

# RIA

## Independent Inspection Report

<b>Centre:</b>	<b>Accommodation Centre Hazel Hotel, Monasterevin</b>
<b>Inspector:</b>	<b>Shane Mac Loughlin</b>
<b>Date of Inspection:</b>	<b>30/9/19</b>
<b>Time of Arrival &amp; Departure:</b>	<b>10.00 to 13.00</b>

*Part 1*  
*General Information on Services*

## Independent Inspection Report

*Centre:* **Accommodation Centre**  
**Hazel Hotel, Monasterevin**  
*Date of Inspection:* **30/9/19**

**1. CENTRE DETAILS**

Name and address of Centre	Hazel Hotel, Monasterevin
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Contractor	Sean Lyons/Grahan Carry
Manager	Renata Mikulasova
Who deputises for manager in his/her absence?	Give Job Title only Assistant Manager Katherine Wallace

Telephone Number	045579601
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Current Contracted Capacity	143
Current Occupancy (today)	123
Current Centre Profile (e.g., singles, families etc.)	Families

HSE Area	Newbridge
Public Health Nurse	Not Known
DSP / CWO name	Terry Conroy
Environmental Health Officer name	Not Known
Local Fire Officer Name	Celina Barret
Local Fire Station	Monasterevin

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"/>
Staffing Lists as follows:	
1. Full list of staff employed at the centre (indicating Names, Titles, Roles, etc.,) (At end of report)	<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>Desk staff</b>
Is security provided by external company? (Y/N)	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
If yes, give name of company:	
Does the centre have CCTV? (Y/N)	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Is a list of emergency numbers available in the Manager's office?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Does the list include the following numbers? (Y/N) Local Garda station 24 hr number Local hospital Local fire station Duty Social Work Team Out of hours GP Service RIA out of hours number	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> <b>Yes</b> <b>Yes</b> If no, give details: <b>Yes</b> <b>Yes</b> <b>Yes</b> <b>Yes</b>
Are first aid kits available? (Y/N)	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Where and how many?	2 in reception
Who is responsible for first aid restocking?	Job title <u>only</u> (not name) of person responsible: <b>Porter</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>Gas</b>
Do residents have control of the heating in their own bedroom?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> <b>Through radiator</b>
If no, what arrangements are in place?	
What are the heating 'ON' times?	<b>On every 3 hours</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>Through and meetings and on one to one through porter (who speaks Arabic)</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>Reception always manned</b>
Are there procedures to allow residents to receive visitors? (Give details)	<b>Visitors until 2200, in dining area, visitors must sign in and out, children must leave by 2000</b>



Outline visiting times :	As above
In what areas are visitors allowed in the centre?	Dining area
Any other relevant information:	
Is there a facility for storage of residents' valuables*? (Give details.) (* Storage is at resident's own risk)	No
What toiletries are provided to residents on arrival?	Pack provided on arrival, toothpaste, soap, shower gel, toilet rolls, cleaning equipment
What arrangements are in place to replenish these items?	On request

## 7 ARRANGEMENTS FOR MAINTENANCE

Does the centre have a written procedure in place for residents to report maintenance issues? (Yes/No)	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Is there a maintenance day book? (Yes/No)	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Describe the maintenance procedure at the centre: <b>Maintenance on site daily</b>	

## 8 CHILD PROTECTION

Are measures in place to inform staff and visitors of RIA's Child Protection Policy? (Give details)	<b>On sign in book. Policy in reception</b>
Are visitors asked to sign a declaration agreeing to adhere to the child protection policy?	<b>Yes</b>
Where is declaration held?	<b>On display in reception</b>
Is there a sign in book for visitors? Where?	<b>In reception.</b>
Are there notices on public display giving name and contact details of Designated Liaison Person? Where?	<b>Yes in reception</b>
Have Designated Liaison Persons received HSE training?	<b>Yes</b>
Are notices prominently displayed regarding parental supervision of children? Where?	<b>Yes</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 type="checkbox"/> No <input checked="" type="checkbox"/>
Date of last visit:	<b>No inspections</b>

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

Are residents consulted regarding menu / dietary requests? (Give details.)	Yes, meetings with residents
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>Yoghurts sandwich water fruit</b> <b>Those schooled in premises have juice and yoghurt.</b> <b>Jam, cheese,</b>  Please also provide details of the system for distribution of school lunches: <b>Lunches given to children going to play school at breakfast</b>
Is infant formula kept out of public view?	In store room in kitchen
What arrangements are in place for distribution of infant formula?	Ask at reception

## 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?	Fridge available with bread, jam, milk
Where are the snacks located and how are they accessed?	As above
Are meals available for residents who arrive late? (Give details.)	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If advance notice given
Are meals available for new arrivals? (Give details)	If advance notice given
Are packed lunches available for residents travelling to Dublin on official business? (Give details)	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> On request
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?	Not during Ramadan

## 12 FACILITIES FOR FEEDING BABIES

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

**13 INDOOR FACILITIES**

<b>Are the following available to residents?</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 type="checkbox"/>	No <input checked="" 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 checked="" type="checkbox"/>	No <input 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 and slides	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>Garden with swings and play room</b>	

**14 TRANSPORT ARRANGEMENTS**

Is there a bus service provided? (Yes/No):	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Where does the service go to?	<b>Dublin and Cork. Friday bus to Mosque in Portlaoise</b>
What is the frequency of the service? (List time table opposite)	<b>Hourly</b>

**15 TV SYSTEM**

Is there a specific TV system in place? (give details)	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> <b>Sky</b>
An average, how many TV channels are provided to residents?	<b>100 +</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 wash own bed linen</b>
What procedures are in place for the exchange of towels and bed linen at the centre?	<b>Ask at reception</b>
What procedures are in place for ironing boards and irons?	<b>Available at reception</b>
How is washing powder / tablets supplied?	<b>Weekly at reception and on request</b>

Are there specific arrangements for access to the laundry (give details):	<b>Any</b>
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**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>Bath spray, toilet cleaner, window cleaner</b>
What is the procedure for residents to access vacuum cleaners, brushes & other cleaning equipment?	<b>At reception on request</b>
What arrangements are in place if rooms are not cleaned sufficiently by residents?	<b>Staff will clean on request</b>



## *PART 2*

### *Room by Room Inspection*

#### *Independent Inspection*

*Centre: Hazel Hotel, Monasterevin*

*Date of Inspection: 30/9/19*

## Section A- Administration / Communal areas

### 17 Have you seen the following?

		Location of display
Up to date House Rules	<input checked="" type="checkbox"/>	None specific
Complaint Forms	<input checked="" type="checkbox"/>	
Accident/ Incident procedure	<input checked="" type="checkbox"/>	In safety statement

HSE Breastfeeding Posters (if applicable)	<input checked="" type="checkbox"/>	In reception
Designated Liaison Person details (Child Protection)	<input checked="" type="checkbox"/>	In reception
Supervision of children notice	<input checked="" type="checkbox"/>	In reception
Gym Notices (Child Safety – if applicable)	<input type="checkbox"/>	No gym
IOM Voluntary Return Posters	<input type="checkbox"/>	N/A

### 18 Staff Awareness

Did you see the RIA Code of Practice*?	y
Are all staff aware of RIA Code & House Rules?	y
How are staff made aware of RIA Code & House Rules? On induction when hired	

\*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>
29/9/19	Manager	No issues
30/9/19	Manager	No issues

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

Date	Inspected By (Company Name / Position)	OK	Defect	Remedial Action Taken ( Y/N)	Sign Off Y/N
29/9/19	(night /Day porter)	<input checked="" type="checkbox"/>	none	n/a	y
14/8/19	Sharp Group	<input checked="" type="checkbox"/>	none	n/a	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
29/9/19	(night /Day porter)	<input checked="" type="checkbox"/>	none	n/a	y
30/9/19	(night /Day porter)	<input checked="" type="checkbox"/>	none	n/a	y
1/7/19	Sharp Group				

**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
29/9/19	(night /Day porter)	<input checked="" type="checkbox"/>	none	n/a	y
30/9/19	(night /Day porter)	<input checked="" type="checkbox"/>	none	n/a	y

**19e FIRE DRILL PROCEDURE INSPECTION SCHEDULE**

Date & Time	Numbers of staff involved in drill	No. of residents present / evacuated **	Evacuation Time	Comments
12/6/19 12.45pm	8	114	5 mins	
4/3/19	3	107	6 min	

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

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

Job Description	Course	Instructor	Duration	Date
All Staff	Fire safety training	Alert Fire	1 day	22/03/16

**19g FIRE ASSEMBLY POINTS**

Where are the Fire Assembly Points located?	At 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? Include locations	Yes at front of building.
Comments: No faults on fire panel	

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**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: magnetic holder on fire door outside room not working	



## Administration Area:

### Reception:

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

### Have you seen the following?

		Location of display
Up to date House Rules	<input type="checkbox"/>	N/A
Complaint Forms	<input checked="" type="checkbox"/>	At reception
Accident/ Incident procedure	<input checked="" type="checkbox"/>	In safety statement

HSE Breastfeeding Posters (if applicable)	<input checked="" type="checkbox"/>	At Reception
Designated Liaison Person details (Child Protection)	<input checked="" type="checkbox"/>	At Reception
Supervision of children notice	<input checked="" type="checkbox"/>	At Reception
Gym Notices (Child Safety – if applicable)	<input type="checkbox"/>	N/a

IOM Voluntary Return Posters	<input type="checkbox"/>	N/A
Anti Human-Trafficking Posters	<input type="checkbox"/>	N/A
'NO to Violence & Harassment' Posters	<input checked="" type="checkbox"/>	At Reception

### Social Room / Tea Station (State Location):

What facilities are provided? <b>Tea and coffee station available in dining area</b>		
Is the area generally clean?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
If no please give details:		
<i>Visual Check:</i> Have you noticed any issues requiring attention? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
If yes please detail:		

### Pre-school Room: Two school rooms and play room

Is the area generally clean?	Yes / No	yes
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"/> (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
<b>Breakfast</b>	n/a new shop and self-catering systems in place	
<b>Lunch</b>	12-1 only used now by staff and new arrivals	
<b>Dinner</b>	n/a new shop and self-catering systems in place	

Which is the main meal of the day:	n/a
Is menu cycle available?	n/a

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?	n/a
Does menu cycle correspond with options available?	n/a
If no, ask manager for explanation and provide details: <b>No menu cycle anymore as residents have freedom to cook what they choose when they choose in their own houses.</b>	
Which meal was sampled?	Ate deli food
Please describe the meal in detail (e.g. was it hot / cold, bland / spicy etc.) Chicken wings and beef pies both very tasty and kept hot	
Was there a vegetarian option? (note salad and vegetables <u>alone</u> are not considered as vegetarian option)	n/a
Give details of this option:	n/a
Were there ethnic dishes available?	n/a
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.):	
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?	Residents now all eat in their own houses

Comments: New shop in place where dining room was. It is fully stocked with wide variety of foods, meats, bakery items, etc. all produce as one would expect in a supermarket are stocked and available on the points card system.

## KITCHEN AREA: Food Safety Critical Requirements

### FOOD SAFETY

Has the premises been inspected by an Environmental Health Officer?	No
Date of Visit?	n/a
Comments:	

Has a HACCP system been implemented?	Yes
Who designed the HACCP system?	Graham Carry
Who is responsible for reviewing the system?	Graham Carry
How frequently is the system reviewed?	Annually

### HACCP Records:

Pest Control: Yes - Last visit 14/6/19(Pestgard) No activity
Induction and Ongoing Staff Training: yes
Time & Temperature Records: Daily records all up to date
Hygiene Audits: In place yes
List of Approved Suppliers: yes
Cleaning Schedules: schedule in place deep clean every Sunday . All cleaning records up to date
Procedures for accepting deliveries:Record of incoming supplies
General Comments:



## HACCP and Kitchen Evaluation

### General:

Is the kitchen commercial or domestic?	New residents kitchen no in place
What equipment is in place? 6 Cookers, fridges 2 freezers 4, dishwasher etc.	
In what condition is the equipment? Good condition	
Comments:	

## STRUCTURAL HYGIENE

### Kitchen:

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

### Dry Goods:

Suitably equipped? <i>Shelving/containers etc</i>	Decanted products all covered
Condition and suitability of facilities: <b>No Issues</b>	
What evidence is there of stock rotation?	<b>All food dated</b>

**Refrigerated Storage:**

What type of refrigerated storage is provided?	<b>New Shop has Fridge &amp; freezer</b>
Comment on the condition and suitability of the refrigerated storage: storage is suitable storage is suitable. Good segregation	
Are thermostats provided and in working order?	<b>Yes,</b>
Are food items date stamped?	<b>Yes</b>
Are samples of dishes being kept?	<b>Yes viewed in fridge</b>

**Other:**

Is there appropriate storage for cleaning agents and chemicals?	<b>Yes stored in cupboard with colour coded mops etc</b>
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**OPERATIONAL HYGIENE**

Do residents use the main kitchen?	<b>Residents have own kitchen</b>
Is that use supervised to ensure safe & hygienic practices are observed?	<b>n/a</b>
By whom is it supervised?	<b>n/a</b>

Is the correct equipment provided? <i>e.g. colour coded chopping boards</i>
yes

Is the necessary holding equipment provided? <i>e.g. bain maries, re Fridgerated units.</i>
yes

Condition and suitability of serving equipment and utensils:
Good condition

What procedures are in place for unused/unserved food at the end of service?
<b>Chilled or disposed</b>

Comments: Residents kitchen has 3 Fridges 3cookers. Cooking is supervised

#### STAFF FACILITIES AND HYGIENE

Are designated staff facilities provided?	Yes
What facilities are in place?	Changing room, no separate toilets

Are all areas clean and well maintained?	Yes
Are suitable hand washing & drying facilities provided?	Yes
Is storage provided for personal belongings?	Yes
Are showers provided? <i>Indicate cleanliness &amp; suitability</i>	No

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

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

**23 PUBLIC TOILET : 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:	3	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Gents:	2 and 3 urinals	<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 checked="" type="checkbox"/> No <input type="checkbox"/>	4-10-17
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:						

**24 COMMUNAL ROOM : dining area**

<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?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>Computer room:</b>		
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>Computer in dining area</b>		
<b>Any other comments? If yes please detail: 2 x School Rooms and 1 Play Room</b>		

**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 type="checkbox"/> No <input type="checkbox"/>				
Comments swing area and play area				

#### LAUNDRY ROOM

	Washing Machines	Dryers
Number	6	4
Do they appear to be in working order? yes		
Comments: Note & new washing machines and dryers have been delivered and are awaiting installation		

#### CORRIDOR: to bedrooms

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

#### STAIRWAY: no stairs

Is the area generally clean?	No stairways	Yes <input 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 type="checkbox"/>	
(e.g., fire exit signs, hazards, lighting, notices, décor, etc.)			
If yes please detail:			

## Bedrooms:

### CLEANING (General Arrangements)

How often are bedrooms inspected?	twice weekly <input type="checkbox"/>	Weekly <input checked="" type="checkbox"/>
Who cleans the bedrooms?	Staff <input type="checkbox"/>	Residents <input checked="" type="checkbox"/>
How often do staff clean the bedrooms?	Weekly <input 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?	Bathroom cleaner, toilet cleaner, window cleaner	
What arrangements are in place if rooms are not cleaned sufficiently by residents?	Rooms cleaned on request	

<b>ROOM NUMBER 101</b>				
Room Profile:		Room Capacity:		Room Occupancy:2
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 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 102</b>				
Room Profile:		Room Capacity:		Room Occupancy:
shared		2		2
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> x2	<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 103</b>		
Room Profile:		Room Capacity:
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>smoke detector covered</b>				

<b>ROOM NUMBER 104</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 105</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 106</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 107</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 108</b>				
Room Profile:		Room Capacity:		Room Occupancy:
Family		2		2 adults
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 109</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 110</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 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 111</b>				
Room Profile:		Room Capacity:		Room Occupancy:
		4		4
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input 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 112</b>				
Room Profile:		Room Capacity:		Room Occupancy:
		4		4
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input 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 114</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 115</b>				
Room Profile:		Room Capacity:		Room Occupancy:
Family		4		4
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input 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: **resident has clothes horse blocking corridor**

<b>ROOM NUMBER 116</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 117</b>				
Room Profile:		Room Capacity:		Room Occupancy:
shared		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 118</b>				
Room Profile:		Room Capacity		Room Occupancy:
family		5		5
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details:				

<b>ROOM NUMBER 119</b>				
Room Profile:		Room Capacity:		Room Occupancy:
family		5		4
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	<input type="checkbox"/>	x	<input type="checkbox"/>

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

<b>ROOM NUMBER 120</b>				
Room Profile:		Room Capacity		Room Occupancy:
Family		5		4
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input 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 121</b>				
Room Profile:		Room Capacity:		Room Occupancy:
family		2		3
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details: <b>electrical extension lead in bathroom</b>				

<b>ROOM NUMBER 122</b>				
Room Profile		Room Capacity:		Room Occupancy
		2		2
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details:				

<b>ROOM NUMBER 123 and 124</b>				
Room Profile:		Room Capacity:		Room Occupancy:
family		5		3
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice

<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> x2	<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 124</b>				
Room Profile:		Room Capacity		Room Occupancy:
Family		5		3
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details:				

<b>ROOM NUMBER 125</b>				
Room Profile:		Room Capacity		Room Occupancy:
Family		5		5
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details:				

<b>ROOM NUMBER 126</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 127</b>				
Room Profile:		Room Capacity:		Room Occupancy:
Family		4		4
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/> x2	<input checked="" type="checkbox"/> x2	<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 128</b>				
Room Profile:		Room Capacity:		Room Occupancy:
Family		5		4
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	Very Good	Adequate	Poor *	Needs urgent attention *
Cleanliness	<input 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: residents cooking in room using damaged extension lead				

<b>ROOM NUMBER 129</b>				
Room Profile: Family		Room Capacity:		Room Occupancy:
Family		7		6
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input 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 130</b>				
Room Profile:		Room Capacity:		Room Occupancy:
Family		7		5
TV	Ensuite	* Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	Very Good	Adequate	Poor *	Needs urgent attention *
Cleanliness	<input 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 131</b>		
Room Profile:	Room Capacity:	Room Occupancy:



Family		8		4	
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *	
	<input 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 132</b>					
Room Profile:		Room Capacity:		Room Occupancy:	
Family		7		5	
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>	
If *, please give details:					

<b>ROOM NUMBER 133</b>					
Room Profile:		Room Capacity:		Room Occupancy:	
Family		10		8	
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 134</b>					
Room Profile:		Room Capacity:		Room Occupancy:	
Family		7		5	
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>	
If *, please give details: <b>smoke detector covered</b>					

<b>ROOM NUMBER 135</b>					
Room Profile:		Room Capacity:		Room Occupancy:	

Family		6		6	
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *	
	<input 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 136</b>					
Room Profile:		Room Capacity:		Room Occupancy:	
Family		4		4	
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *	
	<input 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:					

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

--

## General Representations

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

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

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

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

Personal representations should be recorded in Part 3.

*Part 3*  
*Sensitive Information*

Independent Inspection

*Centre:*           **Hazel Hotel**

*Date of Inspection:*   **30/9/19**

# Child Protection

## THIS IS NOT A CHILD PROTECTION REFERRAL FORM

**\*If you observed any child protection issues while conducting the inspection, please indicate which category the incident relates to:**

Case Type	Check as appropriate
Unsupervised child	<input type="checkbox"/>
Disruptive behaviour	<input type="checkbox"/>
Inappropriate Sexual behaviour	<input type="checkbox"/>
Domestic Violence	<input type="checkbox"/>
Emotional Abuse	<input type="checkbox"/>
Physical abuse / assault	<input type="checkbox"/>
Neglect	<input type="checkbox"/>
Other (give general details below)	<input type="checkbox"/>

Details:

**\* Please note that this is solely the initial perception of the inspector.**

If an inspector witnesses a child protection or welfare incident, he / she must:

- (a) Report the matter to the Designated Liaison Person in the centre, and;
- (b) Report the matter to the Child and Family Services Unit on return to the RIA Office.



**Staff on duty at time of inspection:**

Do you have a full list of staff employed at the centre?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
Do you have a list of the Staff on duty on the day of the inspection?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
Do you have a list of the Designated Liaison Persons (Child Protection)?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

Please attach the above lists to the end of the inspection report.

If you do not have a separate list, please provide

[illegible]

## Personal Representations

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

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

--

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

--

## Summary Sheet

<b>Name of Centre:</b>	Hazel Hotel
<b>Address:</b>	Monasterevin, Co Kildare
<b>Proprietor :</b>	Sean Lyons
<b>Manager:</b>	Renata Mikulasora
<b>Contact Name:</b>	Sean Lyons
<b>Capacity Per MOA (Current Occupancy):</b>	143 (123)
<b>Date of Inspection:</b>	30/9/19

### Fire Safety:

Room 134 smoke detector covered

Room 103 smoke detector covered

Room 128 resident cooking in room and using damaged extension lead

Food Safety: no issues

### Bedrooms:

Room 121 extension lead running into bathroom

Room 115 Clothes horse blocking corridor

Other issues: none

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Seirbhísí an tSoláthair Cosaint Idirnáirsiúnta  
International Protection Procurement Services

Mr. Sean Lyons,  
Oscar Dawn Ltd.,  
Clondalkin Towers,  
Ninth Lock Road,  
Clondalkin,  
Dublin 22.

27<sup>th</sup> November 2019.

Dear Mr. Lyons,

QTS carried out an inspection at Hazel Hotel Accommodation Centre at the request of International Protection Procurement Services on 30<sup>th</sup> September 2019. A copy of the inspection report is enclosed for your attention and I apologise for the delay in forwarding this to you. Please read the report carefully and do not hesitate to contact me if it contains any discrepancies.

A number of issues were identified as requiring attention during the course of the inspection and these are outlined in the report. Please reply in writing on or before Wednesday 18<sup>th</sup> December outlining the steps you have taken to address the issues raised.

Yours sincerely,

---

Bernie Loughrey  
Internal Inspection Unit  
International Protection Procurement Services





OSCAR DAWN LIMITED

HAZEL HOTEL

MONASTEREVIN

CO KILDARE

TEL: 045 579601

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Mrs Bernie Loughrey  
Reception & Integration Agency  
PO Box 11487  
Dublin 2.

17<sup>th</sup> Of December 2019

Re: Inspection at the Hazel Hotel on the 30<sup>th</sup> of September 2019

Dear Bernie

I refer to your letter dated the 27<sup>th</sup> of November 2019, and reply is as follows:

**Fire Safety**

- Room 103: Cover on smoke head removed on day of inspection, manager has spoken to residents in this room regarding fire safety.
- Room 128: Rice cooker and extension lead taken from room on day of inspection.
- Room 134: Cover on smoke head removed on day of inspection, manager has spoken to residents in this room regarding fire safety.

**Food Safety**

- No issues noted thank you

**Bedroom Issues**

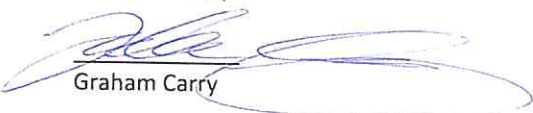
- Room 121: Extension lead removed from bathroom, manager has explained to residents of the danger of using electric leads in the bathroom
- Room 115: Clothes horse removed from corridor

**Other issues**

- No issues noted thank you

I hope the above is to your satisfaction, please contact me if you have any queries

Yours sincerely



Graham Carry

