implemented? (Yes/No)	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Have the premises been inspected by an Environmental Health Officer? (Yes/No)	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Date of last visit:	<b>1/4/19</b>

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

Are residents consulted regarding menu / dietary requests? (Give details.)	<b>New shop system and residents cooking stations now in place. Centre no longer prepares residents melas. Residents have full control on what and when they eat.</b>
Provide details opposite: Which of the following are provided for school children's packed lunches: <ul style="list-style-type: none"> <li>• Sandwich? What sandwich fillings are available: Cheese? Ham? Chicken? Tuna? Jam? Other?</li> <li>• Drinks? Juice? Water?</li> <li>• Yogurt?</li> <li>• Fruit?</li> <li>• Other</li> </ul>	<b>Residents make lunches for their own children</b>
Is infant formula kept out of public view?	<b>Yes</b>
What arrangements are in place for distribution of infant formula?	<b>Issued by manager</b>

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

Are tea / coffee / drinking water / Snacks etc. available outside mealtimes?	<b>New shop system and residents cooking stations now in place. Centre no longer prepares residents melas. Residents have full control on what and when they eat.</b>
What food/snacks are available after hours or when kitchen is closed?	
Where are the snacks located and how are they accessed?	
Are meals available for residents who arrive late? (Give details.)	
Are meals available for new arrivals? (Give details)	
Are packed lunches available for residents travelling to Dublin on official business? (Give details)	
<b>If the inspection takes place during Ramadan this section <u>must</u> be completed.</b> What arrangements are in place to facilitate residents observing a fast during Ramadan?	<b>n/a</b>

**12 FACILITIES FOR FEEDING BABIES**

<b><i>Are the following available?</i></b>	
Access to drinking water (for breastfeeding mothers / for preparation of infant formula)	Yes
Sterilisers	Yes
Kettles	Yes

Fridge (for bottles of EBM* / formula) <i>*Expressed Breast Milk</i>	Yes
Bottle Warmer	Yes
Microwave	Yes
Are these facilities available 24 hours a day - yes	yesYes
Is there a dedicated room provided? Yes Where? Crèche room off lobby	Yes

### 13 INDOOR FACILITIES

<b><i>Are the following available to residents?</i></b>	Yes/No			
Computers with Internet access	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
WIFI	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
DVD player	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
Computer Games	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
Snooker Table	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
Pool Table	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
Table Tennis Table	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
Board Games	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
Newspapers	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
Books	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
Toys / games for children	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
Other				
Give details of any other arrangement or other comments:	<b>Dedicated playroom off lobby</b>  <b>DINING ROOM is setup for Homework club with seating &amp; school desks etc.</b>			

### 14 TRANSPORT ARRANGEMENTS

Is there a bus service provided? (Yes/No):	yes
Where does the service go to?	<b>Ennis &amp; Ennistymon</b>
What is the frequency of the service? (List time table opposite)	<b>Mondays &amp; Wednesdays</b>

### 15 TV SYSTEM

Is there a specific TV system in place? (give details)	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> <b>Saorview</b>
An average, how many TV channels are provided to residents?	<b>14+</b>
Are residents allowed to erect satellite dishes?	<b>No</b>

### 16 LAUNDRY FACILITIES (General Arrangements)

Are Laundry facilities available in the centre? (Y/N)	Yes <b>x</b> No <input type="checkbox"/>
If No, what service is provided?	
Who launders towels and bedlinen? (e.g., residents, staff, other, etc)	<b>Housekeeping</b>
What procedures are in place for the exchange of towels and bed linen at the centre?	<b>On request with manger</b>
What procedures are in place for ironing boards and irons?	<b>Available from laundry both irons and ironing boards</b>
How is washing powder / tablets supplied?	<b>Washing machines on automatic dosing</b>
Are there specific arrangements for access to the laundry (give details):	<b>Open from 8am to 9pm</b>

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

Are there cleaning materials and equipment provided by management for residents?	Yes <b>x</b> No <input type="checkbox"/>
What cleaning equipment is available to residents?	<b>Cif/Toilet cleaner/Vacuum/Mops and brushes</b>
What is the procedure for residents to access vacuum cleaners, brushes & other cleaning equipment?	<b>Request them from managers office</b>
What arrangements are in place if rooms are not cleaned sufficiently by residents?	<b>Manager speaks to resident and if necessary assistance provided</b>

## *PART 2*

### *Room by Room Inspection*

#### Independent Inspection

*Centre: King Thomond*

*Date of Inspection: 24/10/22*

**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
7/2/22	Banner Fire	x			
24/10/22	Internal	x			

**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
24/10/22	Internal security	x			
23/10/22	Internal security	x			

**19e FIRE DRILL PROCEDURE INSPECTION SCHEDULE**

Date & Time	Numbers of staff involved in drill	No. of residents present / evacuated **	Evacuation Time	Comments
12/3/22 2pm	5	104/110	3 mins	.
28/6/21 11am	5	122/120	4min 30s	

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

Job Description	Course	Instructor	Duration	Date
All staff	Fire Safety	unknown	1hr	28/11/20

**19g FIRE ASSEMBLY POINTS**

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



**19h FIRE ALARM SYSTEM**

Is there a fire alarm system in place?	<b>Yes</b>
Are there smoke alarms throughout the premises, inc bedrooms?	<b>yes</b>
Are all smoke alarms linked back to a central control panel?	<b>yes</b>
Are there designated 'Smoking' areas? <i>Include locations</i>	<b>No smoking allowed inside building</b>
Comments:	

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

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

## Administration Area:

### Reception:

Is the area generally clean?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
If no please give details:	
<i>Visual Check:</i> 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"/> x
If yes please detail:	

### Have you seen the following?

		Location of display
Up to date House Rules	x	Dining room and lobby
Complaint Forms	x	Dining room and lobby
Accident/ Incident procedure	x	Managers office
HSE Breastfeeding Posters (if applicable)	X	Dining room
Designated Liaison Person details (Child Protection)	X	Lobby
Supervision of children notice	X	Lobby
Gym Notices (Child Safety – if applicable)	n/a	n/a
IOM Voluntary Return Posters	x	Dining room and lobby
Anti Human-Trafficking Posters	x	Dining room and lobby
‘NO to Violence & Harassment’ Posters	x	Dining room and lobby

### Social Room / Tea Station (State Location): In Hotel lobby on left hand side

What facilities are provided? <b>Tea &amp; coffee making facilities</b>	
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
If no please give details:	
<i>Visual Check:</i> Have you noticed any issues requiring attention?	n/a (observe whether the area is colourful, has sufficient toys, changing areas, toilets in working order, etc)
Other comments:	

**DINING AREA:**

New shop system and residents cooking stations now in place. Centre no longer prepares residents meals. Residents have full control on what and when they eat.

**KITCHEN AREA: Food Safety Critical Requirements****FOOD SAFETY**

Has the premises been inspected by an Environmental Health Officer?	Yes
Date of Visit?	Not since residents kitchen installed
Comments: No major issues – improvements noted have all been implemented	

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

**HACCP Records:**

<b>Pest Control:</b> ISS Pest Control visit 21/9/22 – no issues
<b>Induction and Ongoing Staff Training:</b> HACCP training has been provided to all kitchen staff.
<b>Time &amp; Temperature Records:</b> all shop records are maintained and in order.
<b>Hygiene Audits:</b> ok
<b>List of Approved Suppliers:</b> Detailed list of approved suppliers in place.
<b>Cleaning Schedules:</b> Daily/weekly cleaning registers in place however kitchen is in need of a deep clean.
<b>Procedures for accepting deliveries:</b> Deliveries and storage of food in shop is compliant with all HACCP requirements

## HACCP and Kitchen Evaluation

New shop system and residents cooking stations now in place. Centre no longer prepares residents melas. Residents have full control on what and when they eat.

### General

<b>Is the kitchen commercial or domestic?</b>	Commercial and residential – 9 cooking station have been installed for residents use
<b>What equipment is in place?</b> 2 Freezers, 4 fridges and 9 4 hob cookers with ovens.	
<b>In what condition is the equipment?</b> Equipment in good working	
<b>Comments:</b> clean as you go policy in place and works well	

## Structural Hygiene

### Kitchen:

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

## Food Hall - Shop

Is the till system in place Electronic POS:	Yes	<input checked="" type="checkbox"/>	No	<input 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 checked="" type="checkbox"/>	No	<input type="checkbox"/>
Were the points value of the items clearly displayed:	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
Is the area generally clean:	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
If <b>no</b> for <b>any</b> of the above, please give details:				
<b>Visual Check:</b> Have you noticed any issues requiring attention? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> ( <b>Products in date</b> , fresh food, ethnic food, Halal food, variety available, suitable range of food products, toiletries and cleaning materials.)				
If <b>yes</b> to any issues please give detail:				

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 ☒ No ☐

If **no** please give details:

**Products (Available) Check:** Yes ☒ No ☐

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 cereal.

**Please Insert/List Some Items/Products Below;**

500g frozen beef      expiry 03/23      price 5.25  
2l Milk      expiry 31/10/22      price 1.60  
Mayonnaise      expiry 05/23      price 1.87

## **Structural Hygiene cont**

### **Dry Goods**

<b>Suitably equipped?</b> <i>Shelving/containers etc</i>	Yes in shop
<b>Condition and suitability of facilities:</b>  Suitable shelving area is provided. All items clearly displayed and shelving kept in a clean state.	
<b>What evidence is there of stock rotation?</b>	All stock within expiry dates.

### **Refrigerated Storage**

<b>What type of refrigerated storage is provided?</b>	Free standing commercial refrigerators and free standing and walk-in freezers.
<b>Comment on the condition and suitability of the refrigerated storage:</b> New walk in freezer installed – great improvement	
<b>Are thermostats provided and in working order?</b>	Yes, all in good working order.
<b>Are food items date stamped?</b>	Yes.
<b>Are samples of dishes being kept?</b>	Yes, kept in refrigerated display unit in service area.

### **Other**

<b>Is there appropriate storage for cleaning agents and chemicals?</b>	Yes, separate locked room facility in place. Appropriate shelving provided.
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## Operational Hygiene

<b>Do residents use the main kitchen?</b>	yes
<b>Is that use supervised to ensure safe &amp; hygienic practices are observed?</b>	N/A
<b>By whom is it supervised?</b>	N/A

<p><b>Is the correct equipment provided? e.g. colour coded chopping boards</b></p> <p>Yes, colour coded chopping boards and knives are used for separate food preparation areas. Colour notices on display advising of which equipment to use.</p>
--

Is the necessary holding equipment provided? <i>e.g. bain maries, refrigerated units</i>
n/a.

<b>Condition and suitability of serving equipment and utensils:</b>
All serving equipment and utensils are clean and well maintained.

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

**Comments:**

## **Staff Facilities and Hygiene**

<b>Are designated staff facilities provided?</b>	Yes.
<b>What facilities are in place?</b>	staff locker room facilities and toilets in place.

<b>Are all areas clean and well maintained?</b>	Yes. All areas are regularly cleaned and are in a good condition.
<b>Are suitable hand washing &amp; drying facilities provided?</b>	Yes.
<b>Is storage provided for personal belongings?</b>	Yes, lockers are provided.
<b>Are showers provided? <i>indicate cleanliness&amp; suitability</i></b>	No.

<b>Is a designated area provided for staff breaks? <i>If yes, is it clean/suitable/well maintained</i> <i>If no, outline arrangements for breaks</i></b>	No, dining room used for staff breaks also.
--	---

<b>Are uniforms provided for:</b>	
<b>Kitchen Staff?</b>	n/a
<b>Serving Staff?</b>	n/a

<b>Are uniforms clean and in good condition? <i>(to include caps/hairnets/closed heel/toe shoes etc)</i></b>	Deliveries and storage of food in shop is compliant with all HACCP requirements
<b>Is personal grooming satisfactory?</b>	
<b>Are safe habits practiced?</b>	
<b>General Comments on staff facilities:</b>	



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

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

**24 COMMUNAL ROOM (State Location): Large reception lobby**

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

**OUTDOOR GROUNDS / FACILITIES**

Please rate the following

	Very Good	Adequate	Poor*	Needs urgent attention*
Condition of exterior of centre	x	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Paintwork of the centre	x	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maintenance standard of the grounds (e.g. grass cut, walkways clear etc.)	x	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cleanliness of the grounds (ie., evidence of rubbish etc.)	x	<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				
Comments playground in side garden with swings and slide				

**LAUNDRY ROOM**

	Washing Machines	Dryers
Number	<b>9</b>	<b>9</b>
Do they appear to be in working order? <b>yes</b>		

**CORRIDOR all corridors are maintained exceptionally well**

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 all stairwells are clean and kept clear**

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:				

# Bedrooms:

## CLEANING (General Arrangements)

How often are bedrooms inspected?	twice weekly <input type="checkbox"/> Weekly <input checked="" type="checkbox"/>
Who cleans the bedrooms?	Staff <input type="checkbox"/> Residents <input checked="" 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 checked="" type="checkbox"/> No <input type="checkbox"/>
What cleaning equipment is available to residents?	Mops, brushes, toilet cleaner, vacuum etc.
What arrangements are in place if rooms are not cleaned sufficiently by residents?	Management will work with resident and if necessary get housekeeping to assist in cleaning.

<b>ROOM 2</b>				
Room Profile: family		Room Capacity:		Room Occupancy:
		<b>3</b>		<b>2</b>
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<b>x</b>	<b>x</b>	<b>n/a</b>	<b>X</b>	<b>x</b>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<b>x</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order? yes				
If *, please give details:				

<b>ROOM 3</b>				
Room Profile: family		Room Capacity:		Room Occupancy:
		<b>2</b>		<b>2</b>
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<b>x</b>	<b>x</b>	<b>n/a</b>	<b>X</b>	<b>x</b>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<b>x</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order? yes				
If *, please give details:				

<b>ROOM 4</b>				
Room Profile: family		Room Capacity:		Room Occupancy:
		<b>3</b>		<b>2</b>
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice

<b>x</b>	<b>x</b>	<b>n/a</b>	<b>X</b>	<b>x</b>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<b>x</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order? yes				
If *, please give details:				

<b>ROOM 5</b>				
Room Profile: family		Room Capacity:		Room Occupancy:
		<b>2</b>		<b>1</b>
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<b>x</b>	<b>x</b>	<b>n/a</b>	<b>X</b>	<b>x</b>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<b>x</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order? yes				
If *, please give details:				

<b>ROOM 6</b>				
Room Profile: family		Room Capacity:		Room Occupancy:
<b>family</b>		<b>4</b>		<b>2</b>
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<b>x</b>	<b>x</b>	<b>n/a</b>	<b>X</b>	<b>x</b>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<b>x</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order? yes				
If *, please give details:				

<b>ROOM 8</b>				
Room Profile: family		Room Capacity:		Room Occupancy:
		<b>4</b>		<b>4</b>
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<b>x</b>	<b>x</b>	<b>n/a</b>	<b>X</b>	<b>x</b>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<b>x</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order? yes				
If *, please give details:				

<b>ROOM 35</b>				
Room Profile: family		Room Capacity:		Room Occupancy:
		<b>2</b>		<b>2</b>
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice

<b>x</b>	<b>x</b>	<b>n/a</b>	<b>X</b>	<b>x</b>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<b>x</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order? yes				
If *, please give details:				

<b>ROOM 36</b>				
Room Profile: family		Room Capacity:		Room Occupancy:
		<b>2</b>		<b>2</b>
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<b>x</b>	<b>x</b>	<b>n/a</b>	<b>X</b>	<b>x</b>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<b>x</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order? yes				
If *, please give details:				

<b>ROOM 37</b>				
Room Profile: family		Room Capacity:		Room Occupancy:
		<b>3</b>		<b>1</b>
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<b>x</b>	<b>x</b>	<b>n/a</b>	<b>X</b>	<b>x</b>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<b>x</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order? yes				
If *, please give details:				

<b>ROOM 41</b>				
Room Profile: family		Room Capacity:		Room Occupancy:
		<b>4</b>		<b>4</b>
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<b>x</b>	<b>x</b>	<b>n/a</b>	<b>X</b>	<b>x</b>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<b>x</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order? yes				
If *, please give details:				

<b>ROOM 42</b>				
Room Profile: family		Room Capacity:		Room Occupancy:
		<b>3</b>		<b>3</b>
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<b>x</b>	<b>x</b>	<b>n/a</b>	<b>X</b>	<b>x</b>
	Very Good	Adequate	Poor *	Needs urgent attention *

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

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

<b>ROOM 44</b>				
Room Profile: family		Room Capacity:		Room Occupancy:
		<b>2</b>		<b>2</b>
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<b>x</b>	<b>x</b>	<b>n/a</b>	<b>X</b>	<b>x</b>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<b>x</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order? Yes <b>x</b> No * <input type="checkbox"/>				
If *, please give details:				

<b>ROOM 45 &amp; 46</b>				
Room Profile: family		Room Capacity:		Room Occupancy:
		<b>5</b>		<b>4</b>
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<b>x</b>	<b>x</b>	<b>n/a</b>	<b>X</b>	<b>x</b>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<b>x</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order? Yes <b>x</b> No * <input type="checkbox"/>				
If *, please give details:				

<b>ROOM 47</b>				
Room Profile: family		Room Capacity:		Room Occupancy:
		<b>1</b>		<b>1</b>
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<b>x</b>	<b>x</b>	<b>n/a</b>	<b>X</b>	<b>x</b>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<b>x</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

<b>ROOM 49</b>				
Room Profile: family		Room Capacity:		Room Occupancy:
		<b>3</b>		<b>3</b>
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<b>x</b>	<b>x</b>	<b>n/a</b>	<b>x</b>	<b>x</b>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<b>x</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order? Yes <b>x</b> No * <input type="checkbox"/>				
If *, please give details:				

<b>ROOM 50</b>				
Room Profile: family		Room Capacity:		Room Occupancy:
		<b>5</b>		<b>4</b>
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<b>x</b>	<b>x</b>	<b>n/a</b>	<b>x</b>	<b>x</b>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<b>x</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order? Yes <b>x</b> No * <input type="checkbox"/>				
If *, please give details:				

<b>ROOM 51</b>				
Room Profile: family		Room Capacity:		Room Occupancy:
		<b>3</b>		<b>2</b>
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<b>x</b>	<b>x</b>	<b>n/a</b>	<b>x</b>	<b>x</b>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<b>x</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order? Yes <b>x</b> No * <input type="checkbox"/>				
If *, please give details:				

<b>ROOM 53</b>				
Room Profile: family		Room Capacity:		Room Occupancy:
		<b>3</b>		<b>2</b>
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<b>x</b>	<b>x</b>	<b>n/a</b>	<b>x</b>	<b>x</b>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<b>x</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

<b>ROOM 54</b>				
Room Profile: family		Room Capacity:		Room Occupancy:
		<b>2</b>		<b>2</b>
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<b>x</b>	<b>x</b>	<b>n/a</b>	<b>X</b>	<b>x</b>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<b>x</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details:				

<b>ROOM 55</b>				
Room Profile: family		Room Capacity:		Room Occupancy:
		<b>2</b>		<b>2</b>
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<b>x</b>	<b>x</b>	<b>n/a</b>	<b>X</b>	<b>x</b>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<b>x</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details:				

<b>ROOM 56</b>				
Room Profile: family		Room Capacity:		Room Occupancy:
		<b>3</b>		<b>3</b>
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<b>x</b>	<b>x</b>	<b>n/a</b>	<b>X</b>	<b>x</b>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<b>x</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details:				

<b>ROOM 57</b>				
Room Profile: family		Room Capacity:		Room Occupancy:
		<b>3</b>		<b>3</b>
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<b>x</b>	<b>x</b>	<b>n/a</b>	<b>X</b>	<b>x</b>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<b>x</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>



If \*, please give details:

<b>ROOM 58</b>				
Room Profile: family		Room Capacity:		Room Occupancy:
		<b>2</b>		<b>2</b>
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<b>x</b>	<b>x</b>	<b>n/a</b>	<b>X</b>	<b>x</b>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<b>x</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order? Yes <b>X</b> No * <input type="checkbox"/>				
If *, please give details:				

<b>ROOM 59 + 60</b>				
Room Profile: family		Room Capacity:		Room Occupancy:
		<b>4</b>		<b>3</b>
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<b>x</b>	<b>x</b>	<b>n/a</b>	<b>X</b>	<b>x</b>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<b>x</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order? Yes <b>X</b> No * <input type="checkbox"/>				
If *, please give details:				

<b>ROOM 61</b>				
Room Profile: family		Room Capacity:		Room Occupancy:
		<b>3</b>		<b>3</b>
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<b>x</b>	<b>x</b>	<b>n/a</b>	<b>X</b>	<b>x</b>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<b>X</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order? Yes <b>X</b> No * <input type="checkbox"/>				
If *, please give details:				

<b>ROOM 62</b>				
Room Profile: shared		Room Capacity:		Room Occupancy:
		<b>2</b>		<b>1</b>
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<b>x</b>	<b>x</b>	<b>n/a</b>	<b>X</b>	<b>x</b>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<b>x</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order? Yes <b>X</b> No * <input type="checkbox"/>				

If \*, please give details:

<b>ROOM 63</b>				
Room Profile: family		Room Capacity:		Room Occupancy:
		<b>3</b>		<b>3</b>
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<b>x</b>	<b>x</b>	<b>n/a</b>	<b>X</b>	<b>x</b>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<b>x</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <b>X</b>	No * <input type="checkbox"/>
If *, please give details:				

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

<b>ROOM 65</b>				
Room Profile: family		Room Capacity:		Room Occupancy:
		<b>2</b>		<b>1</b>
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<b>x</b>	<b>x</b>	<b>n/a</b>	<b>X</b>	<b>x</b>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<b>x</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <b>X</b>	No * <input type="checkbox"/>
If *, please give details:				

<b>ROOM 66</b>				
Room Profile: family		Room Capacity:		Room Occupancy:
		<b>4</b>		<b>3</b>
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<b>x</b>	<b>x</b>	<b>n/a</b>	<b>X</b>	<b>x</b>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<b>x</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <b>X</b>	No * <input type="checkbox"/>
If *, please give details:				

<b>ROOM 67</b>				
Room Profile: family		Room Capacity:		Room Occupancy:
		<b>2</b>		<b>1</b>
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<b>x</b>	<b>x</b>	<b>n/a</b>	<b>X</b>	<b>x</b>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<b>x</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <b>x</b>	No * <input type="checkbox"/>
If *, please give details:				

<b>ROOM 68 + 70</b>				
Room Profile: family		Room Capacity:		Room Occupancy:
		<b>4</b>		<b>4</b>
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<b>x</b>	<b>x</b>	<b>n/a</b>	<b>X</b>	<b>x</b>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<b>x</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <b>x</b>	No * <input type="checkbox"/>
If *, please give details:				

<b>ROOM 69</b>				
Room Profile: family		Room Capacity:		Room Occupancy:
		<b>3</b>		<b>2</b>
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<b>x</b>	<b>x</b>	<b>n/a</b>	<b>X</b>	<b>x</b>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<b>x</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <b>x</b>	No * <input type="checkbox"/>
If *, please give details:				

<b>ROOM 71</b>				
Room Profile: family		Room Capacity:		Room Occupancy:
		<b>1</b>		<b>1</b>
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<b>x</b>	<b>x</b>	<b>n/a</b>	<b>X</b>	<b>x</b>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<b>x</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <b>x</b>	No * <input type="checkbox"/>
If *, please give details:				

<b>ROOM 72 / 74</b>				
Room Profile: family		Room Capacity:		Room Occupancy:
		<b>8</b>		<b>8</b>
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<b>x</b>	<b>x</b>	<b>n/a</b>	<b>X</b>	<b>x</b>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<b>x</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <b>X</b>	No * <input type="checkbox"/>
If *, please give details:				

<b>ROOM 73</b>				
Room Profile: family		Room Capacity:		Room Occupancy:
		<b>4</b>		<b>3</b>
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<b>x</b>	<b>x</b>	<b>n/a</b>	<b>X</b>	<b>x</b>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<b>x</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <b>X</b>	No * <input type="checkbox"/>
If *, please give details:				

<b>ROOM 75</b>				
Room Profile: family		Room Capacity:		Room Occupancy:
		<b>3</b>		<b>3</b>
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<b>x</b>	<b>x</b>	<b>n/a</b>	<b>X</b>	<b>x</b>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<b>x</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <b>X</b>	No * <input type="checkbox"/>
If *, please give details:				

<b>ROOM 76</b>				
Room Profile: family		Room Capacity:		Room Occupancy:
		<b>2</b>		<b>2</b>
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<b>x</b>	<b>x</b>	<b>n/a</b>	<b>X</b>	<b>x</b>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<b>x</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <b>X</b>	No * <input type="checkbox"/>

If \*, please give details:

<b>ROOM 77</b>				
Room Profile: family		Room Capacity:		Room Occupancy:
		<b>4</b>		<b>4</b>
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<b>x</b>	<b>x</b>	<b>n/a</b>	<b>X</b>	<b>x</b>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<b>x</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order? Yes <b>X</b> No * <input type="checkbox"/>				
If *, please give details: <b>slight mould in bathroom</b>				

<b>ROOM 78</b>				
Room Profile: family		Room Capacity:		Room Occupancy:
		<b>1</b>		<b>1</b>
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<b>x</b>	<b>x</b>	<b>n/a</b>	<b>X</b>	<b>x</b>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<b>x</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order? Yes <b>X</b> No * <input type="checkbox"/>				
If *, please give details:				

<b>ROOM 79- isolation room</b>				
Room Profile: family		Room Capacity:		Room Occupancy:
		<b>2</b>		<b>0</b>
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<b>x</b>	<b>x</b>	<b>n/a</b>	<b>X</b>	<b>x</b>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<b>x</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order? Yes <b>X</b> No * <input type="checkbox"/>				
If *, please give details:				

<b>ROOM 80</b>				
Room Profile: family		Room Capacity:		Room Occupancy:
		<b>2</b>		<b>2</b>
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<b>x</b>	<b>x</b>	<b>n/a</b>	<b>X</b>	<b>x</b>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<b>x</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order? Yes <b>X</b> No * <input type="checkbox"/>				
If *, please give details:				

<b>ROOM 81</b>				
Room Profile: family		Room Capacity:		Room Occupancy:
		<b>1</b>		<b>1</b>
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<b>x</b>	<b>x</b>	<b>n/a</b>	<b>X</b>	<b>x</b>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<b>x</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <b>x</b>	No * <input type="checkbox"/>
If *, please give details:				

<b>ROOM 82</b>				
Room Profile: family		Room Capacity:		Room Occupancy:
		<b>4</b>		<b>3</b>
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<b>x</b>	<b>x</b>	<b>n/a</b>	<b>X</b>	<b>x</b>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<b>x</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <b>x</b>	No * <input type="checkbox"/>
If *, please give details:				

<b>ROOM 84</b>				
Room Profile: family		Room Capacity:		Room Occupancy:
		<b>3</b>		<b>3</b>
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<b>x</b>	<b>x</b>	<b>n/a</b>	<b>X</b>	<b>x</b>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<b>x</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <b>x</b>	No * <input type="checkbox"/>
If *, please give details:				

<b>ROOM 85</b>				
Room Profile: family		Room Capacity:		Room Occupancy:
		<b>2</b>		<b>2</b>
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<b>x</b>	<b>x</b>	<b>n/a</b>	<b>X</b>	<b>x</b>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<b>x</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <b>x</b>	No * <input type="checkbox"/>

If \*, please give details:

<b>ROOM 86</b>				
Room Profile: family		Room Capacity:		Room Occupancy:
		<b>3</b>		<b>2</b>
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<b>x</b>	<b>x</b>	<b>n/a</b>	<b>X</b>	<b>x</b>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<b>x</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order? Yes <b>X</b> No * <input type="checkbox"/>				
If *, please give details:				

<b>ROOM 87</b>				
Room Profile: family		Room Capacity:		Room Occupancy:
		<b>1</b>		<b>1</b>
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<b>x</b>	<b>x</b>	<b>n/a</b>	<b>X</b>	<b>x</b>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<b>x</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order? Yes <b>X</b> No * <input type="checkbox"/>				
If *, please give details:				

<b>ROOM 88</b>				
Room Profile: family		Room Capacity:		Room Occupancy:
		<b>4</b>		<b>3</b>
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<b>x</b>	<b>x</b>	<b>n/a</b>	<b>X</b>	<b>x</b>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<b>x</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order? Yes <b>X</b> No * <input type="checkbox"/>				
If *, please give details:				

<b>ROOM 89</b>				
Room Profile: family		Room Capacity:		Room Occupancy:
		<b>3</b>		<b>2</b>
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<b>x</b>	<b>x</b>	<b>n/a</b>	<b>X</b>	<b>x</b>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<b>x</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order? Yes <b>X</b> No * <input type="checkbox"/>				
If *, please give details:				

<b>ROOM 90</b>				
Room Profile: family		Room Capacity:		Room Occupancy:
		<b>2</b>		<b>2</b>
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<b>x</b>	<b>x</b>	<b>n/a</b>	<b>X</b>	<b>x</b>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<b>x</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <b>x</b>	No * <input type="checkbox"/>
If *, please give details:				

<b>ROOM 91</b>				
Room Profile: family		Room Capacity:		Room Occupancy:
		<b>3</b>		<b>2</b>
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<b>x</b>	<b>x</b>	<b>n/a</b>	<b>X</b>	<b>x</b>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<b>x</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <b>x</b>	No * <input type="checkbox"/>
If *, please give details:				

<b>ROOM 92</b>				
Room Profile: family		Room Capacity:		Room Occupancy:
		<b>3</b>		<b>3</b>
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<b>x</b>	<b>x</b>	<b>n/a</b>	<b>X</b>	<b>x</b>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<b>x</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <b>x</b>	No * <input type="checkbox"/>
If *, please give details:				

<b>ROOM 93</b>				
Room Profile: family		Room Capacity:		Room Occupancy:
		<b>3</b>		<b>3</b>
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<b>x</b>	<b>x</b>	<b>n/a</b>	<b>X</b>	<b>x</b>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<b>x</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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

<b>ROOM 95</b>				
Room Profile: family		Room Capacity:	Room Occupancy:	
		<b>2</b>	<b>2</b>	
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<b>x</b>	<b>x</b>	<b>n/a</b>	<b>X</b>	<b>x</b>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<b>x</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details:				

<b>Block 2</b>				
Room Profile: family		#bedrooms	Room Occupancy:	
		<b>6</b>	<b>7</b>	
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<b>x</b>	<b>x</b>	<b>x</b>	<b>X</b>	<b>x</b>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<b>x</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details:				
<b>Standalone detached house with own kitchen – in excellent condition</b>				

## General Representations

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

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

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

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.

<b>Summary Sheet</b>
----------------------

<b>Name of Centre:</b>	King Thomond
<b>Address:</b>	Lisdoonvarna, Co Clare
<b>Contractor :</b>	Marcus Whyte
<b>Manager:</b>	Jessica Bane
<b>Contact Name:</b>	Megan Whyte
<b>Capacity Per MOA (Current Occupancy):</b>	174 (136)
<b>Date of Inspection:</b>	24/10/22

**Fire Safety:**

No issues

**Food Safety:**

**New walk in freezer until key control – good improvement**

**Bedrooms:**

No issues

New House as part of centre ‘Block 2’ with 7 residents – 150m away with full internet, kitchen and all services of centre available.

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**From:**

**Subject:** FW: IPPS - Inspection Reports King Thomond Hotel Accommodation Centre - Please review and respond  
**Date:** Tuesday 14 February 2023 14:30:28

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**From:** Megan

**Sent:** Friday 10 February 2023 11:13

**Subject:** Re: IPPS - Inspection Reports King Thomond Hotel Accommodation Centre - Please review and respond

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Hi

Sorry for the delay , Ive read both reports and there was no issues outlined in either .  
The only thing to change is that the contractor is Megan not Marcus.

If you need more details please let me know

Thanks  
Megan

Dear Ms White,

Please find attached PDF copies of the IPPS Independent Inspection Reports from QTS Ltd for King Thomond Hotel Accommodation Centre, dated 14/04/2022 and 24/10/2022 which were completed this year.

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

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

With Kind regards,

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Ireland

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Tel: +353 71 985 1103

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