

RIA

Independent Inspection Report

Centre:	Mount Trenchard Accommodation Centre
Inspector:	Shane Mac Loughlin
Date of Inspection:	19/3/19
Time of Arrival & Departure:	11am-3pm

Part 1
General Information on Services

Independent Inspection Report

Centre: **Mount Trenchard**
Date of Inspection: **19/3/19**

1. CENTRE DETAILS

Name and address of Centre	Mount Trenchard, Foynes
----------------------------	-------------------------

Contractor	Baycaster Limited
Manager	Anjum Raja
Who deputises for manager in his/her absence?	Give Job Title only Ass. Manager

Telephone Number	06965853
------------------	----------

Current Contracted Capacity	85
Current Occupancy (today)	79
Current Centre Profile (e.g., singles, families etc.)	Single male

HSE Area	Mid western area
Public Health Nurse	Unknown
DSP / CWO name	Gerry Meehan
Environmental Health Officer name	Deirdre Fitzgerald/Anne Marie Fadden
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	x
Menu Cycle	x
Staffing Lists as follows:	
1. Full list of staff employed at the centre (indicating Names, Titles, Roles, etc.,)	x
2. Indicate who is on duty at time of inspection (today)	x
3. a separate list of Designated Liaison Persons (child protection)	n/a

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?	Managers office x 2
Who is responsible for first aid restocking?	Job title <u>only</u> (not name) of person responsible: manager
Is there a defibrillator in the centre? How many staff been trained to use it?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

4 HEATING ARRANGEMENTS

What type of heating is used in the centre?	Kerosene boiler
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

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
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 type="checkbox"/> No <input checked="" 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: All corridors and rooms have been repainted recently	

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:	28 March 2017

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?	Toast, tea , coffee
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 provide 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?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Where?	
--------	--

13 INDOOR FACILITIES

<i>Are the following are available to residents?</i>	Yes/No			
Computers with Internet access	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
WIFI	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
DVD player	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
Computer Games	Yes	<input type="checkbox"/>	No	<input 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 type="checkbox"/>
Books	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
Toys / games for children	Yes	<input type="checkbox"/>	No	<input 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, 3pm ret 3.30 Limerick 9.30 ret 6pm Mon to sat, Wed & Saturday 11.30 outward

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

17 CLEANING (General Arrangements)

Are there cleaning materials and equipment provided by management for residents?	Yes x 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

PART 2

Room by Room Inspection

Independent Inspection

Centre: Mount Trenchard, Foynes

Date of Inspection: 19/3/19

Section A- Administration / Communal areas

17 Have you seen the following?

		Location of display
Up to date House Rules	x	Notice board in main lobby
Complaint Forms	x	Notice board in main lobby
Accident/ Incident procedure	x	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)	x	Notice board in main lobby
IOM Voluntary Return Posters	x	Notice board in main lobby

18 Staff Awareness

Did you see the RIA Code of Practice*?	x
Are all staff aware of RIA Code & House Rules?	x
How are staff made aware of RIA Code & House Rules?	
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>
19/3/19	Internal staff	Ok
18/3/19	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
18/3/19	Internal Staff	x			
11/2/19	Firecheck Limited	x			

19c FIRE FIGHTING EQUIPMENT INSPECTION SCHEDULE

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

Date	Inspected By (Company Name / Position)	OK	Defect	Remedial Action Taken (Y/N)	Sign Off Y/N
18/3/19	Internal staff	x			
Jan 2019	Able Fire Limited	x			

19d FIRE EXIT DOORS / MEANS OF ESCAPE INSPECTION SCHEDULE

Date	Inspected By (Company Name / Position)	OK	Defect	Remedial Action Taken (Y/N)	Sign Off Y/N
19/3/19	Internal Staff	x			
18/3/19	Internal Staff	x			

19e FIRE DRILL PROCEDURE INSPECTION SCHEDULE

Date & Time	Numbers of staff involved in drill	No. of residents present / evacuated **	Evacuation Time	Comments
20/7/18 15.00	4	58/58	10 mins	
3/12/17 23.00	3	65/62	9 mins	

****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? Include locations	No smoking permitted within building
Comments: Panel showing BGU fault in adjoining building at time of inspection	

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:	
<i>Visual Check:</i> Have you noticed any issues requiring attention? (e.g., fire exit signs, hazards, lighting, notices, décor, etc.)	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> x
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"/>	Reception notice board
Accident/ Incident procedure	<input checked="" type="checkbox"/>	Reception notice board

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:	
<i>Visual Check:</i> Have you noticed any issues requiring attention?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> x
If yes please detail:	

Pre-school Room:

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

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

Breakfast	Selection of cereals, porridge, eggs and yogurts
Lunch	Beef stew, smoked mackerel, chicken nuggets, garlic toast, chips
Dinner	Chicken curry, baked salmon, Aubergine Massala, Rice

Is menu cycle on display?	No
Does menu cycle correspond with options available?	No
If no, ask manager for explanation and provide details: Menu cycle not in use as residents had prior concern regarding repetition of meals. Current practice is working very well as there are at least four different mains at both dinner and lunch everyday.	
Which meal was sampled?	Dinner
Please describe the meal in detail (e.g. was it hot / cold, bland / spicy etc.) Baked salmon- seasoned with garlic and ginger very tasty – good quality	
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:	Aubergine Masala
Were there ethnic dishes available?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Give details of this option:	Masala and Chicken Curry
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

FOOD SAFETY

Has the premises been inspected by an Environmental Health Officer?	Yes
Date of Visit?	28/3/17
Comments: no issues	

Has a HACCP system been implemented?	Yes
Who designed the HACCP system?	Innovative Food solutions
Who is responsible for reviewing the system?	Head Chef
How frequently is the system reviewed?	weekly

HACCP Records:

Pest Control: Alphasan Pest Control visited 22/8/18- no infestations or activity noted
Induction and Ongoing Staff Training: Staff Certificates in Mangers Office
Time & Temperature Records: in place – ok
Hygiene Audits: weekly
List of Approved Suppliers: in place ok
Cleaning Schedules: ok
Procedures for accepting deliveries: in place on HACCP plan
General Comments: All records are well maintained

HACCP and Kitchen Evaluation

General:

Is the kitchen commercial or domestic?	Commercial
What equipment is in place?	Deep fryer x 2, Oven , 4 gas hobs
In what condition is the equipment?	good
Comments:	kitchen being run well.

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) Very clean and well maintained	
Are suitable hand washing and drying facilities provided?	Yes
General Comments:	

Dry Goods:

Suitably equipped? <i>Shelving/containers etc</i>	Yes
Condition and suitability of facilities:	good
What evidence is there of stock rotation?	Yes – minimal stock kept

Refrigerated Storage:

What type of refrigerated storage is provided?	3 fridge's & 3 freezers
Comment on the condition and suitability of the refrigerated storage: Old but still in good condition	
Are thermostats provided and in working order?	yes
Are food items date stamped?	yes
Are samples of dishes being kept?	no

Other:

Is there appropriate storage for cleaning agents and chemicals?	yes
---	-----

OPERERATIONAL HYGIENE

Do residents use the main kitchen?	no
Is that use supervised to ensure safe & hygienic practices are observed?	n/a
By whom is it supervised?	n/a

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

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

Condition and suitability of serving equipment and utensils:
All in good condition

What procedures are in place for unused/unserved food at the end of service?
Goes to food waste bin

Comments:

STAFF FACILITIES AND HYGIENE

Are designated staff facilities provided?	yes
What facilities are in place?	Small staff room and canteen, dedicated 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 & 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 –separate staff break room / canteen off main kitchen
---	---

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: all in order	

23 PUBLIC TOILET (State Location): Beside managers office

	Number	Soap	Toilet Paper	Hand Towels / Dryers	Hot Water	Sanitary Bins
Unisex:	1	x	x	x	x	x <input 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 x
Record the last time entry.						
Is the area clean? (provide comment) toilets very clean						
Are all facilities working?					Yes x	No * <input type="checkbox"/>
Visual Check: Have you noticed any issues requiring attention?					Yes* <input type="checkbox"/>	No x
If No, give details:						

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

Storage area:		
Is the walkway through the area clear?	Yes x	No <input type="checkbox"/>
Are the exit signs clearly marked?	Yes X	No <input type="checkbox"/>
General Seating Area		
Is the seating in good condition?	Yes X	No <input type="checkbox"/>
What is the area generally used for? Watching Tv, chatting & socialising		
Yesx	No	<input type="checkbox"/>
Computer room:		
Is the area generally clean?	Yes X	No <input type="checkbox"/>
Visual Check: Have you noticed any issues requiring attention? Yes <input type="checkbox"/> No X		
If yes please detail:		
Any other comments? If yes please detail:		

OUTDOOR GROUNDS / FACILITIES

Please rate the following:

	Very Good	Adequate	Poor*	Needs urgent attention*
Condition of exterior of centre	x	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Paintwork of the centre	x	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maintenance standard of the grounds (e.g. grass cut, walkways clear etc.)	x	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cleanliness of the grounds (ie., evidence of rubbish etc.)	x	<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 x				
Comments grounds and outside well maintained				

LAUNDRY ROOM

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

CORRIDOR Ground floor bedrooms and first floor bedrooms

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

STAIRWAY Main stairwell and back stairwell to kitchen

Is the area generally clean?	Yes x 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 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: smoke detector covered				

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

ROOM NUMBER 7				
Room Profile:		Room Capacity:		Room Occupancy:
Single males		6		4
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
x	no	x	x <input type="checkbox"/>	x
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	x	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order? Yes x No * <input type="checkbox"/>				
If *, please give details: smoke detector covered				

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

ROOM NUMBER 9				
Room Profile:		Room Capacity:		Room Occupancy:
Single males		6		5
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
x	no	x	x <input type="checkbox"/>	x
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	x	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order? Yes x 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
x	no	x	x <input type="checkbox"/>	x
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	x	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order? Yes x No * <input type="checkbox"/>				
If *, please give details:				

ROOM NUMBER 11				
Room Profile:		Room Capacity:		Room Occupancy:
Single males		4		3
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
x	no	x	x <input type="checkbox"/>	x
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	x	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order? Yes x No * <input type="checkbox"/>				
If *, please give details:				

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

ROOM NUMBER 13				
Room Profile:		Room Capacity:		Room Occupancy:
Single males		4		3
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
x	no	x	x <input type="checkbox"/>	x
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	x	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order? Yes x No * <input type="checkbox"/>				
If *, please give details:				

ROOM NUMBER 14				
Room Profile:		Room Capacity:		Room Occupancy:
Single males		5		4
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
x	no	x	x <input type="checkbox"/>	x
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	x	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order? Yes x No * <input type="checkbox"/>				
If *, please give details:				

ROOM NUMBER 15				
Room Profile:		Room Capacity:		Room Occupancy:
Single males		1		0
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
x	yes	no	x <input type="checkbox"/>	x
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	x	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order? Yes x No * <input type="checkbox"/>				
If *, please give details:				

ROOM NUMBER 16				
Room Profile:		Room Capacity:		Room Occupancy:
Single males		6		5
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
x	no	x	x <input type="checkbox"/>	x
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	x	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order? no				
If *, please give details: Leak in ceiling when there is heavy rain				

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

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

Each floor has shared bathroom with 3 showers and 5 toilets – all in good working order.

Child Protection
SECTION DOES NOT APPLY TO MT TRENCHARD
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 x No <input type="checkbox"/>
Do you have a list of the Staff on duty on the day of the inspection?	Yes x No <input type="checkbox"/>
Do you have a list of the Designated Liaison Persons (Child Protection)?	n/a

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

If you do not have a separate list, please provide

[illegible]

Summary Sheet

Name of Centre:	Mount Trenchard
Address:	Foynes, Co Limerick
Proprietor :	Baycaster
Manager:	Anjum Raja
Contact Name:	Anjum Raja
Capacity Per MOA (Current Occupancy):	85 (79)
Date of Inspection:	19/3/19

Fire Safety:

Smoke detectors covered in rooms 1 and 7

Food Safety:

No issues

Bedrooms:

Room 16 ceiling leaks when there is heavy rainfall

Note:

All rooms and corridors have been repainted and LED lights installed in corridors which really brighten up the centre.

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.

