

RIA

Internal Inspection Report

Centre:	Accommodation Centre
Inspector:	Colm O'Connell
Date of Inspection:	21 November 2019
Time of Arrival & Departure:	10.00 – 14.30

Part 1
General Information on Services

Internal Inspection Report

Centre: **Mount Trenchard**

Date of Inspection: **21 November 2019**



1. CENTRE DETAILS

Name and address of Centre	Mount Trenchard, Foynes
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Contractor	Baycaster Limited
Manager	Kate O'Sullivan
Who deputises for manager in his/her absence?	Give Job Title only Manager

Telephone Number	06965853
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Current Contracted Capacity	85
Current Occupancy (today)	84
Current Centre Profile (e.g., singles, families etc.)	Single males

HSE Area	Mid-Western area
Public Health Nurse	Martin Hogan
DSP / CWO name	Gerry Meehan
Environmental Health Officer name	Deirdre Fitzgerald
Local Fire Officer Name	Seamus Barrett
Local Fire Station	Foynes

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: Full list of staff employed at the centre (indicating Names, Titles, Roles, etc.,) Indicate who is on duty at time of inspection (today) 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	
Is security provided by external company? (Y/N)	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
If yes, give name of company:	
Does the centre have CCTV? (Y/N)	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Is a list of emergency numbers available in the Manager's office?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Does the list include the following numbers? (Y/N) Local Garda station 24 hr number Local hospital Local fire station Duty Social Work Team Out of hours GP Service RIA out of hours number	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If no, give details:
Are first aid kits available? (Y/N)	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Where and how many?	2 - Managers office x 1 and Kitchen x 1
Who is responsible for first aid restocking?	Job title <i>only</i> (not name) of person responsible: <i>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?	gas and oil
Do residents have control of the heating in their own bedroom?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
If no, what arrangements are in place?	On timer control
What are the heating 'ON' times?	6.30-8 am, 6pm -10pm. In Summer – 1 hour per night.

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?	Has induction to centre

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	Front door remains open as 24hr security on door

Are there procedures to allow residents to receive visitors? (Give details)	Yes , policy and notices in place allowable in communal rooms only. Visitors book to be signed.
Outline visiting times :	10am-10pm
In what areas are visitors allowed in the centre?	Pool room, common room, TV lounge
Any other relevant information:	
Is there a facility for storage of residents' valuables*? (Give details.) (* Storage is at resident's own risk)	Yes lockers with keys
What toiletries are provided to residents on arrival?	Toothpaste, shampoo, soap
What arrangements are in place to replenish these items?	Ask manager

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: Manager maintains a maintenance log - painting and carpentry contractors working on centre on day of visit	

8 CHILD PROTECTION

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

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:	12th June, 2019

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

Are residents consulted regarding menu / dietary requests? (Give details.)	Section n/a
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 	Please also provide details of the system for distribution of school lunches:
Is infant formula kept out of public view?	
What arrangements are in place for distribution of infant formula?	

11 ARRANGEMENTS FOR REFRESHMENTS / MEALS OUTSIDE NORMAL MEAL TIMES

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?	Cereals, toast, tea , coffee, Jam, chocolate spread, yogurt and eggs
Where are the snacks located and how are they accessed?	Dining room kitchenette
Are meals available for residents who arrive late? (Give details.)	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Are meals available for new arrivals? (Give details)	Yes – plates kept and heated by security on arrival
Are packed lunches available for residents travelling to Dublin on official business? (Give details)	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Typically informs chef at breakfast and lunch will be provided for take away
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?	Section n/a
Access to drinking water (for breastfeeding mothers / for preparation of infant formula)	Yes <input type="checkbox"/> No <input type="checkbox"/>
Sterilisers	Yes <input type="checkbox"/> No <input type="checkbox"/>
Kettles	Yes <input type="checkbox"/> No <input type="checkbox"/>
Fridge (for bottles of EBM* / formula) *Expressed Breast Milk	Yes <input type="checkbox"/> No <input type="checkbox"/>
Bottle Warmer	Yes <input type="checkbox"/> No <input type="checkbox"/>
Microwave	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are these facilities available 24 hours a day	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is there a dedicated room provided? Where?	Yes <input type="checkbox"/> No <input type="checkbox"/>

13 INDOOR FACILITIES

Are the following are 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 type="checkbox"/>	No <input checked="" type="checkbox"/>
Computer Games	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Snooker Table	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Pool Table	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Table Tennis Table	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Board Games	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Newspapers	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Books	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Toys / games for children	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Other	Gym and Mosque	
Give details of any other arrangement or other comments:		

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?	Foynes and Limerick city
What is the frequency of the service? (List time table opposite)	Foynes daily 11am ret 11.30, 4pm ret 4.30 Limerick 9.30 ret 6pm Mon to sat, Wed & Saturday 11.30 outward. Extra services to Limerick on Monday and Thursdays outward: 11am return 2pm

15 TV SYSTEM

Is there a specific TV system in place? (give details)	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Satellite service to all rooms
An average, how many TV channels are provided to residents?	Satellite service @100 channels
Are residents allowed to erect satellite dishes?	no

16 LAUNDRY FACILITIES (General Arrangements)

Are Laundry facilities available in the centre? (Y/N)	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
If No, what service is provided?	
Who launders towels and bedlinen? (e.g., residents, staff, other, etc)	Residents
What procedures are in place for the exchange of towels and bed linen at the centre?	On request Manager will issue to resident
What procedures are in place for ironing boards and irons?	Sign out from front office
How is washing powder / tablets supplied?	Handed out by manager

Are there specific arrangements for access to the laundry (give details):	Open 24hrs
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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?	Brushes, Mops and vacuum
What is the procedure for residents to access vacuum cleaners, brushes & other cleaning equipment?	Contact Manager
What arrangements are in place if rooms are not cleaned sufficiently by residents?	Cleaned twice a week by cleaners or on request.

PART 2

Room by Room Inspection

Internal Inspection

Centre: Mount Trenchard, Foynes

Date of Inspection: 21 November 2019

Section A- Administration / Communal areas

17 Have you seen the following?

		Location of display
Up to date House Rules	<input checked="" type="checkbox"/>	Notice board in main lobby
Complaint Forms	<input checked="" type="checkbox"/>	In office
Accident/ Incident procedure	<input checked="" type="checkbox"/>	Notice board in main lobby

HSE Breastfeeding Posters (if applicable)	<input type="checkbox"/>	n/a
Designated Liaison Person details (Child Protection)	<input type="checkbox"/>	n/a
Supervision of children notice	<input type="checkbox"/>	n/a
Gym Notices (Child Safety – if applicable)	<input checked="" type="checkbox"/>	Notice board in main lobby
IOM Voluntary Return Posters	<input checked="" type="checkbox"/>	Notice board in main lobby

18 Staff Awareness

Did you see the RIA Code of Practice*?	<input checked="" type="checkbox"/>
Are all staff aware of RIA Code & House Rules?	<input checked="" type="checkbox"/>
How are staff made aware of RIA Code & House Rules? Trained by Manager and signed 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>
19/11/2019	Internal staff	Ok
20/11/2019	Internal Staff	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
20/11/2019	Internal Staff	<input checked="" type="checkbox"/>	No	N/A	yes
11/11/2019	Able Fire	<input checked="" type="checkbox"/>	No	N/A	yes

19c FIRE FIGHTING EQUIPMENT INSPECTION SCHEDULE

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

Date	Inspected By (Company Name / Position)	OK	Defect	Remedial Action Taken (Y/N)	Sign Off Y/N
19/11/2019	Internal Staff	<input checked="" type="checkbox"/>	No	N/A	yes
20/11/2019	Internal Staff	<input checked="" type="checkbox"/>	No	N/A	yes
15/08/2019	Able Fire	<input checked="" type="checkbox"/>	No		

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
19/11/2019	Internal Staff	<input checked="" type="checkbox"/>	No	N/A	yes
20/11/2019	Internal Staff	<input checked="" type="checkbox"/>	No	N/A	yes

19e FIRE DRILL PROCEDURE INSPECTION SCHEDULE

Date & Time	Numbers of staff involved in drill	No. of residents present / evacuated **	Evacuation Time	Comments
20/07/2018	4	58/58	10 mins	Everyone evacuated.
15/03/2019	3	60/59	11 mins	59 evacuated. Warning letter issued to 1 resident as he didn't evacuate

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

Job Description	Course	Instructor	Duration	Date
All staff on roster	Fire Safety	Able Fire	3 hours	18/8/17

19g FIRE ASSEMBLY POINTS

Where are the Fire Assembly Points located?	Front car park
Are they marked?	Yes
Are staff aware of locations?	yes
Comments: easy located and prominent on arrival	

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 permitted within building
Comments: no faults showing	

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

Have you seen the following?

		Location of display
Up to date House Rules	<input checked="" type="checkbox"/>	Reception notice board
Complaint Forms	<input checked="" type="checkbox"/>	In office
Accident/ Incident procedure	<input checked="" type="checkbox"/>	In office

HSE Breastfeeding Posters (if applicable)	<input type="checkbox"/>	n/a
Designated Liaison Person details (Child Protection)	<input type="checkbox"/>	n/a
Supervision of children notice	<input type="checkbox"/>	n/a
Gym Notices (Child Safety – if applicable)	<input type="checkbox"/>	On gym door

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

Social Room / Tea Station (State Location):

What facilities are provided? Microwave, toaster, tea & coffee in dining room kitchenette		
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:		

DINING AREA:**Please outline the meal times:**

	From	To
Breakfast	8am	12
Lunch	1pm	2pm
Dinner	5.30pm	6.30

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

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

Breakfast	
Lunch	
Dinner	

Is menu cycle on display?	Yes
Does menu cycle correspond with options available?	No
If no, ask manager for explanation and provide details: Some items the same with chicken wraps substituted for Omlettes.	
Which meal was sampled?	Lunch
Please describe the meal in detail (e.g. was it hot / cold, bland / spicy etc.) Lentil soup and Lamb stew with rice. (food was hot 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:	Tomato sauce and rice
Were there ethnic dishes available?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Give details of this option:	Lamb stew
Was fresh foods available for Infants? (as per HSE Infant Feeding Guidelines)	N/A
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:	

KITCHEN AREA: Food Safety Critical Requirements

Is there a dress code for kitchen and server staff

Please outline: Gloves, apron

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

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

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

Has the premises been inspected by an Environmental Health Officer?	Yes
Date of Visit?	12 th June, 2019
Comments:	

23 PUBLIC TOILET (State Location): Beside managers office

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

Are all facilities working?	Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
Visual Check: Have you noticed any issues requiring attention? x	Yes* <input type="checkbox"/>	No <input checked="" type="checkbox"/>
If No, give details:		

24 COMMUNAL ROOM (State Location): **on left of reception hall**

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? Watching Tv, chatting & socialising		
Yes	No	<input type="checkbox"/>
Computer room:		
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:		
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	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Paintwork of the centre	<input type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>				
Comments				

LAUNDRY ROOM

	Washing Machines	Dryers
Number	3	4
Do they appear to be in working order?		
Comments: open 24hrs		

CORRIDOR Ground floor bedrooms and first floor 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 Main stairwell and back stairwell to kitchen

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? No (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 checked="" type="checkbox"/> Residents <input type="checkbox"/>
How often do staff clean the bedrooms?	Weekly <input checked="" type="checkbox"/> fortnightly <input type="checkbox"/> Monthly <input type="checkbox"/> Other <input type="checkbox"/>
Are there cleaning materials and equipment provided by management for residents?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
What cleaning equipment is available to residents?	Brushes, mops and vacuum
What arrangements are in place if rooms are not cleaned sufficiently by residents?	Done by cleaners

ROOM NUMBER 1				
Room Profile:		Room Capacity:		Room Occupancy:
Single males		8		8
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input type="checkbox"/>	no	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details:				

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

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

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

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

ROOM NUMBER 6				
Room Profile:		Room Capacity:		Room Occupancy:
Single males		1		1
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	yes	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details:				

ROOM NUMBER 7				
Room Profile:		Room Capacity:		Room Occupancy:
Single males		6		6
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	no	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details:				

ROOM NUMBER 8				
Room Profile:		Room Capacity:		Room Occupancy:
Single males		6		6
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	no	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details:				

ROOM NUMBER 9				
Room Profile:		Room Capacity:		Room Occupancy:
Single males		6		6
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details:				

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

ROOM NUMBER 11				
Room Profile:		Room Capacity:		Room Occupancy:
Single males		4		4
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	no	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details:				

ROOM NUMBER 12				
Room Profile:		Room Capacity:		Room Occupancy:
Single males		4		3
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details:				

ROOM NUMBER 13				
Room Profile:		Room Capacity:		Room Occupancy:
Single males		4		4
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details:				

ROOM NUMBER 14				
Room Profile:		Room Capacity:		Room Occupancy:
Single males		5		3
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details:				

ROOM NUMBER 15				
Room Profile:		Room Capacity:		Room Occupancy:
Single males		1		1
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	yes	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details:				

ROOM NUMBER 16				
Room Profile:		Room Capacity:		Room Occupancy:
Single males		6		6
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input type="checkbox"/>	No * <input checked="" type="checkbox"/>
If *, please give details: Strong smell of smoke. A resident has been Smoking in this bedroom.				

ROOM NUMBER 17				
Room Profile:		Room Capacity:		Room Occupancy:
Single males		6		6
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details:				

ROOM NUMBER 18				
Room Profile:		Room Capacity:		Room Occupancy:
Single males		6		6
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	no	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details:				

Communal Bathroom – Floor 1

	Number	Soap	Toilet Paper	Hand Towels / Dryers	Hot Water	Sanitary Bins
	Bath & shower	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	2 showers					
	5 toilets					
Is there a cleaning schedule displayed?					Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Record the last time entry.						
Is the area clean? (provide comment) Yes cleaned – 4 times per 24 hours						
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 * give details:						

Communal Bathroom – Floor 2

	Number	Soap	Toilet Paper	Hand Towels / Dryers	Hot Water	Sanitary Bins
	1 Bath 2 showers 5 toilets	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there a cleaning schedule displayed?					Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Record the last time entry.						
Is the area clean? (provide comment) Yes cleaned – 4 times in 24 hours						
Are all facilities working?					Yes <input type="checkbox"/>	No * <input checked="" type="checkbox"/>
<i>Visual Check:</i> Have you noticed any issues requiring attention?					Yes* <input checked="" type="checkbox"/>	No <input type="checkbox"/>
If * give details: One bath unusable and not in use.						

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

Manager should be asked to sign this declaration.

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

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

Signed:

Kate O'Dellson

Position:

MANAGER

Date:

21/11/19

Manager should be asked to sign this declaration.

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

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

Signed:

Kate O'Dellson

Position:

MANAGER

Date:

21/11/19.

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.



Seirbhísí Cóiríochta um Chosaint Idirnáisiúnta
International Protection Accommodation Services

Mr Alan Hyde,
Baycaster Ltd.,
C/O P.D. Mehigan & Co
18 Crosses Glen
South Bank
Cork

17 December 2019

Dear Mr Hyde,

The Reception and Integration Agency carried out an inspection at **Mount Trenchard**, on 21 November 2019. A copy of the inspection report is enclosed for your information and I apologise for the delay in forwarding this to you. Please read the report carefully and do not hesitate to contact me if it contains any discrepancies.

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

Please reply in writing, on or before 14 January 2020, outlining the steps you have taken/propose to take to address the issues raised.

Yours sincerely,

Bernie Loughrey
Internal Inspection Unit
International Protection Procurement Services

