

RIA

Inspection Report

| | |
|---|--|
| Centre: | Clonakilty Lodge Accommodation Centre |
| RIA Inspector: | Patrick Morris |
| Date of Inspection: | 08 March 2018 |
| Time of Arrival & Departure: | 12:45 – 16:30 |

Part 1
General Information on Services

Centre: **Clonakilty Lodge Accommodation Centre**

Date of Inspection: **8th March 2018**

1. CENTRE DETAILS

| | |
|----------------------------|---|
| Name and address of Centre | Clonakilty Lodge, Dunmore Road, Clonakilty, Co Cork. |
|----------------------------|---|

| | |
|---|--|
| Contractor | D and A Ltd. |
| Manager | Michael Plichta |
| Who deputises for manager in his/her absence? | Give Job Title only Assistant Manager |

| | |
|------------------|--------------------|
| Telephone Number | 023-8834466 |
|------------------|--------------------|

| | |
|---|-----------------|
| Current Contracted Capacity | 110 |
| Current Occupancy (today) | 101 |
| Current Centre Profile (e.g., singles, families etc.) | Families |

| | |
|-----------------------------------|--------------------------------|
| HSE Area | West Cork |
| Public Health Nurse | Anne Marie Hegarty |
| DSP / CWO name | Mary O'Mahony |
| Environmental Health Officer name | Marcella Quilter |
| Local Fire Officer Name | C O'Leary |
| Local Fire Station | Clonakilty Fire Station |

| | |
|---|---|
| Is the Centre certified by any Quality Management System (i.e. Q Mark, ISO)?: | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| If yes, please give details: | Q Mark, Quality Management System Level 1 |
| What was the date of the last certification? | 23 March, 2012 |
| Have you a copy of the Certification | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

2. Please provide a copy of the following

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

3 GENERAL SECURITY & EMERGENCY DETAILS

| | |
|---|---|
| Is 24 hour supervision provided? (Y/N) | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| Give details of roster hours | 09:00 - 17:00 , 17:00 - 09:00 |
| Is security provided by external company? (Y/N) | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| If yes, give name of company: | |
| Does the centre have CCTV? (Y/N) | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| Is a list of emergency numbers available in the Manager's office? | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| Does the list include the following numbers? (Y/N) Local Garda station 24 hr number Local hospital Local fire station Duty Social Work Team Out of hours GP Service RIA out of hours number | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If no, give details: |
| Are first aid kits available? (Y/N) | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| Where and how many? | 3 - 1 x kitchen, 1 x manager's office and 1 x pre-school |
| Who is responsible for first aid restocking? | Job title <i>only</i> (not name) of person responsible: Manager |
| Is there a defibrillator in the centre? How many staff been trained to use it? | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

4 HEATING ARRANGEMENTS

| | |
|--|---|
| What type of heating is used in the centre? | Electric |
| 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? | The manager speaks with the new residents on arrival and informs them of the house rules |

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 | The main door is unlocked during the day. Night Porter on duty at night. Residents can also use their own key to gain admission at night. |
| Are there procedures to allow residents to receive visitors? (Give details) | Residents may receive visitors up until 9pm at night |
| Outline visiting times : | 09:00 - 21:00 |
| In what areas are visitors allowed in the centre? | The common room and dining area |
| Any other relevant information: | |
| Is there a facility for storage of residents' valuables*? (Give details.) (* Storage is at resident's own risk) | 3 small store rooms for residents bags, keys for the store rooms are in the managers office. |
| What toiletries are provided to residents on arrival? | Residents get necessary toiletries in on site shop. |
| What arrangements are in place to replenish these items? | Residents replenish from on site shop |

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: Residents report maintenance issues to manager and he records them. They are then dealt with as soon as practicable. | |

8 CHILD PROTECTION

| | |
|--|---|
| Are measures in place to inform staff and visitors of RIA's Child Protection Policy? (Give details) | The Child Protection policy is posted on the main door and all staff are required to sign up to the child protection policy. |
| Are visitors asked to sign a declaration agreeing to adhere to the child protection policy? | Yes |
| Where is declaration held? | On main door |
| Is there a sign in book for visitors? Where? | Yes, at the main entrance to the building |
| Are there notices on public display giving name and contact details of Designated Liaison Person? Where? | Yes, this information is at the main doors |
| Have Designated Liaison Persons received HSE training? | Yes |
| Are notices prominently displayed regarding parental supervision of children? Where? | Yes, there is a note on the notice board in the main lobby |

9 FOOD SAFETY

| | |
|---|---|
| Has a HACCP system been implemented? (Yes/No) | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
|---|---|

| | |
|---|---|
| Have the premises been inspected by an Environmental Health Officer? (Yes/No) | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| Date of last visit of EHO: | 16/05/2017 Also HSE water test on 17/05/2017 |

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

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

11 ARRANGEMENTS FOR REFRESHMENTS / MEALS OUTSIDE NORMAL MEAL TIMES

This section no longer applies residents cook their own meals.

| | |
|---|--|
| Are tea / coffee / drinking water / Snacks etc. available outside mealtimes? | |
| 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) | |
| If the inspection takes place during Ramadan this section <u>must</u> be completed. What arrangements are in place to facilitate residents observing a fast during Ramadan? | |

12 FACILITIES FOR FEEDING BABIES

| | |
|--|---|
| Are the following available? | Yes/No |
| Access to drinking water (for breastfeeding mothers / for preparation of infant formula) | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| Sterilisers | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| Kettles | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |

| | |
|---|--|
| Fridge (for bottles of EBM* / formula) *Expressed Breast Milk | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| Bottle Warmer | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| Microwave | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| Are these facilities available 24 hours a day | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| Is there a dedicated room provided? Where? | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Although there is no room specifically set aside, babies can be fed in the residents' rooms, the doctor's room or the common rooms. |

13 INDOOR FACILITIES

| Are the following available to residents? | |
|--|--|
| | 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 checked="" type="checkbox"/> No <input type="checkbox"/> |
| Pool Table | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| Table Tennis Table | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| Board Games | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| Newspapers | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| Books | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| Toys / games for children | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| Other | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| Give details of any other arrangement or other comments: | Swings, slides, basketball court on the grounds Children participate in the local soccer and GAA clubs. There are a number of classes available including art, swimming and zumba dance. Several children have joined the town's youth orchestra. There is a new gym on site. There is a preschool on site. |

14 TRANSPORT ARRANGEMENTS

| | |
|---|---|
| Is there a bus service provided? (Yes/No): | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| Where does the service go to? | Clonakilty to Cork |
| What is the frequency of the service? (List time table opposite) | Every Friday. Also, on the first Monday of each month, a service runs to the local Garda station for those residents who are required to sign on with GNIB. |

15 TV SYSTEM

| | |
|---|---|
| Is there a specific TV system in place? (give details) | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| An average, how many TV channels are provided to residents? | There are 7 free channels available to residents. Every room is cabled for Sky and it is open to the residents to purchase a Sky box which provides 80-90 channels. |
| Are residents allowed to erect satellite dishes? | No |

16 LAUNDRY FACILITIES (General Arrangements)

| | |
|--|---|
| Are Laundry facilities available in the centre? (Y/N) | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| If No, what service is provided? | |
| Who launders towels and bedlinen? (e.g., residents, staff, other, etc) | The residents |
| What procedures are in place for the exchange of towels and bed linen at the centre? | Bed linen changed every six months Pillows/Duvets changed every 12 months Towels changed every 12 months Cots and baby bed clothes provided when required. |
| What procedures are in place for ironing boards and irons? | Residents can collect ironing boards from the manager's office. |
| How is washing powder / tablets supplied? | Residents get these items in the shop as required. |
| Are there specific arrangements for access to the laundry (give details): | The laundry room is open between 06:30 and 22:00. Residents can avail of the laundry room any time during these hours. There are 7 washing m/c and 6 Dryers. |

17 CLEANING (General Arrangements)

| | |
|--|--|
| Are there cleaning materials and equipment provided by management for residents? | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| What cleaning equipment is available to residents? | On arrival residents provided with dust pan and brush, bucket and mop and toilet brush. |
| What is the procedure for residents to access vacuum cleaners, brushes & other cleaning equipment? | On request from the manager's office |
| What arrangements are in place if rooms are not cleaned sufficiently by residents? | The manager will encourage the resident to clean the room. Cleaning staff will assist the resident, if necessary. |

Section A- Administration / Communal areas

17 Have you seen the following?

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

| | | |
|--|-------------------------------------|--|
| HSE Breastfeeding Posters (if applicable) | <input checked="" type="checkbox"/> | Notice board in reception area |
| Designated Liaison Person details (Child Protection) | <input checked="" type="checkbox"/> | As above |
| Supervision of children notice | <input checked="" type="checkbox"/> | Notice boards in centre |
| Gym Notices (Child Safety – if applicable) | <input type="checkbox"/> | Residents advised verbally by manager that children are not allowed in the gym. Residents sign in for key from the office. |
| IOM Voluntary Return Posters | <input checked="" type="checkbox"/> | In reception area and manager's office |

18 Staff Awareness

| | |
|---|-------------------------------------|
| Did you see the RIA Code of Practice*? | <input checked="" type="checkbox"/> |
| Are all staff aware of RIA Code & House Rules? | <input checked="" type="checkbox"/> |
| How are staff made aware of RIA Code & House Rules? The manager brings these documents to the attention of new staff on their arrival and they are required to sign off on them. | |

*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 inspected monthly

| <u>Date</u> | <u>Inspected By</u> (Company Name / Position) | <u>Comments</u> |
|-------------|--|-----------------|
| 07/03/2018 | Manager | None |
| 08/03/2018 | Manager | None |

19b FIRE ALARM & DETECTION SYSTEM INSPECTION SCHEDULE

| Date | Inspected By (Company Name / Position) | OK | Defect | Remedial Action Taken (Y/N) | Sign Off Y/N |
|------------|--|-------------------------------------|----------------|-----------------------------|--------------|
| 07/03/2018 | Manager | <input checked="" type="checkbox"/> | None | n/a | Yes |
| 08/03/2018 | Manager | <input checked="" type="checkbox"/> | None | n/a | Yes |
| 19/05/2017 | O'Mahony Security and Fire Alarms | <input checked="" type="checkbox"/> | Annual Service | Yes | Yes |

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 |
|------------|--|-------------------------------------|----------------|-----------------------------|--------------|
| 25/08/17 | MFS Munster Fire & Safety | <input checked="" type="checkbox"/> | ½ year service | Yes | Yes |
| 13/02/2017 | MFS Munster Fire & Safety | <input checked="" type="checkbox"/> | ½ year Service | Yes | Yes |

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 |
|------------|--|-------------------------------------|--------|-----------------------------|--------------|
| 07/03/2018 | Manager | <input checked="" type="checkbox"/> | none | No | Yes |
| 08/03/2018 | Manager | <input checked="" type="checkbox"/> | none | No | Yes |

19e FIRE DRILL PROCEDURE INSPECTION SCHEDULE

| Date & Time | Numbers of staff involved in drill | No. of residents present / evacuated ** | Evacuation Time | Comments |
|---------------------|------------------------------------|---|-----------------|-----------------|
| 01/12/2017 16:40 | All staff 5 Adults and 7 children | 13/13 | 5 Mins | Ok/ Pre school. |
| 30/05/2017 14:30 | 4 | 7 children 10 Adults All Staff All evacuated | 4 mins | ok |

****Both numbers must be recorded.
Informed Manager time for full scale fire drill.**

19f STAFF INSTRUCTION AND TRAINING (Fire Safety)

| Job Description | Course | Instructor | Duration | Date |
|---|--|----------------------------|----------|------------|
| Manager, Assistant Manager, 2 x Kitchen Assistant, Pre-School Teacher, Security Guard, Chef | Fire Safety training | MFS Munster Fire Safety | 1 day | 05/06/2014 |
| Assistant Manager, 2 x Security Guards, 2 x Kitchen Assistants, Night Porter, Manager | Fire Safety / Fire Extinguisher and Evacuation Procedures | MFS Munster Fire Safety | Half day | 08/04/2010 |

Suggested may be time for refresher course for staff and residents

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

(in corridors & common areas)

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

Administration Area:

Reception:

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

Education Room:

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

PUBLIC TOILETS : Gents Only:

Ground Floor

ladies not in use

| | Number | Soap | Toilet Paper | Hand Towels / Dryers | Hot Water | Sanitary Bins |
|---|-------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|---|
| Ladies: | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Gents: | 2 cubicles 3 urinals | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | |
| Is there a cleaning schedule displayed? | | | | | | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| Record the last time entry. | | | | | | |
| Is the area clean? (provide comment) Yes, area is clean, and well maintained. | | | | | | |
| Are all facilities working? | | | | | | Yes <input checked="" type="checkbox"/> No * <input type="checkbox"/> |
| Visual Check: Have you noticed any issues requiring attention? | | | | | | Yes* <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| If No, give details: | | | | | | |

COMMUNAL ROOM : Ground Floor

| | |
|---|---|
| General Seating Area | |
| Is the seating in good condition? | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| What is the area generally used for? with visitors etc massages etc. | Watching TV, meetings |
| Any other comments? If yes please detail: | |

FOOD SAFETY: Shop

Has the premises been inspected by an Environmental Health Officer? Yes

Were the points value of items clearly displayed: Yes

| List of items: | Points Value: |
|-----------------------|---|
| Tomato Ketchup | 1.79 pts |
| Basmati Rice | 1.39pts |
| Beef with Bone 500g | 3.50pts |
| Fruit/Fibre Cereal | 2.40pts |
| Chicken Breasts 3 | Not displayed, will print out new labels for price. |
| Whole Chicken | 3.19pts |
| Lo fat Milk | 1.79pts |

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 type="checkbox"/> | fortnightly <input type="checkbox"/> |
| | Monthly <input type="checkbox"/> | Other <input checked="" type="checkbox"/> |
| Are there cleaning materials and equipment provided by management for residents? | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| What cleaning equipment is available to residents? | Dust pan and brush; mops and bucket, brushes. | |
| What arrangements are in place if rooms are not cleaned sufficiently by residents? | Manager will encourage resident to clean room. Staff will provide assistance, if necessary. | |

Ground Floor

| | | | | |
|--|-------------------------------------|-------------------------------------|---|-------------------------------------|
| ROOM NUMBER 102 | | | | |
| Room Profile: | | Room Capacity: | | Room Occupancy: |
| Family | | 2 | | 2 |
| TV | Ensuite | Shared Bathroom | Smoke Alarm | Fire Notice |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Cleanliness | Very Good | Adequate | Poor * | Needs urgent attention * |
| | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Is everything in working order? | | | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| If *, please give details: Shower cubicle needs looking at. | | | | |

| | | | | |
|-------------------------------------|-------------------------------------|-------------------------------------|---|-------------------------------------|
| ROOM NUMBER 103 | | | | |
| Room Profile: | | Room Capacity: | | Room Occupancy: |
| Family | | 4 | | 3 |
| TV | Ensuite | Shared Bathroom | Smoke Alarm | Fire Notice |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Cleanliness | Very Good | Adequate | Poor * | Needs urgent attention * |
| | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Is everything in working order? | | | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| If *, please give details: | | | | |

| | | | | |
|--|-------------------------------------|--------------------------|-------------------------------------|-------------------------------------|
| ROOM NUMBER 104 Staff Room | | | | |
| Room Profile: | | Room Capacity: | | Room Occupancy: |
| Unoccupied | | | | |
| TV | Ensuite | Shared Bathroom | Smoke Alarm | Fire Notice |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Cleanliness | Very Good | Adequate | Poor * | Needs urgent attention * |
| | <input 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: This room is used as a staff room. Lockers, washing machine and dryer available. | | | | |

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

COMMUNAL KITCHENS

There are two kitchens one in the main building and one in courtyard.

| | | | |
|--|--|---|-----------------------------|
| Is the area generally clean? | | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| If no please give details: | | | |
| Visual Check: Have you noticed any issues requiring attention? | | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| (e.g., fire exit signs, hazards, lighting, notices, décor, etc. First Aid Box Missing!) | | | |
| If yes please detail: 9 fridges, 1 fridge freezer and 2 hobs available to residents in main building this is a halal kitchen. | | | |
| 4 Workstations, fridges and freezers and eating area in outside kitchen. | | | |

| | | | | |
|--|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|
| ROOM NUMBER 108 | | | | |
| Room Profile: | | Room Capacity: | | Room Occupancy: |
| Family | | 2 | | 2 |
| TV | Ensuite | Shared Bathroom | Smoke Alarm | Fire Notice |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Cleanliness | Very Good | Adequate | Poor * | Needs urgent attention * |
| | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Is everything in working order? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | | | | |
| If *, please give details: ceiling in bathroom needs painting. This was noted on last inspection also! Shower cubicle needs attention. | | | | |

| | | | | |
|---|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|
| ROOM NUMBER 109 | | | | |
| Room Profile: | | Room Capacity: | | Room Occupancy: |
| Family | | 4 | | 4 |
| TV | Ensuite | Shared Bathroom | Smoke Alarm | Fire Notice |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Cleanliness | Very Good | Adequate | Poor * | Needs urgent attention * |
| | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Is everything in working order? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | | | |
| If *, please give details : Bathroom needs to be cleaned. | | | | |

| | | | | |
|---|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|
| ROOM NUMBER 110 | | | | |
| Room Profile: | | Room Capacity: | | Room Occupancy: |
| Family | | 2 | | 2 |
| TV | Ensuite | Shared Bathroom | Smoke Alarm | Fire Notice |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Cleanliness | Very Good | Adequate | Poor * | Needs urgent attention * |
| | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Is everything in working order? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | | | |
| If *, please give details: | | | | |

CORRIDOR

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

| | | | | |
|--|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|
| ROOM NUMBER 111 | | | | |
| Room Profile: | | Room Capacity: | | Room Occupancy: |
| Shared | | 2 | | 2 |
| TV | Ensuite | Shared Bathroom | Smoke Alarm | Fire Notice |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Cleanliness | Very Good | Adequate | Poor * | Needs urgent attention * |
| | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Is everything in working order? Yes <input type="checkbox"/> No* <input checked="" type="checkbox"/> | | | | |
| If *, please give details: Mould on window frame ! Reported last inspection also, Needs Refreshing. | | | | |

| | | | | |
|--|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|
| ROOM NUMBER 112 | | | | |
| Room Profile: | | Room Capacity: | | Room Occupancy: |
| Family | | 4 | | 4 |
| TV | Ensuite | Shared Bathroom | Smoke Alarm | Fire Notice |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Cleanliness | Very Good | Adequate | Poor * | Needs urgent attention * |
| | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Is everything in working order? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | | | | |
| If *, please give details: Shelf over bed overloaded and new shelf required. Hard-line to wyfi overhead in hallway stuffed into light fitting. | | | | |

| | | | | |
|--|-------------------------------------|--------------------------|-------------------------------------|-------------------------------------|
| ROOM NUMBER 114 | | | | |
| Room Profile: | | Room Capacity: | | Room Occupancy: |
| Shared | | 2 | | 1 uses room 116 also. |
| TV | Ensuite | Shared Bathroom | Smoke Alarm | Fire Notice |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Cleanliness | Very Good | Adequate | Poor * | Needs urgent attention * |
| | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Is everything in working order? Yes <input checked="" type="checkbox"/> No* <input type="checkbox"/> | | | | |
| If *, please give details: | | | | |

| | | | | |
|---|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|
| ROOM NUMBER 115 | | | | |
| Room Profile: | | Room Capacity: | | Room Occupancy: |
| Shared | | 2 | | 2 |
| TV | Ensuite | Shared Bathroom | Smoke Alarm | Fire Notice |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Cleanliness | Very Good | Adequate | Poor * | Needs urgent attention * |
| | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Is everything in working order? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | | | | |
| If *, please give details: Skylight Board loose: may fall. | | | | |

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

| | | | | |
|--|-------------------------------------|--------------------------|-------------------------------------|-------------------------------------|
| ROOM NUMBER 117 | | | | |
| Room Profile: | | Room Capacity: | Room Occupancy: | |
| Used as store room | | 2 | 0 | |
| TV | Ensuite | Shared Bathroom | Smoke Alarm | Fire Notice |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Cleanliness | Very Good | Adequate | Poor * | Needs urgent attention * |
| | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Is everything in working order? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | | | | |
| If *, please give details: Room being used as store room, socket on wall loose then can be used for residents | | | | |

STAIRWAY From ground to first floor

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

CORRIDOR

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

| | | | | |
|---|-------------------------------------|--------------------------|-------------------------------------|--------------------------|
| ROOM NUMBER 229 | | | | |
| Room Profile: | | Room Capacity: | Room Occupancy: | |
| Family | | 2 | | |
| TV | Ensuite | Shared Bathroom | Smoke Alarm | Fire Notice |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Cleanliness | Very Good | Adequate | Poor * | Needs urgent attention * |
| | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Is everything in working order? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | | | |
| If *, please give details: Room ready for residents | | | | |

| | | | | |
|---|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|
| ROOM NUMBER 228 | | | | |
| Room Profile: | | Room Capacity: | Room Occupancy: | |
| Family | | 4 | 4 | |
| TV | Ensuite | Shared Bathroom | Smoke Alarm | Fire Notice |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Cleanliness | Very Good | Adequate | Poor * | Needs urgent attention * |
| | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Is everything in working order? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | | | | |
| If *, please give details: Stronger light bulb requested, New bed base and mattress for double bed required, Bathroom needs painting. Talked to assistant manager! | | | | |

| | | | | |
|-------------------------------------|-------------------------------------|-------------------------------------|---|-------------------------------------|
| ROOM NUMBER 227 | | | | |
| Room Profile: | | Room Capacity: | | Room Occupancy: |
| Family | | 2 | | 2 |
| TV | Ensuite | Shared Bathroom | Smoke Alarm | Fire Notice |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Cleanliness | Very Good | Adequate | Poor * | Needs urgent attention * |
| | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Is everything in working order? | | | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| If *, please give details: | | | | |

| | | | | |
|--|-------------------------------------|-------------------------------------|-------------------------------------|--|
| ROOM NUMBER 226 | | | | |
| Room Profile: | | Room Capacity: | | Room Occupancy: |
| Family | | 2 | | 2 |
| TV | Ensuite | Shared Bathroom | Smoke Alarm | Fire Notice |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Cleanliness | Very Good | Adequate | Poor * | Needs urgent attention * |
| | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Is everything in working order? | | | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| If *, please give details: Bathroom ceiling needs to be cleaned and repainted. | | | | |

| | | | | |
|-------------------------------------|-------------------------------------|-------------------------------------|---|-------------------------------------|
| ROOM NUMBER 225 | | | | |
| Room Profile: | | Room Capacity: | | Room Occupancy: |
| Family | | 4 | | 3 |
| TV | Ensuite | Shared Bathroom | Smoke Alarm | Fire Notice |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Cleanliness | Very Good | Adequate | Poor * | Needs urgent attention * |
| | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Is everything in working order? | | | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| If *, please give details: | | | | |

| | | | | |
|-------------------------------------|-------------------------------------|--------------------------|---|-------------------------------------|
| ROOM NUMBER 224 | | | | |
| Room Profile: | | Room Capacity: | | Room Occupancy: |
| Shared | | 2 | | 2 |
| TV | Ensuite | Shared Bathroom | Smoke Alarm | Fire Notice |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Cleanliness | Very Good | Adequate | Poor * | Needs urgent attention * |
| | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Is everything in working order? | | | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| | | | | |

| | | | | |
|-------------------------------------|-------------------------------------|-------------------------------------|---|-------------------------------------|
| ROOM NUMBER 223 | | | | |
| Room Profile: | | Room Capacity: | | Room Occupancy: |
| Family | | 2 | | 2 |
| TV | Ensuite | Shared Bathroom | Smoke Alarm | Fire Notice |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Cleanliness | Very Good | Adequate | Poor * | Needs urgent attention * |
| | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Is everything in working order? | | | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| If *, please give details: | | | | |

| | | | | |
|-------------------------------------|-------------------------------------|-------------------------------------|---|-------------------------------------|
| ROOM NUMBER 222 | | | | |
| Room Profile: | | Room Capacity: | | Room Occupancy: |
| Family | | 4 | | 3 |
| TV | Ensuite | Shared Bathroom | Smoke Alarm | Fire Notice |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Cleanliness | Very Good | Adequate | Poor * | Needs urgent attention * |
| | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Is everything in working order? | | | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| If *, please give details: | | | | |

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

| | | | | |
|-------------------------------------|-------------------------------------|--------------------------|---|-------------------------------------|
| ROOM NUMBER 220 | | | | |
| Room Profile: | | Room Capacity: | | Room Occupancy: |
| Family | | 3 | | 2 |
| TV | Ensuite | Shared Bathroom | Smoke Alarm | Fire Notice |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Cleanliness | Very Good | Adequate | Poor * | Needs urgent attention * |
| | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Is everything in working order? | | | Yes <input checked="" type="checkbox"/> | No * <input type="checkbox"/> |
| If *, please give details: | | | | |

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|-------------------------------------|-------------------------------------|-------------------------------------|---|-----------------------------|
| ROOM NUMBER 219 | | | | |
| Room Profile: | | Room Capacity: | | Room Occupancy: |
| Family | | 4 | | 4 |
| TV | Ensuite | Shared Bathroom | Smoke Alarm | Fire Notice |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Cleanliness | Very Good | Adequate | Poor * | Needs urgent attention * |
| | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Is everything in working order? | | | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| If *, please give details: | | | | |

| | | | | |
|---|-------------------------------------|-------------------------------------|---|-------------------------------------|
| ROOM NUMBER 218 : Not inspected manager unable to open the door. | | | | |
| Room Profile: | | Room Capacity: | | Room Occupancy: |
| Shared | | 2 | | 2 |
| TV | Ensuite | Shared Bathroom | Smoke Alarm | Fire Notice |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Cleanliness | Very Good | Adequate | Poor * | Needs urgent attention * |
| | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Is everything in working order? | | | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| If *, please give details Room needs repainting. | | | | |

| | | | | |
|-------------------------------------|-------------------------------------|-------------------------------------|---|-----------------------------|
| ROOM NUMBER 217 | | | | |
| Room Profile: | | Room Capacity: | | Room Occupancy: |
| Family | | 4 | | 3 |
| TV | Ensuite | Shared Bathroom | Smoke Alarm | Fire Notice |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Cleanliness | Very Good | Adequate | Poor * | Needs urgent attention * |
| | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Is everything in working order? | | | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| If *, please give details: | | | | |

| | | | | |
|-------------------------------------|-------------------------------------|--------------------------|---|-------------------------------------|
| ROOM NUMBER 216 | | | | |
| Room Profile: | | Room Capacity: | | Room Occupancy: |
| Shared | | 2 | | 2 |
| TV | Ensuite | Shared Bathroom | Smoke Alarm | Fire Notice |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Cleanliness | Very Good | Adequate | Poor * | Needs urgent attention * |
| | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Is everything in working order? | | | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| If *, please give details: | | | | |

| | | | | |
|------------------------|--|----------------|--|-----------------|
| ROOM NUMBER 215 | | | | |
| Room Profile: | | Room Capacity: | | Room Occupancy: |
| Shared | | 2 | | 2 |

| | | | | |
|---|-------------------------------------|--------------------------|-------------------------------------|-------------------------------------|
| TV | Ensuite | Shared Bathroom | Smoke Alarm | Fire Notice |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Cleanliness | Very Good | Adequate | Poor * | Needs urgent attention * |
| | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Is everything in working order? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | | | | |
| If *, please give details: Bathroom ceiling needs to be cleared of spider nests, cleaned and painted. | | | | |
| | | | | |
| ROOM NUMBER 214 | | | | |
| Room Profile: | | Room Capacity: | | Room Occupancy: |
| Family | | 4 | | 3 |
| TV | Ensuite | Shared Bathroom | Smoke Alarm | Fire Notice |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Cleanliness | Very Good | Adequate | Poor * | Needs urgent attention * |
| | <input 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: Grouting discoloured. | | | | |

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

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|--|-------------------------------------|--------------------------|-------------------------------------|-------------------------------------|
| ROOM NUMBER 211 | | | | |
| Room Profile: | | Room Capacity: | | Room Occupancy: |
| Family | | 5 | | 3 |
| TV | Ensuite | Shared Bathroom | Smoke Alarm | Fire Notice |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Cleanliness | Very Good | Adequate | Poor * | Needs urgent attention * |
| | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Is everything in working order? Yes <input checked="" type="checkbox"/> No* <input type="checkbox"/> | | | | |
| If *, please give details: | | | | |

| | | |
|------------------------|----------------|-----------------|
| ROOM NUMBER 210 | | |
| Room Profile: | Room Capacity: | Room Occupancy: |

| | | | | | |
|--|-------------------------------------|-------------------------------------|---|-------------------------------------|--|
| Family | | 3 | | 2 | |
| TV | Ensuite | Shared Bathroom | Smoke Alarm | Fire Notice | |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | |
| Cleanliness | Very Good | Adequate | Poor * | Needs urgent attention * | |
| | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Is everything in working order? | | | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> | |
| If *, please give details: Grout discoloured | | | | | |

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

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

| | | | | | |
|--|-------------------------------------|-------------------------------------|-------------------------------------|--|--|
| ROOM NUMBER 207 | | | | | |
| Room Profile: | | Room Capacity: | | Room Occupancy: | |
| Family | | 2 | | 2 | |
| TV | Ensuite | Shared Bathroom | Smoke Alarm | Fire Notice | |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | |
| Cleanliness | Very Good | Adequate | Poor * | Needs urgent attention * | |
| | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Is everything in working order? | | | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> | |
| If *, please give details: Both sitting room and Bathroom ceilings showing mould on outside walls, requires cleaning and repainting. | | | | | |

| | | | | |
|---|-------------------------------------|--------------------------|-------------------------------------|-------------------------------------|
| ROOM NUMBER 206 | | | | |
| Room Profile: | | Room Capacity: | | Room Occupancy: |
| Family | | 2 | | 2 |
| TV | Ensuite | Shared Bathroom | Smoke Alarm | Fire Notice |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Cleanliness | Very Good | Adequate | Poor * | Needs urgent attention * |
| | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Is everything in working order? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | | | | |
| If *, please give details: Both sitting room and Bathroom ceilings showing mould on outside walls, requires cleaning and repainting. Talked to Sara re recommendation for protective coating for 3 rooms. | | | | |

| | | | | |
|--|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|
| ROOM NUMBER 205 | | | | |
| Room Profile: | | Room Capacity: | | Room Occupancy: |
| Family | | 4 | | 3 |
| TV | Ensuite | Shared Bathroom | Smoke Alarm | Fire Notice |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Cleanliness | Very Good | Adequate | Poor * | Needs urgent attention * |
| | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Is everything in working order? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | | | | |
| If *, please give details: Both sitting room and Bathroom ceilings showing mould on outside walls, requires cleaning and repainting. | | | | |

| | | | | |
|---|-------------------------------------|--------------------------|-------------------------------------|-------------------------------------|
| ROOM NUMBER 204 | | | | |
| Room Profile: | | Room Capacity: | | Room Occupancy: |
| Family | | 2 | | 3 |
| TV | Ensuite | Shared Bathroom | Smoke Alarm | Fire Notice |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Cleanliness | Very Good | Adequate | Poor * | Needs urgent attention * |
| | <input 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: Bathroom ceiling needs attention. | | | | |

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

| | | | | |
|---|-------------------------------------|-------------------------------------|---|-------------------------------------|
| ROOM NUMBER 202 | | | | |
| Room Profile: | | Room Capacity: | | Room Occupancy: |
| Family | | 4 | | 3 |
| TV | Ensuite | Shared Bathroom | Smoke Alarm | Fire Notice |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Cleanliness | Very Good | Adequate | Poor * | Needs urgent attention * |
| | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Is everything in working order? | | | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| If *, please give details : sealer and grout discoloured. | | | | |

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

General Representations

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

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

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

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

Personal representations should be recorded in Part 3.

Manager should be asked to sign this declaration.

This inspection, by a RIA official, is primarily to examine how the terms of the Contract are being complied with in the centre.

The manager accepts that the person carrying out the inspection is not charged with certifying the centre is in compliance with all fire safety regulations. The manager agrees that the information provided above is correct.

Signed: _____

Position: _____

Date: _____

Manager should be asked to sign this declaration.

This inspection, by a RIA official, is primarily to examine how the terms of the Contract are being complied with in the centre.

The manager accepts that the person carrying out the inspection is not certifying that the centre is in compliance with all food safety regulations. The manager agrees that the information provided above is correct.

Signed: _____

Position: _____

Date: _____

Manager should be asked to sign this declaration.

This inspection, by a RIA official, is primarily to examine how the terms of the Contract are being complied with in the centre.

The manager accepts that the person carrying out the inspection is not charged with certifying the centre is in compliance with all fire safety regulations. The manager agrees that the information provided above is correct.

Signed: Marian O'Regan
Position: Assistant Manager.
Date: 8/3/2018

Manager should be asked to sign this declaration.

This inspection, by a RIA official, is primarily to examine how the terms of the Contract are being complied with in the centre.

The manager accepts that the person carrying out the inspection is not certifying that the centre is in compliance with all food safety regulations. The manager agrees that the information provided above is correct.

Signed: Marian O'Regan
Position: Assistant Manager.
Date: 8/3/2018.

Mr. Alan Hyde,
D and A Ltd.,
C/O, P.D Mehigan and Co,
18 Crosses Green,
South Bank,
Cork.

18th April 2018


Dear Mr. Hyde,

The Reception and Integration Agency carried out an inspection at Clonakilty Lodge on 8th March 2018. A copy of the inspection report is enclosed for your attention and I apologise for the delay in forwarding this to you. Please read the report carefully and do not hesitate to contact me if it contains any discrepancies.

A number of issues were identified as requiring attention during the course of the inspection and these are listed in the report.

Please reply in writing, on or before Friday 4th May 2018 outlining the steps you have taken/propose to take to address the issues raised.

Yours sincerely


Bernie Loughrey
Internal Inspection Unit
Reception and Integration Agency

Clonakilty Lodge Accommodation Centre

Dunmor Road
Clonakilty.
Co.Cork
T-023 88 34466
F-023 88 33644
Clonakiltylodge1@gmail.com

11-06-2018

Dear Bernie Loughrey,

This is a summery what has been done since inspection on 8th March 2018.

Rooms

1. Room 102 – Shower cubicle sorted
2. Room 106 – Shower cubicle sorted
3. Room 108 – Ceiling in the bathroom has been painted and shower has been cleaned, also all walls in the room has been painted
4. Small kitchen - New first aid box has been replaced
5. Room 109 – Bathroom has been painted and shower cleaned
6. Room 111 – Window frame has been cleaned
7. Room 112 – Wire has been removed and room fully painted. New residents
8. Room 115 – Loose board has been screwed
9. Room 117 – Room has been taken with new residents. Socket has been fixed
10. Room 228 – New stronger lights fitted. Brand new double bed and mattres has been supplied to the family. Bathroom painted
11. Room 226 – Ceiling in the bathroom has been painted
12. Room 221 – Shower has been cleaned and items removed
13. Room 218 – Resident did not open the door. Room will be painted
14. Room 215 – Ceiling cleand and painted
15. Room 214 – Grouting has been cleand but has to be replaced
16. Room 210 – Grouing has been cleand
17. Room 208 – Bathroom has been cleand and waiting to be painted
18. Room 207 – Ceiling will be painted soon as resident will move
19. Room 206 – Room and toilet has been painted
20. Room 204 – Ceiling has been painted
21. Room 202 - Grouting has been cleand but has to be replaced .
22. Room 201 – New resident in the room. All perfect

Hope this section will be of satisfaction to you.

Your sincerely

Michael Plichta
Clonakilty Lodge Manager

