

# RIA

## Inspection Report

<b>Centre:</b>	<b>Atlas House Killarney</b>
<b>RIA Inspector:</b>	<b>Ruth Dillon</b>
<b>Date of Inspection:</b>	<b>7 December 2018</b>
<b>Time of Arrival &amp; Departure:</b>	<b>10.30 am – 12.30pm</b>



*Part 1*  
*General Information on Services*

*Centre:* **Atlas House Killarney**  
*Date of Inspection:* 7 December 2018



**1. CENTRE DETAILS**

Name and address of Centre	Atlas House , Deerpark Road, Killarney, Co Kerry
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Contractor	O.F.M. Ltd
Manager	Gerardette Milligan
Who deputises for manager in his/her absence?	Give Job Title only Assistant manager

Telephone Number	064 6633559
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Current Contracted Capacity	90
Current Occupancy (today)	85
Current Centre Profile (e.g., singles, families etc.)	Families / Single Females

HSE Area	Kerry South
Public Health Nurse	Mary Sayers
DSP / CWO name	Nora Deane
Environmental Health Officer name	Anne Hussey
Local Fire Officer Name	Padraig Mangan
Local Fire Station	Bypass Road, Killarney

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**

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



### 3 GENERAL SECURITY & EMERGENCY DETAILS

Is 24 hour supervision provided? (Y/N)	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Give details of roster hours	<b>Security 8.00am - 8pm, 8pm - 8.00am</b>
Is security provided by external company? (Y/N)	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
If yes, give name of company:	<b>Sharp Edge</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>3 between kitchen and reception</b>
Who is responsible for first aid restocking?	Job title <u>only</u> (not name) of person responsible: <b>Management</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 Storage Heating</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?	<b>Electric heating available 24/7 controlled in resident room</b>

### 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>Management explains to all residents on arrival</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>Main door is locked at 10.00 pm but is staffed by security</b>
Are there procedures to allow residents to receive visitors? (Give details)	<b>Yes and all visitors sign in at reception</b>





Outline visiting times :	<b>10.00 am to 10 pm</b>
In what areas are visitors allowed in the centre?	<b>All the communal areas</b>
Any other relevant information:	
Is there a facility for storage of residents' valuables*? (Give details.) (* Storage is at resident's own risk)	<b>No – in own rooms only</b>
What toiletries are provided to residents on arrival?	<b>Shampoo, Soap, Toothpaste, Toilet paper</b>
What arrangements are in place to replenish these items?	<b>All replenished monthly or on request</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>All issues are notified to the staff in the office who log them and report them to the maintenance staff who deal with the problem</b>	

## 8 CHILD PROTECTION

Are measures in place to inform staff and visitors of RIA's Child Protection Policy? (Give details)	<b>Yes</b> <b>All staff read the child protection policy docs and sign off on these.</b>
Are visitors asked to sign a declaration agreeing to adhere to the child protection policy?	<b>Yes</b>
Where is declaration held?	<b>Office</b>
Is there a sign in book for visitors? Where?	<b>Yes ( Reception)</b>
Are there notices on public display giving name and contact details of Designated Liaison Person? Where?	<b>Yes ( Notice board)</b>
Have Designated Liaison Persons received HSE training?	<b>Yes</b>
Are notices prominently displayed regarding parental supervision of children? Where?	<b>Reception, Dining and residents kitchen</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>18<sup>th</sup> April, 2018</b>



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

Are residents consulted regarding menu / dietary requests? (Give details.)	<b>Yes ( Residents can consult with the chef)</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>Turkey, ham, cheese, nutella, peanut butter, salad, jam.</b>  <b>Nutrigrain bars</b>  <b>Water, juices,</b> <b>Yes</b> <b>Yes</b> <b>Actimel, cream crackers, cheese strings</b> Please also provide details of the system for distribution of school lunches:
Is infant formula kept out of public view?	<b>yes</b>
What arrangements are in place for distribution of infant formula?	<b>Issued weekly to residents by manager and recorded on issue log</b>

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

Are tea / coffee / drinking water / Snacks etc. available outside mealtimes?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
What food/snacks are available after hours or when kitchen is closed?	<b>Bread, jam, cereals, tea, coffee, fruit.</b>
Where are the snacks located and how are they accessed?	<b>Dining area</b>
Are meals available for residents who arrive late? (Give details.)	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> <b>If notification given</b>
Are meals available for new arrivals? (Give details)	<b>Yes if the centre is informed in advance</b>
Are packed lunches available for residents travelling to Dublin on official business? (Give details)	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
<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>Residents collect food at mealtimes, store it in the resident fridges and reheat when they wish</b>

**12 FACILITIES FOR FEEDING BABIES**

<b><i>Are the following available?</i></b>	<b>Yes/No</b>	
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"/>

### 13 INDOOR FACILITIES

<b><i>Are the following available to residents?</i></b>	<b>Yes/No</b>	
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 checked="" type="checkbox"/>	No <input type="checkbox"/>
Other		
Give details of any other arrangement or other comments:	<b>Nice safe and secure play area with soft rubber matting outside and an indoor playroom with Disney style murals on walls.</b>	

### 14 TRANSPORT ARRANGEMENTS

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

### 15 TV SYSTEM

Is there a specific TV system in place? (give details)	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> <b>Satellite TV Channels available</b>
An average, how many TV channels are provided to residents?	<b>6 Saorview and 50+ others</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 <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)	<b>Residents – 6 washers and 4 dryers</b>
What procedures are in place for the exchange of towels and bed linen at the centre?	<b>On arrival and replaced every 6 months.</b>



What procedures are in place for ironing boards and irons?	<b>Available to residents</b>
How is washing powder / tablets supplied?	<b>Are automatically dispensed</b>
Are there specific arrangements for access to the laundry (give details):	<b>Is open from 8.00 am to 10.00 pm</b>

#### **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?	<b>Glass and window cleaner/toilet cleaner/multipurpose cleaner/air freshener/mops and brushes</b>
What is the procedure for residents to access vacuum cleaners, brushes & other cleaning equipment?	<b>Available on request</b>
What arrangements are in place if rooms are not cleaned sufficiently by residents?	<b>Manager speaks to resident and if necessary assistance is provided.</b>





## *PART 2*

### *Room by Room Inspection*

*Centre:* **Atlas House Killarney**

*Date of Inspection:* **7 December 2018**

## Section A- Administration / Communal areas

### 17 Have you seen the following?

		Location of display
Up to date House Rules	<input checked="" type="checkbox"/>	Dining area
Complaint Forms	<input checked="" type="checkbox"/>	Reception
Accident/ Incident procedure	<input checked="" type="checkbox"/>	Accident / Incident book in office

HSE Breastfeeding Posters (if applicable)	<input checked="" type="checkbox"/>	Dining room
Designated Liaison Person details (Child Protection)	<input checked="" type="checkbox"/>	Reception
Supervision of children notice	<input checked="" type="checkbox"/>	Notice board and Dining room
Gym Notices (Child Safety – if applicable)	<input checked="" type="checkbox"/>	Gym entrance door
IOM Voluntary Return Posters	<input checked="" type="checkbox"/>	Dining room

IOM Voluntary Return Posters	<input checked="" type="checkbox"/>	Dining room
Anti Human-Trafficking Posters	<input checked="" type="checkbox"/>	Reception Dining room
'NO to Violence & Harassment' Posters	<input checked="" type="checkbox"/>	Dining area/stairway

### 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?	
<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>
29/11/18	Nel Services Ltd	All 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
6/12/2018	Staff	<input checked="" type="checkbox"/>	None	No	Y
5/12/2018	Staff	<input checked="" type="checkbox"/>	None	No	Y

### 19c FIRE FIGHTING EQUIPMENT INSPECTION SCHEDULE

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

Date	Inspected By (Company Name / Position)	OK	Defect	Remedial Action Taken ( Y/N)	Sign Off Y/N
6/12/2018	Staff	<input checked="" type="checkbox"/>	None	No	Y
5/12/2018	Staff	<input checked="" type="checkbox"/>	None	No	Y

### 19d FIRE EXIT DOORS / MEANS OF ESCAPE INSPECTION SCHEDULE

Date	Inspected By (Company Name / Position)	OK	Defect	Remedial Action Taken ( Y/N)	Sign Off Y/N
6/12/2018	Staff	<input checked="" type="checkbox"/>	None	No	Y
5/12/2018	Staff	<input checked="" type="checkbox"/>	None	No	Y

### 19e FIRE DRILL PROCEDURE INSPECTION SCHEDULE

Date & Time	Numbers of staff involved in drill	No. of residents present / evacuated **	Evacuation Time	Comments
12/11/18 9.30am	6	62/62	5.5mins	Very good response.
17/04/2018 @ 4pm	7	59/59	6 mins	Ok

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

**19f STAFF INSTRUCTION AND TRAINING (Fire Safety)**

Job Description	Course	Instructor	Duration	Date
All staff	Fire extinguisher training	M&K Fire Defence	1 Day	15/12/2016

**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? (e.g., fire exit signs, hazards, lighting, notices, décor, etc.)	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
If yes please detail:		

### Social Room / Tea Station (State Location): Dining area ground floor

What facilities are provided? <b>Burco boiler, fridge, water, milk, tea, coffee &amp; sugar</b>		
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:		

### Gym (State Location): ground floor

What facilities are provided? <b>Weights &amp; bench, exercise bike and walker</b>		
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: <b>Exercise classes also provided.</b>		

### COMMUNAL ROOM (State Location): Ground floor

<b>Storage area:</b>		
Is the walkway through the area clear?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Are the exit signs clearly marked?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
<b>General Seating Area</b>		
Is the seating in good condition?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
What is the area generally used for? Leisure / Tv viewing		
Is the area generally clean?	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 yes please detail:		
<b>Any other comments?</b> If yes please detail: <b>Room bright and well ventilated and spotless</b>		

**Playroom (ground floor off communal room)**

Is the area generally clean?      Yes
If no please give details:
Visual Check: Have you noticed any issues requiring attention? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (observe whether the area is colourful, has sufficient toys, changing areas, toilets in working order, etc)
Other comments: Nice bright room with painting designs on walls consisting of cartoons and Disney characters

**PUBLIC TOILET (State Location):****Ground floor behind reception**

	Number	Soap	Toilet Paper	Hand Towels / Dryers	Hot Water	Sanitary Bins
Unisex:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ladies:	<b>2</b>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Gents:	<b>1 &amp; 2 urinals</b>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Is there a cleaning schedule displayed? Record the last time entry.					Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Is the area clean? (provide comment) Yes						
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: <b>Very clean</b>						

## DINING AREA:

Please outline the meal times:

	From	To
<b>Breakfast</b>	8.00 ( 7.30 school going children)	09.30
<b>Lunch</b>	12.30	14.00
<b>Dinner</b>	17.30	19.00

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

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

<b>Breakfast</b>	
<b>Lunch</b>	
<b>Dinner</b>	

Is menu cycle on display?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Does menu cycle correspond with options available?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

If no, ask manager for explanation and provide details:

Which meal was sampled?	Breakfast <input type="checkbox"/>	Lunch <input checked="" type="checkbox"/>	Dinner <input type="checkbox"/>
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Please describe the meal in detail (e.g. was it hot / cold, bland / spicy etc.)

**Meal was hot and tasty. Salad, lasagne and chips, onion rings**

Was there a vegetarian option? (note salad and vegetables <u>alone</u> are not considered as vegetarian option)	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Give details of this option:	<b>Egg and chips</b>	
Were there ethnic dishes available?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Give details of this option:		
Was fresh foods available for Infants? (as per HSE Infant Feeding Guidelines)	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
In your opinion, does the food on offer appear to provide a good variety?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Did inspection take place during Ramadan?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>

If yes, please outline arrangements for provision of meals outside of normal mealtimes, (medical or other appointments, etc.): **if requested**

Is there any damaged seating or tables in dining room?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Is there enough seating for residents present to sit down and eat their lunch?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

Comments: Dining area bright, airy and well maintained

## KITCHEN AREA: Food Safety Critical Requirements

Is there a dress code for kitchen and server staff

Please outline: All kitchen staff wore trousers, tunic, hat and shoes

Has the manager shown you HACCP Certificates for chefs?	<input checked="" type="checkbox"/>
Was the fridge temperature showing as being between 1 and 5°C?	<input checked="" type="checkbox"/>
Did you see evidence that the fridge temperature is recorded daily?	<input checked="" type="checkbox"/>
Was the freezer temperature showing as being -18°C or below?	<input checked="" type="checkbox"/>
Did you see evidence that freezer temperature is recorded daily?	<input checked="" type="checkbox"/>
Are dry food stuffs stored on shelving? (all dry goods should be stored off the ground)	<input checked="" type="checkbox"/>
Has it been demonstrated to you that cooked food is at a temperature above 72°C?	<input checked="" type="checkbox"/>
Is the temperature recorded for all food services (lunch & dinner)	<input checked="" type="checkbox"/>
Is there a record of daily cleaning of kitchen, food service and dining areas?	<input checked="" type="checkbox"/>
Have you seen a record of periodic deep clean of all floors, under and behind cookers/fridges etc.?	<input checked="" type="checkbox"/>
Are bins with waste food covered/lidded ?	<input checked="" type="checkbox"/>
Are fly screens present on windows and doors into kitchen?	<input checked="" type="checkbox"/>

Where you have not checked boxes above, please provide further details, including any specific corrective actions you may have requested:



### OUTDOOR GROUNDS / FACILITIES

Please rate the following:

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

### **LAUNDRY ROOM**

	Washing Machines	Dryers
Number	<b>6</b>	<b>4</b>
Do they appear to be in working order?		
Comments:		

## 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?	Various cleaning agents including multipurpose cleaner, glass and window cleaner, air freshener, CIF.	
What arrangements are in place if rooms are not cleaned sufficiently by residents?	Centre will encourage cleaning by resident if this is the case	

### **CORRIDOR (State Location): All corridor areas**

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: +		

<b>ROOM NUMBER 3 ( dedicated bathroom)</b>				
Room Profile:		Room Capacity:	Room Occupancy:	
Family		4	3	
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	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 NUMBER 4 ( dedicated bathroom)</b>				
Room Profile:		Room Capacity:		Room Occupancy:
<b>Singles</b>		<b>3</b>		<b>3</b>
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input 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:				

<b>ROOM NUMBER 5 ( dedicated bathroom)</b>				
Room Profile:		Room Capacity:		Room Occupancy:
<b>Single</b>		<b>2</b>		<b>2</b>
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input 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:				

<b>ROOM NUMBER 6</b>				
Room Profile:		Room Capacity:		Room Occupancy:
<b>Family</b>		<b>2</b>		<b>2</b>
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:				

<b>ROOM NUMBER 7</b>				
Room Profile:		Room Capacity:		Room Occupancy:
<b>Family</b>		<b>3</b>		<b>3</b>
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:				

<b>ROOM NUMBER 8</b>				
Room Profile:		Room Capacity:		Room Occupancy:
Family		3		3
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input 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 NUMBER 9</b>				
Room Profile:		Room Capacity:		Room Occupancy:
Single		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:				

<b>ROOM NUMBER 10 ( dedicated bathroom)</b>				
Room Profile:		Room Capacity:		Room Occupancy:
Single		2		2
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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: mould on wall of bathroom				

<b>ROOM NUMBER 11 ( dedicated bathroom)</b>				
Room Profile:		Room Capacity:		Room Occupancy:
Family		2		2
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input 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:				

<b>ROOM NUMBER 12</b>				
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 checked="" type="checkbox"/> No * <input type="checkbox"/>				
If *, please give details:				

<b>ROOM NUMBER 13</b>				
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:				

<b>ROOM NUMBER 14 ( dedicated bathroom )</b>				
Room Profile:		Room Capacity:		Room Occupancy:
Family		4		4
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input 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:				

<b>ROOM NUMBER 15 ( dedicated bathroom )</b>				
Room Profile:		Room Capacity:		Room Occupancy:
Family		4		3
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input 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:				

<b>ROOM NUMBER 16 ( dedicated bathroom )</b>				
Room Profile:		Room Capacity:		Room Occupancy:
Family		4		3
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input 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:				

<b>ROOM NUMBER 17 ( dedicated bathroom )</b>				
Room Profile:		Room Capacity:		Room Occupancy:
Family		3		2
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input 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:				

<b>ROOM NUMBER 18</b>				
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:				

<b>ROOM NUMBER 19 ( dedicated bathroom )</b>				
Room Profile:		Room Capacity:		Room Occupancy:
Family		3		3
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input 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: curtains need replacing				

<b>ROOM NUMBER 21 and 22 – all one family</b>				
Room Profile:		Room Capacity:		Room Occupancy:
Family		5		2+3
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order? Yes <input checked="" type="checkbox"/> No * <input type="checkbox"/>				
If *, please give details: bathroom in use not inspected				

<b>ROOM NUMBER 23</b>				
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:				

<b>ROOM NUMBER 24</b>				
Room Profile:		Room Capacity:		Room Occupancy:
Family		2		0
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input 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 NUMBER 25 (dedicated bathroom)</b>				
Room Profile:		Room Capacity:		Room Occupancy:
Single		2		2
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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:				

<b>ROOM NUMBER 26 ( dedicated bathroom)</b>				
Room Profile:		Room Capacity:		Room Occupancy:
Family		2		2
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input 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:				

<b>ROOM NUMBER 27 ( dedicated bathroom)</b>				
Room Profile:		Room Capacity:		Room Occupancy:
Single		2		2
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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:				

<b>ROOM NUMBER 28</b>				
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: bulb in bathroom needs replacing. Wire across the floor trip hazard.				

<b>ROOM NUMBER 29</b>				
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: Mould in bathroom.				



<b>ROOM NUMBER 30</b>				
Room Profile:		Room Capacity:		Room Occupancy:
<b>Family</b>		<b>2</b>		<b>2</b>
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: <b>very cluttered room</b>				

<b>ROOM NUMBER 31 ( dedicated bathroom)</b>				
Room Profile:		Room Capacity:		Room Occupancy:
<b>Singles</b>		<b>2</b>		<b>2</b>
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input 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:				

<b>ROOM NUMBER 32 ( dedicated bathroom )</b>				
Room Profile:		Room Capacity:		Room Occupancy:
<b>Family</b>		<b>2</b>		<b>2</b>
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input 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:				

<b>ROOM NUMBER 33</b>				
Room Profile:		Room Capacity:		Room Occupancy:
<b>Family</b>		<b>2</b>		<b>2</b>
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: <b>very cluttered room</b>				

<b>ROOM NUMBER 34</b>				
Room Profile:		Room Capacity:		Room Occupancy:
<b>Family</b>		<b>3</b>		<b>3</b>
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: <b>very cluttered room, trip hazard on floor.</b>				

<b>ROOM NUMBER 35</b>				
Room Profile:		Room Capacity:		Room Occupancy:
<b>Singles</b>		<b>3</b>		<b>2</b>
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:				

<b>ROOM NUMBER 36</b>				
Room Profile:		Room Capacity:		Room Occupancy:
<b>Family</b>		<b>2</b>		<b>1</b>
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:				

<b>ROOM NUMBER 37 ( dedicated bathroom)</b>				
Room Profile:		Room Capacity:		Room Occupancy:
<b>Family</b>		<b>2</b>		<b>2</b>
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input 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:				

<b>ROOM NUMBER 38 (dedicated bathroom)</b>				
Room Profile:		Room Capacity:		Room Occupancy:
Family		2		1
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input 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: mould on bathroom wall.				

<b>ROOM NUMBER 39</b>				
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 checked="" type="checkbox"/>	No* <input type="checkbox"/>
If *, please give details:				

<b>ROOM NUMBER 40</b>				
Room Profile:		Room Capacity:		Room Occupancy:
Family		3		3
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input 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: mould on bathroom wall.				

## **General Representations**

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

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

No

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

No

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

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

**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: M. Mullyan

Position: Assistant Manager

Date: 07.12.18

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**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: M. Mullyan

Position: Assistant Manager

Date: 07.12.18



# Class House Killarney – Menu Cycle Week 2

Saturday	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday
<b>Breakfast</b>	<b>Breakfast</b>	<b>Breakfast</b>	<b>Breakfast</b>	<b>Breakfast</b>	<b>Breakfast</b>	<b>Breakfast</b>
Selection of Cereals	Selection of Cereals	Selection of Cereals	Selection of Cereals	Selection of Cereals	Selection of Cereals	Selection of Cereals
Porridge	Porridge	Porridge	Porridge	Porridge	Porridge	Porridge
Boiled Eggs	Boiled Eggs	Boiled Eggs	Boiled Eggs	Boiled Eggs	Boiled Eggs	Boiled Eggs
<b>Lunch</b>	<b>Lunch</b>	<b>Lunch</b>	<b>Lunch</b>	<b>Lunch</b>	<b>Lunch</b>	<b>Lunch</b>
Selection of Salads	Selection of Salads	Selection of Salads	Selection of Salads	Selection of Salads	Selection of Salads	Selection of Salads
Selection of Fruits	Selection of Fruits	Selection of Fruits	Selection of Fruits	Selection of Fruits	Selection of Fruits	Selection of Fruits
Vegetable Soup	Vegetable Soup	Vegetable Soup	Vegetable Soup	Vegetable Soup	Vegetable Soup	Vegetable Soup
Puree Baby Food	Puree Baby Food	Puree Baby Food	Puree Baby Food	Puree Baby Food	Puree Baby Food	Puree Baby Food
Chicken Burger	Chicken Curry & White Rice	BBQ Chicken & Cheese Paninis	Beef Burgers	Chicken & Mushroom Vol-au-vaunts	Beef with Sweet Chilli & Chickpea Sauce	Chicken Sausages
Pasta Carbonara with Bacon	Beef Sausages	Chicken Risotto	Chicken Nuggets	Lamb Sausages	Mexican Chicken Wraps	Rashers, Black & White Pudding
Veg Pasta Carbonara	Roast Vegetables	Farelle Pasta with onion & carrot	Vegetarian Noodles	Vegetable Spring Rolls	Vegetarian Wraps	Veggie Burger
Potato Croquettes	Hash Browns	Potato Wedges	Chips	Wedges	Potato Cubes	Fried Eggs / Chips
<b>Dinner</b>	<b>Dinner</b>	<b>Dinner</b>	<b>Dinner</b>	<b>Dinner</b>	<b>Dinner</b>	<b>Dinner</b>
Vegetable Soup	Vegetable Soup	Vegetable Soup	Vegetable Soup	Vegetable Soup	Vegetable Soup	Vegetable Soup
Puree Baby Food	Puree Baby Food	Puree Baby Food	Puree Baby Food	Puree Baby Food	Puree Baby Food	Puree Baby Food
Roast Chicken Legs in Mushroom sauce	Beef Stew with Spinach & Chilli	Roast Beef	Golden Chicken Legs & Fried Vegetables	Beef Stew	Shepard's Pie	Pork Loin
BBQ Pork Ribs	Chicken Wings in Tikka masala Sauce	Baked Pollock	Lamb Stew	Doner Kebab	Roast Turkey	Baked Mackerel
Roast Potato & Vegetables	Vegetarian Cous-Cous	Sauté Onions & Mushrooms / Jollof Rice	Penne Pasta Served with Mushroom Sauce	Potato Gratin	Fried Rice	Sweet potatoes & Vegetables
Basmati Rice	White Rice	Mash Potato	Basmati Rice	Jollof Rice	Mash Potato	Long Grain Rice
Sweetcorn	Green Beans	Butternut squash	Green Beans	Broccoli	Carrots	Carrot & Parsnip
Assorted Yoghurts	Strawberry Cheesecake	Mint Ice-Cream	Fruit Cocktail	Lemon Traybake	Fruit Scones	Double Chocolate Muffins





# Atlas House Killarney – Menu ( 1st Week 1

Saturday	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday
Breakfast	Breakfast	Breakfast	Breakfast	Breakfast	Breakfast	Breakfast
Selection of Cereals	Selection of Cereals	Selection of Cereals	Selection of Cereals	Selection of Cereals	Selection of Cereals	Selection of Cereals
Porridge	Porridge	Porridge	Porridge	Porridge	Porridge	Porridge
Boiled Eggs	Boiled Eggs	Boiled Eggs	Boiled Eggs	Boiled Eggs	Boiled Eggs	Boiled Eggs
Lunch	Lunch	Lunch	Lunch	Lunch	Lunch	Lunch
Selection of Salads	Selection of Salads	Selection of Salads	Selection of Salads	Selection of Salads	Selection of Salads	Selection of Salads
Selection of Fruits	Selection of Fruits	Selection of Fruits	Selection of Fruits	Selection of Fruits	Selection of Fruits	Selection of Fruits
Vegetable Soup	Vegetable Soup	Vegetable Soup	Vegetable Soup	Vegetable Soup	Vegetable Soup	Vegetable Soup
Puree Baby Food	Puree Baby Food	Puree Baby Food	Puree Baby Food	Puree Baby Food	Puree Baby Food	Puree Baby Food
Chicken Liver with Mixed Babs	BBQ Chicken Wings	Turkey Stir Fry	Chicken Burger	Southern Fried Chicken Goujons	Toasted Baguettes with Turkey and cheese	Chicken Curry / Rice
Lamb Kebabs	Cod Goujons	Beef Risotto	Sausage Rolls	Beef Sausages	Beef Bolognaise	Scrambled Eggs with Baked Beans
Mixed Bean Curry	Vegetarian Noodles	Vegetarian Quiche	Savoury Rice	Creamy Mushroom Pasta	Spaghetti / Vegetables	Gingerly Butternut Sq & Sweet Potato
Wedges	Chips	Wedges	Potato Croquettes	Potato Cubes	Plain Fries	Potato Wedges
Dinner	Dinner	Dinner	Dinner	Dinner	Dinner	Dinner
Vegetable Soup	Vegetable Soup	Vegetable Soup	Vegetable Soup	Vegetable Soup	Vegetable Soup	Vegetable Soup
Puree Baby Food	Puree Baby Food	Puree Baby Food	Puree Baby Food	Puree Baby Food	Puree Baby Food	Puree Baby Food
Irish Beef Stew	Sauté Chicken Hearts & caramelised Onions	Bacon & Cabbage	Chicken Stir-fry & Rice	Roast Chicken Legs	Roast Beef	Baked Haddock
Spiced Chicken Legs	Battered Cod	Meatloaf with Vegetable Sauce	Baked Mackerel	with Veg Mustard & Honey Sauce	Lamb Stew	Roast Potato
Roast Vegetables	Veg Pasta Carbonara	Cous Cous with Vegetables	Potato Gratin	Scallion Rice	Jollof Rice & Vegetables	Honey Roast Vegetables
Mash Potatoes	Basmati	PAP	Plain Rice	Spicy Beef with Potatoes & Carrots	Mash Potatoes	Doner Kebabs
White Rice		Rice		Young Potato		Basmati Rice
Sweetcorn	Green Beans	Peas	Green Beans	Broccoli	Carrots	Cauliflower
Tiramisu Cheesecake	Assorted Yoghurts	Peach Slices	Pancakes	Vanilla Ice-Cream	Custard	Victoria Sponge Cake





Áisneacht Fháilte agus Comhtháite  
Reception and Integration Agency

Mr. Jamie Carnegie,  
OFM,  
Laccamore,  
Abbeydorney,  
Tralee,  
Co. Kerry.

8<sup>th</sup> January 2019

Dear Mr Carnegie,

The Reception and Integration Agency carried out an inspection at Atlas House, Killarney on 7 December 2018. A copy of the 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.

During the course of the inspection a number of issues were highlighted. We would appreciate your immediate attention to deal with any hazards or risks detailed in this report.

Please reply in writing, on or before Friday 1<sup>st</sup> February 2019 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



Atlas House  
Deerpark road  
Killarney  
Co. Kerry  
10.01.2019

Re: Inspection 07.12.2018

Dear Bernie,

In response to the recent audit in this centre, I have read over the report and the following action has been taken.

- Rooms 10, 38, 40 mould in bathroom removed.
- Centre manager will get quotes for replacement curtains for bedrooms and forward to RIA.
- Room 28 bulb replaced in bathroom. Resident asked to remove trip hazard.
- Rooms 30, 33 & 34 de-cluttered and residents offered storage extra space.

Yours faithfully,



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Jamie Carnegie  
Managing director.

