

Johnston Marina
Dingle Road
Tralee
Co. Kerry

16.07.2019
RE: Audit

Dear Bernie,

In response to the 21.06.2019 QTS independent audit,

- Fire door mechanism repaired
- Rooms 205 Door lock replaced.
- Rooms 310 Bath panel repaired.

I hope that these actions meet with your approval and should you require any more information, please do not hesitate to get in touch with me.

Kind regards,

Jamie Carnegie.
Managing Director.



Áisneacht Fháilte agus Comhtháite
Reception and Integration Agency

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

8th July 2019

Dear Mr. Carnegie,

QTS on behalf of The Reception and Integration Agency carried out an inspection at Johnston Marina on 21st June 2019. A copy of the inspection report is enclosed for your attention.

Please read the report carefully and do not hesitate to contact me if it contains any discrepancies.

A small 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 29th July 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.

RIA

Independent Inspection Report

Centre:	Johnson Marina, Tralee Accommodation Centre
Inspector:	Shane Mac Loughlin
Date of Inspection:	21/6/19
Time of Arrival & Departure:	10.00-13.00

Part 1
General Information on Services

Independent Inspection Report

Centre: Johnson Marina, Tralee

Date of Inspection: 21/6/19

1. CENTRE DETAILS

Name and address of Centre	Johnson Marina, Tralee, Co Kerry
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Contractor	OFM
Manager	Jamie Carnegie
Who deputises for manager in his/her absence?	Give Job Title only Assistant manager / Receptionist

Telephone Number	066 718 0177
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Current Contracted Capacity	90
Current Occupancy (today)	82
Current Centre Profile (e.g., singles, families etc.)	Families/Single Female

HSE Area	South West
Public Health Nurse	Catherine O'Sullivan
DSP / CWO name	CWO: Caroline O'Brien
Environmental Health Officer name	Isabel Kennelly
Local Fire Officer Name	Fire officer: Vincent Hussey
Local Fire Station	Tralee

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

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	Night Porter 8pm to 8 am
Is security provided by external company? (Y/N)	Yes
If yes, give name of company:	Guard Force
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?	kitchen and reception
Who is responsible for first aid restocking?	<i>Job title only (not name) of person responsible: Assistant Manager</i>
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?	Electric heating available 24/7 controlled (on/off) in resident room

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?	Post in reception and made available on arrival induction with Manager. RIA booklet issued

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	Door is locked in evening time by Porter on duty (locked at 10pm)
Are there procedures to allow residents to receive visitors? (Give details)	Yes
Outline visiting times :	10am to 10pm
In what areas are visitors allowed in the centre?	Reception lobby and restaurant seating
Any other relevant information:	
Is there a facility for storage of residents' valuables*? (Give details.) (* Storage is at resident's own risk)	Yes. Excess belongings are stored in the Loft space above the GYM / Children's play area. Residents are advised to not store expensive items
What toiletries are provided to residents on arrival?	Soap, shampoo, toothpaste, toilet paper
What arrangements are in place to replenish these items?	Go to reception to request – checked also monthly

7 ARRANGEMENTS FOR MAINTENANCE

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

8 CHILD PROTECTION

Are measures in place to inform staff and visitors of RIA's Child Protection Policy? (Give details)	Yes – all staff issued Child Protection Policy and signs off.
Are visitors asked to sign a declaration agreeing to adhere to the child protection policy?	Yes
Where is declaration held?	Office
Is there a sign in book for visitors? Where?	Yes – reception desk
Are there notices on public display giving name and contact details of Designated Liaison Person? Where?	Yes – in dining room and main reception corridors
Have Designated Liaison Persons received HSE training?	Yes
Are notices prominently displayed regarding parental supervision of children? Where?	Yes in Dining room and reception notice boards

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:	4/9/2018 – no issues

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

Are residents consulted regarding menu / dietary requests? (Give details.)	Chef openly meets with residents
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 	Selection of fruit and juices everyday with yogurt drink once a week. Residents have dining room set out for them every school morning with bread , ham, chicken, cheese, salads and butter/spread
Is infant formula kept out of public view?	yes
What arrangements are in place for distribution of infant formula?	Issued by manager and recorded on issue log.

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?	Fruit, Bread, coffee, tea and milk
Where are the snacks located and how are they accessed?	Dining room
Are meals available for residents who arrive late? (Give details.)	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Meal left covered for re-heating once notified
Are meals available for new arrivals? (Give details)	Yes on arrival if outside main meal times , meals will have been set aside from previous service.
Are packed lunches available for residents travelling to Dublin on official business? (Give details)	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Sandwich, juice/water and fruit
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?	n/a

12 FACILITIES FOR FEEDING BABIES

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

Kettles	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Fridge (for bottles of EBM* / formula) *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 checked="" type="checkbox"/> No <input type="checkbox"/> Dining room

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 type="checkbox"/> No <input checked="" 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 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:	The children's play room is a multipurpose space for resident use. Access to the GYM is through this space.

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"/>
An average, how many TV channels are provided to residents?	Saorview available to all residents
Are residents allowed to erect satellite dishes?	No

16 LAUNDRY FACILITIES (General Arrangements)

Are Laundry facilities available in the centre? (Y/N)	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
If No, what service is provided?	
Who launders towels and bedlinen? (e.g., residents, staff, other, etc)	Residents (4 washers / 1 dryers)
What procedures are in place for the exchange of towels and bed linen at the centre?	On request with manger
What procedures are in place for ironing boards and irons?	Available from reception both irons and ironing boards
How is washing powder / tablets supplied?	Washing machines on automatic dosing
Are there specific arrangements for access to the laundry (give details):	Open from 8am to 10pm

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?	Cleaning Agent/Toilet cleaner/Vacuum/Mops and brushes
What is the procedure for residents to access vacuum cleaners, brushes & other cleaning equipment?	Request them from managers office
What arrangements are in place if rooms are not cleaned sufficiently by residents?	Manager speaks to resident and if necessary assistance provided

PART 2

Room by Room Inspection

Independent Inspection

Centre: Johnson Marina, Tralee

Date of Inspection: 21/6/19

Section A- Administration / Communal areas

17 Have you seen the following?

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

HSE Breastfeeding Posters (if applicable)	x	Dining room and lobby
Designated Liaison Person details (Child Protection)	x	Dining room and lobby
Supervision of children notice	x	Dining room and lobby
Gym Notices (Child Safety – if applicable)	x	Gym door
IOM Voluntary Return Posters	x	Stairwell lobby beside reception

18 Staff Awareness

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

*A Code of Practice for persons working in accommodation centres

19 FIRE SAFETY

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

19a EMERGENCY LIGHTING INSPECTION SCHEDULE

<u>Date</u>	<u>Inspected By</u> (Company Name / Position)	<u>Comments</u>
20/6/19	Internal	Ok
5/6/19	NEL ltd.	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
20/6/19	Internal	x			
20/1/19	external by Chubb	x			

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
20/6/19	Internal	x			
Nov /2018	external by M&K Fire	x			

19d FIRE EXIT DOORS / MEANS OF ESCAPE INSPECTION SCHEDULE

Date	Inspected By (Company Name / Position)	OK	Defect	Remedial Action Taken (Y/N)	Sign Off Y/N
20/6/19	Internal security	x			
19/6/19	Internal Security	x			

19e FIRE DRILL PROCEDURE INSPECTION SCHEDULE

Date & Time	Numbers of staff involved in drill	No. of residents present / evacuated **	Evacuation Time	Comments
2/4/19	6	47/83	10mins	No issues
215/12/18	6	67/67	8mins	No issues

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

Job Description	Course	Instructor	Duration	Date
All staff	Fire Safety	M Morley (M&K Fire)	1 day	30.3.15

19g FIRE ASSEMBLY POINTS

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

19h FIRE ALARM SYSTEM

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

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

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

Administration Area:

Reception:

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

Have you seen the following?

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

HSE Breastfeeding Posters (if applicable)	x	Dining room
Designated Liaison Person details (Child Protection)	x	Dining room
Supervision of children notice	x	Dining room and corridors
Gym Notices (Child Safety – if applicable)	x	Gym door

IOM Voluntary Return Posters	x	Dining hall
Anti Human-Trafficking Posters	x	Dining hall
'NO to Violence & Harassment' Posters	x	Dining hall

Social Room / Tea Station (State Location):

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

Pre-school Room:

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

DINING AREA:

Please outline the meal times:

	From	To
Breakfast	7.30	9.30
Lunch	12.30	14.00
Dinner	17.30	19.00

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

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

Breakfast	
Lunch	
Dinner	

Is menu cycle on display?	Yes <input checked="" type="checkbox"/> 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: Daily Menu matched menu cycle	
Which meal was sampled?	Breakfast <input type="checkbox"/> Lunch <input checked="" type="checkbox"/> Dinner <input type="checkbox"/>
Please describe the meal in detail (e.g. was it hot / cold, bland / spicy etc.) Roast Chicken with mixed vegetables – well seasoned and tasty	
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:	Pasta with mix veg and chips were available in addition to salad and fruit options
Were there ethnic dishes available?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Give details of this option:	Menu based on resident feedback
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.):	
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: Food, service and hygiene all to a very good standard.	

KITCHEN AREA: Food Safety Critical Requirements

FOOD SAFETY

Has the premises been inspected by an Environmental Health Officer?	Yes
Date of Visit?	4/9/2018
Comments:	No issues

Has a HACCP system been implemented?	Yes
Who designed the HACCP system?	OFM
Who is responsible for reviewing the system?	Chef
How frequently is the system reviewed?	Not determined

HACCP Records:

Pest Control: Alphasan Pest Control Ltd. Records on file 15/5/19 – no activity
Induction and Ongoing Staff Training: HACCP training has been provided to all kitchen staff, training records viewed in employee file.
Time & Temperature Records: As part of HACCP plan, Cooking, re-heating, service temperatures are taken at each service and recorded as required
Hygiene Audits: Done by Chef
List of Approved Suppliers: Detailed list of approved suppliers in place.
Cleaning Schedules: Daily/weekly cleaning registers in place, checked by Head Chef on a daily/weekly basis, separate server and kitchen cleaning registers.
Procedures for accepting deliveries: Follow strict HACCP control point system and acceptance of delivery process in place.
General Comments: Very clean kitchen and well maintained. Excellent HACCP system in place.

HACCP and Kitchen Evaluation

General

Is the kitchen commercial or domestic?	Commercial.
What equipment is in place? Oven, gas burner, deep fryer, commercial microwave, commercial mixer, milk dispenser, commercial dishwasher, worktops for cooked meat, raw meat and vegetables.	
In what condition is the equipment? Appeared in good condition, no complaints from Head Chef. Majority of equipment is clean and well maintained.	
Comments: Separate room for dish washing. Area well ventilated, clean and well maintained	

Structural Hygiene

Kitchen:

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

Structural Hygiene cont

Dry Goods

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

Refrigerated Storage

What type of refrigerated storage is provided?	Free standing commercial refrigerators and chest freezers.
Comment on the condition and suitability of the refrigerated storage:	Two commercial refrigerators in place, with separated areas for raw meats, cooked meats and vegetables. Freezers storage of raw meats and breads/processed vegetables and dairy.
Are thermostats provided and in working order?	Yes, all in good working order.
Are food items date stamped?	Yes.
Are samples of dishes being kept?	Yes, kept in refrigerated display unit in service area.

Other

Is there appropriate storage for cleaning agents and chemicals?	Yes, separate locked
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Operational Hygiene

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

Is the correct equipment provided? e.g. colour coded chopping boards
Yes

Is the necessary holding equipment provided? e.g. bain maries, refrigerated units
Bain marie and refrigerated display unit provided in service area. Both units are clean and well maintained.

Condition and suitability of serving equipment and utensils:
All serving equipment and utensils are clean and well maintained.

What procedures are in place for unused/unserved food at the end of service?
Food waste is disposed of after every service. Uncontaminated Food which can be saved and cooled within time controls, such as rice, is recycled correctly to reduce food waste

Comments:

Staff Facilities and Hygiene

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

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

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

Are uniforms clean and in good condition? <i>(to include caps/hairnets/closed heel/toe shoes etc)</i>	Appropriate uniforms, hats, hairnets are provided. Appropriate shoes are also worn.
Is personal grooming satisfactory?	Yes.
Are safe habits practiced?	Yes, use of serving equipment, and use of gloves are practiced.
General Comments on staff facilities:	

23 PUBLIC TOILET (State Location):

	Number	Soap	Toilet Paper	Hand Towels / Dryers	Hot Water	Sanitary Bins
Unisex:						
Ladies:	4	x	x	x	x	x
Gents:	4	x	x	x	x	
Is there a cleaning schedule displayed? Record the last time entry.					Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/> Not noted
Is the area clean? (provide comment) yes						
Are all facilities working?					Yes <input checked="" type="checkbox"/>	No
<i>Visual Check:</i> Have you noticed any issues requiring attention?					Yes	No <input checked="" type="checkbox"/>
If No, give details:						

24 COMMUNAL ROOM (State Location): down from reception on right hand side

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

OUTDOOR GROUNDS / FACILITIES

Please rate the following

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

LAUNDRY ROOM

	Washing Machines	Dryers
Number	4	1
Do they appear to be in working order		
Comments:		

CORRIDOR all corridors are maintained exceptionally well

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

STAIRWAY all stairwells are clean and kept clear

Is the area generally clean?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
If no please give details:				
<i>Visual Check:</i> Have you noticed any issues requiring attention? Yes	<i>(e.g., fire exit signs, hazards, lighting, notices, décor, etc.)</i>			
If yes please detail: Fire door on 3rd floor landing has broken closure mechanism.				

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?	Mops, brushes, toilet cleaner, vacuum etc	
What arrangements are in place if rooms are not cleaned sufficiently by residents?	Management will work with resident and if necessary get housekeeping to assist in cleaning.	

ROOM NUMBER 101				
Room Profile: Family Room		Room Capacity:		Room Occupancy:
		2		2
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
x	x	n/a	X	x
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
		x	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes x	No * <input type="checkbox"/>
If *, please give details:				

ROOM NUMBER 102				
Room Profile: Family Room		Room Capacity:		Room Occupancy:
Family		2		1
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
x	x	n/a	x	x
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	x	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes x	No * <input type="checkbox"/>
If *, please give details:				

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

ROOM NUMBER 104				
Room Profile: Family Room		Room Capacity:		Room Occupancy:
		2		1
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
x	X		X	X
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
		X	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes X	No * <input type="checkbox"/>
If *, please give details:				

ROOM NUMBER 105				
Room Profile: Family Room		Room Capacity:		Room Occupancy:
		3		2
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
x	X	<input type="checkbox"/>	X	X
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
		X	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes	
If *, please give details:				

ROOM NUMBER 106				
Room Profile: Family Room		Room Capacity:		Room Occupancy:
		2		2
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
x	X	<input type="checkbox"/>	X	X
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
		X	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes X	No * <input type="checkbox"/>
If *, please give details:				

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

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

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

ROOM NUMBER 204				
Room Profile: Family Room		Room Capacity:		Room Occupancy:
		3		2
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
x	X	<input type="checkbox"/>	x	x
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	x	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes x	No * <input type="checkbox"/>
If *, please give details:				

ROOM NUMBER 205				
Room Profile: Family Room		Room Capacity:		Room Occupancy:
		3		2
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
x	X	<input type="checkbox"/>	x	x
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
		x	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order? no				
If *, please give details: Door lock needs changing				

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

ROOM NUMBER 207				
Room Profile: Family Room		Room Capacity:		Room Occupancy:
		4		3
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
x	X	<input type="checkbox"/>	x	x
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
		x	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order? Yes x No * <input type="checkbox"/>				
If *, please give details:				

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

ROOM NUMBER 209				
Room Profile: Family Room		Room Capacity:		Room Occupancy:
		2		2
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
x	X	<input type="checkbox"/>	x	x
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	x	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes x	No * <input type="checkbox"/>
If *, please give details:				

ROOM NUMBER 210				
Room Profile: Family Room		Room Capacity:		Room Occupancy:
		2		2
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
x	X	<input type="checkbox"/>	x	x
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	x	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes x	No * <input type="checkbox"/>
If *, please give details:				

ROOM NUMBER 211				
Room Profile: Family Room		Room Capacity:		Room Occupancy:
		4		4
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
x	X	<input type="checkbox"/>	x	x
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	x	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes x	No * <input type="checkbox"/>
If *, please give details:				

ROOM NUMBER 212				
Room Profile: Family Rooms		Room Capacity:		Room Occupancy:
		4		4
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
x	X	<input type="checkbox"/>	x	x
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	x	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes x	No * <input type="checkbox"/>
If *, please give details:				

ROOM NUMBER 215				
Room Profile: Family Room		Room Capacity:		Room Occupancy:
		4		5
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
x	X	<input type="checkbox"/>	x	x
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	x	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes x	No * <input type="checkbox"/>
If *, please give details:				

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

ROOM NUMBER 301				
Room Profile: Family Room		Room Capacity:		Room Occupancy:
		3		2
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
x	X	<input type="checkbox"/>	x	x
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
		x	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes x	No * <input type="checkbox"/>
If *, please give details:				

ROOM NUMBER 302				
Room Profile: Family Room		Room Capacity:		Room Occupancy:
		2		2
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
x	X	<input type="checkbox"/>	x	x
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
		x	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes x	No * <input type="checkbox"/>
If *, please give details:				

ROOM NUMBER 303				
Room Profile: Family Room		Room Capacity:		Room Occupancy:
		2		2
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
x	X	<input type="checkbox"/>	x	x
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
		x	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes x	No * <input type="checkbox"/>
If *, please give details				

ROOM NUMBER 304				
Room Profile: Family Room		Room Capacity:		Room Occupancy:
		2		2
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
x	X	<input type="checkbox"/>	x	x
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
		x	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes x	No * <input type="checkbox"/>
If *, please give details:				

ROOM NUMBER 305				
Room Profile: Family Room		Room Capacity:		Room Occupancy:
		3		3
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
x	X	<input type="checkbox"/>	x	x
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
		x	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes x	No * <input type="checkbox"/>
If *, please give details:				

ROOM NUMBER 306				
Room Profile: Family Room		Room Capacity:		Room Occupancy:
		2		1
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
x	X	<input type="checkbox"/>	x	x
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
		x	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes x	No * <input type="checkbox"/>
If *, please give details:				

ROOM NUMBER 307				
Room Profile: Family Room		Room Capacity:		Room Occupancy:
		3		2
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
x	X	<input type="checkbox"/>	x	x
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
		x	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes X	No * <input type="checkbox"/>
If *, please give details:				

ROOM NUMBER 308				
Room Profile: Family Room		Room Capacity:		Room Occupancy:
		4		4
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
x	X	<input type="checkbox"/>	x	x
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
		x	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes X	No * <input type="checkbox"/>
If *, please give details:				

ROOM NUMBER 309				
Room Profile: Family Room		Room Capacity:		Room Occupancy:
		2		2
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
x	X	<input type="checkbox"/>	x	x
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	x	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes X	No * <input type="checkbox"/>
If *, please give details:				

ROOM NUMBER 310				
Room Profile: Family Room		Room Capacity:		Room Occupancy:
		3		3
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
x	X	<input type="checkbox"/>	x	x
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	x	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			No	
If *, please give details: Bath panel needs repair				

ROOM NUMBER 311				
Room Profile: Family Room		Room Capacity:		Room Occupancy:
		4		2
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
x	X	<input type="checkbox"/>	x	x
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	x	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes x	No * <input type="checkbox"/>
If *, please give details:				

ROOM NUMBER 312				
Room Profile: Family Room		Room Capacity:		Room Occupancy:
		2		2
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
x	X	<input type="checkbox"/>	x	x
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	x	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes x	No * <input type="checkbox"/>
If *, please give details:				

ROOM NUMBER 315				
Room Profile: Family Room		Room Capacity:		Room Occupancy:
		3		2
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
x	X	<input type="checkbox"/>	x	x
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	x	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes x	No * <input type="checkbox"/>
If *, please give details:				

ROOM NUMBER 317				
Room Profile: Family Room		Room Capacity:		Room Occupancy:
		2		1
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
x	X	<input type="checkbox"/>	x	x
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	x	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes x	No * <input type="checkbox"/>
If *, please give details:				

General Representations

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

N/a

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

N/A

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

N/A

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

Personal representations should be recorded in Part 3.

Summary Sheet

Name of Centre:	Johnson Marina
Address:	Tralee
Contractor :	OFM
Manager:	Jamie Carnegie
Contact Name:	Jamie Carnegie
Capacity Per MOA (Current Occupancy):	90 (82)
Date of Inspection:	21/6/19

Fire Safety:

Fire Door closure mechanism on 3rd floor landing is broken

Food Safety:

No issues

Bedrooms:

Room 205 Door lock needs replacing

Room 310 Bath Panel needs repair
