

RIA

Internal Inspection Report

Centre:	RICHMOND COURT
Inspector:	Killian Morgan
Date of Inspection:	20/12/2018
Time of Arrival & Departure:	09:30 – 13:15

Part 1
General Information on Services

Internal Inspection Report

Centre: Richmond Court

Date of Inspection: 20/12/2018

1. CENTRE DETAILS

Name and address of Centre	Richmond Court, Richmond Street, Longford Town, Co. Longford.
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Contractor	Mint Horizon limited
Manager	Carmel Foley
Who deputises for manager in his/her absence?	Give Job Title only Assistant Manager

Telephone Number	043 3362015
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Current Contracted Capacity	80
Current Occupancy (today)	75
Current Centre Profile (e.g., singles, families etc.)	Single males

HSE Area	Midlands - Longford / Westmeath
Public Health Nurse	Mary Farrell
DSP / CWO name	Jacinta Keogh
Environmental Health Officer name	Siobhan O' Callaghan
Local Fire Officer Name	Declan Kilcloyne
Local Fire Station	Longford Fire Station

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.,) 2. Indicate who is on duty at time of inspection (today) 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	8am-8pm / 8pm-8am
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 – 1 x managers office , 1 x kitchen
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?	Gas
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 thermostat and timer
What are the heating 'ON' times?	Dependant on temperature

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?	Manager discusses the Rules with new residents on arrival and goes through RIA booklet.

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 checked="" type="checkbox"/> No <input type="checkbox"/>
If no, give details	
Are there procedures to allow residents to receive visitors? (Give details)	Yes, in the communal room beside reception
Outline visiting times :	10am-10pm
In what areas are visitors allowed in the centre?	Communal room
Any other relevant information:	
Is there a facility for storage of residents' valuables*? (Give details.) (* Storage is at resident's own risk)	Each resident has their own locker in their bedroom
What toiletries are provided to residents on arrival?	Toothpaste, shampoo / soaps provided in shower rooms
What arrangements are in place to replenish these items?	Checked daily by Manager

7 ARRANGEMENTS FOR MAINTENANCE

Does the centre have a written procedure in place for residents to report maintenance issues? (Yes/No)	Yes
Is there a maintenance day book? (Yes/No)	Yes
Describe the maintenance procedure at the centre: Day maintenance book in office – maintenance issues are dealt with as soon as practicable.	

8 CHILD PROTECTION

Are measures in place to inform staff and visitors of RIA's Child Protection Policy? (Give details)	Procedure is in place – however no children present in centre.
Are visitors asked to sign a declaration agreeing to adhere to the child protection policy?	n/a
Where is declaration held?	n/a
Is there a sign in book for visitors? Where?	n/a
Are there notices on public display giving name and contact details of Designated Liaison Person? Where?	n/a
Have Designated Liaison Persons received HSE training?	n/a
Are notices prominently displayed regarding parental supervision of children? Where?	No

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
Date of last visit:	27/02/2018

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

Are residents consulted regarding menu / dietary requests? (Give details.)	Yes – there is regular discussion with chef and manager on food and dietary/ethnic requirements etc.
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 	n/a Please also provide details of the system for distribution of school lunches:
Is infant formula kept out of public view?	n/a
What arrangements are in place for distribution of infant formula?	n/a

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?	Kitchenette in dining room with tea/coffee, milk, bread, fruit, cereals etc. available.
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"/> Fridge and microwave in dining room - meals will be left plated, can be heated on arrival.
Are meals available for new arrivals? (Give details)	Yes – as above
Are packed lunches available for residents travelling to Dublin on official business? (Give details)	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Chef will prepare lunches when advised by manager.
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?	Not applicable	
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
WIFI	Yes
DVD player	Yes
Computer Games	No
Snooker Table	No
Pool Table	No
Table Tennis Table	No
Board Games	No
Newspapers	No
Books	Yes
Toys / games for children	No
Other	
Give details of any other arrangement or other comments:	

14 TRANSPORT ARRANGEMENTS

Is there a bus service provided? (Yes/No):	No
Where does the service go to?	
What is the frequency of the service? (List time table opposite)	

15 TV SYSTEM

Is there a specific TV system in place? (give details)	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
An average, how many TV channels are provided to residents?	Cable channels in each room , sky sports available in lounge
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?	Provided as needed and on request from the manager
What procedures are in place for ironing boards and irons?	Available in laundry
How is washing powder / tablets supplied?	Supplied at reception
Are there specific arrangements for access to the laundry (give details):	No specific arrangements - open access

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?	Mops, brushes, detergents etc.
What is the procedure for residents to access vacuum cleaners, brushes & other cleaning equipment?	Cleaning staff in house do routine room cleaning – residents may request equipment at anytime and it is provided.
What arrangements are in place if rooms are not cleaned sufficiently by residents?	Cleaning staff will provide assistance, if necessary.

PART 2

Room by Room Inspection

Internal Inspection

Centre: Richmond Court

Date of Inspection: 20/12/2018

Section A- Administration / Communal areas

17 Have you seen the following?

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

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

18 Staff Awareness

Did you see the RIA Code of Practice*?	Yes
Are all staff aware of RIA Code & House Rules?	Yes
How are staff made aware of RIA Code & House Rules?	
All staff are fully inducted on commencement of employment	

**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>
19/12/18	Security in-house	Ok
12/12/18	Security in-house	Ok
03/09/18	Keogh Electrical	Quarter service and test

19b FIRE ALARM & DETECTION SYSTEM INSPECTION SCHEDULE

Date	Inspected By (Company Name / Position)	OK	Defect	Remedial Action Taken (Y/N)	Sign Off Y/N
27/10/18	Sharp Security	<input checked="" type="checkbox"/>	Service and test	Y	Y
20/12/18	Internal	<input checked="" type="checkbox"/>	Ok	N	Y
19/12/18	Internal	<input checked="" type="checkbox"/>	Ok	N	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
14/08/18	Sharp	<input checked="" type="checkbox"/>	Annual service	Y	Y
20/12/18	Internal	<input checked="" type="checkbox"/>	Ok	N	Y
19/12/18	Internal	<input checked="" type="checkbox"/>	Ok	N	Y

19d FIRE EXIT DOORS / MEANS OF ESCAPE INSPECTION SCHEDULE

Date	Inspected By (Company Name / Position)	OK	Defect	Remedial Action Taken (Y/N)	Sign Off Y/N
20/12/18	Internal	<input checked="" type="checkbox"/>	n/a	n/a	Y
19/12/18	Internal	<input checked="" type="checkbox"/>	n/a	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
03/12/18 8:00pm	4 STAFF	23/23	4:10 mins	All evacuated
25/09/18 6:30pm	4 STAFF	27/27	3:45 mins	All evacuated

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

19f STAFF INSTRUCTION AND TRAINING (Fire Safety)

Job Description	Course	Instructor	Duration	Date
All staff	Fire Safety	APEX	½ DAY	4th Oct 2017

19g FIRE ASSEMBLY POINTS

Where are the Fire Assembly Points located?	Outside on Richmond Street
Are they marked?	Yes
Are staff aware of locations?	Yes
Comments:	

19h FIRE ALARM SYSTEM

Is there a fire alarm system in place?	Yes
Are there smoke alarms throughout the premises, inc bedrooms?	Yes
Are all smoke alarms linked back to a central control panel?	Yes
Are there designated 'Smoking' areas? <i>Include locations</i>	Yes – outside dining room door in courtyard
Comments: Certified by Sharp Group	

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

Have you seen the following?

		Location of display
Up to date House Rules	Yes	Reception
Complaint Forms	Yes	Reception
Accident/ Incident procedure	Yes	Reception
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"/>	n/a

Social Room / Tea Station (State Location): opposite main office

What facilities are provided? Kettle, microwave, fridge, toaster in dining room
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	8:00	10:00
Lunch	12:30	13:30
Dinner	4:30	18:00

Which is the main meal of the day:	Lunch <input type="checkbox"/>	Dinner <input checked="" type="checkbox"/>
Is menu cycle available?	Yes <input checked="" type="checkbox"/>	

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?	Yes
If no, ask manager for explanation and provide details: Days menu posted on Blackboard	
Which meal was sampled?	Breakfast <input type="checkbox"/> Lunch <input checked="" type="checkbox"/> Dinner <input type="checkbox"/>
Please describe the meal in detail (e.g. was it hot / cold, bland / spicy etc.) Chicken soup, Chicken balls, egg fried rice, Spanish omelette, baked beans, chips and salad	
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:	Spanish omlette
Were there ethnic dishes available?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Give details of this option:	Chicken balls with egg fried rice
Was fresh foods available for Infants? (as per HSE Infant Feeding Guidelines)	Yes <input type="checkbox"/> No <input type="checkbox"/> 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: Food was hot and tasty	

FOOD SAFETY

Has the premises been inspected by an Environmental Health Officer?	Yes
Date of Visit?	11/12/18 – no issues, awaiting letter.
Comments:	

KITCHEN AREA: Food Safety Critical Requirements

Is there a dress code for kitchen and server staff yes

Please outline: Coat, hat and gloves

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

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

Toilets (State Location):

Toilets (State Location):						
	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:	1	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Gents:	1	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Is there a cleaning schedule displayed?					Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Record the last time entry. 20/12/18						
Is the area clean? (provide comment) Area clean and tidy						
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:						

COMMUNAL ROOM (State Location): Opposite reception

Is the seating in good condition?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
What is the area generally used for?		
Residents and visitors meetings, watching TV, general socialising		
Is the area generally clean?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
<i>Visual Check:</i> Have you noticed any issues requiring attention? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
If yes please detail:		
Any other comments? If yes please detail:		

OUTDOOR GROUNDS / FACILITIES

Please rate the following:

	Very Good	Adequate	Poor*	Needs urgent attention*
Condition of exterior of centre	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cleanliness of the grounds (ie., evidence of rubbish etc.)	<input type="checkbox"/>	<input checked="" 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	4	4
Do they appear to be in working order? Yes		
Comments: Open 24/7		

CORRIDOR

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

STAIRWAY

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

Gym 1st Floor

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: Weight bench, free weights and punch bag				

Computer room 1st Floor

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:				

Bedrooms:

CLEANING (General Arrangements)

How often are bedrooms inspected?	twice weekly <input checked="" type="checkbox"/> Weekly <input 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?	Vacuums, mops, brushes, detergents etc.
What arrangements are in place if rooms are not cleaned sufficiently by residents?	Cleaning staff will clean rooms, if necessary.

Toilet/showers 401-407

	Number	Soap	Toilet Paper	Hand Towels / Dryers	Hot Water	shower
Gents:	5	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	5
Is there a cleaning schedule displayed?						Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Record the last time entry. 20/12/18						
Is the area clean? (provide comment) Yes, area clean and tidy						
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:						

Toilet/Showers 301-307

	Number	Soap	Toilet Paper	Hand Towels / Dryers	Hot Water	shower
Gents:	5	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	5
Is there a cleaning schedule displayed?						Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Record the last time entry. 19/12/18						
Is the area clean? (provide comment) Yes, area clean and tidy						
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:						

Toilet/Showers 201 - 209

	Number	Soap	Toilet Paper	Hand Towels / Dryers	Hot Water	shower
Gents:	4	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	4
Is there a cleaning schedule displayed?					Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Record the last time entry. 19/12/18						
Is the area clean? (provide comment) Yes, clean and tidy						
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:						

Toilet /Shower 501/502

	Number	Soap	Toilet Paper	Hand Towels / Dryers	Hot Water	shower
Gents:	2	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	2
Is there a cleaning schedule displayed?					Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Record the last time entry. 19/12/18						
Is the area clean? (provide comment) Yes, clean and tidy						
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:						

BEDROOMS

ROOM NUMBER 501				
Room Profile:		Room Capacity:		Room Occupancy:
Single		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 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: Mirror in shower room cracked				

ROOM NUMBER 502				
Room Profile:		Room Capacity:		Room Occupancy:
Single		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 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:				

ROOM NUMBER 401				
Room Profile:		Room Capacity:		Room Occupancy:
Single		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 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:				

ROOM NUMBER 402				
Room Profile:		Room Capacity:		Room Occupancy:
Single		3		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 403				
Room Profile:		Room Capacity:		Room Occupancy:
Single		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 404				
Room Profile:		Room Capacity:		Room Occupancy:
Single		3		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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input type="checkbox"/>	No * <input checked="" type="checkbox"/>
If *, please give details: One of the slats in the top bunk is broken				

ROOM NUMBER 405				
Room Profile:		Room Capacity:		Room Occupancy:
Single		3		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 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:				

ROOM NUMBER 407				
Room Profile:		Room Capacity:		Room Occupancy:
Single		1		1
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 type="checkbox"/>	No * <input checked="" type="checkbox"/>
If *, please give details: Fire notice missing				

ROOM NUMBER 406				
Room Profile:		Room Capacity:		Room Occupancy:
Single		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 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:				

ROOM NUMBER 301				
Room Profile:		Room Capacity:		Room Occupancy:
Single		3		2
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 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:				

ROOM NUMBER 302				
Room Profile:		Room Capacity:		Room Occupancy:
Single		3		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 303				
Room Profile:		Room Capacity:		Room Occupancy:
Single		3		2
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 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:				

ROOM NUMBER 304				
Room Profile:		Room Capacity:		Room Occupancy:
Single		3		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 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:				

ROOM NUMBER 305				
Room Profile:		Room Capacity:		Room Occupancy:
Single		3		2
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 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:				

ROOM NUMBER 306				
Room Profile:		Room Capacity:		Room Occupancy:
Single		3		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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input type="checkbox"/>	No * <input checked="" type="checkbox"/>
If *, please give details: TV cable damaged				

ROOM NUMBER 307				
Room Profile:		Room Capacity:		Room Occupancy:
Single		3		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 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:				

ROOM NUMBER 201				
Room Profile:		Room Capacity:		Room Occupancy:
Single		3		2
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 202				
Room Profile:		Room Capacity:		Room Occupancy:
Single		3		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 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:				

ROOM NUMBER 203				
Room Profile:		Room Capacity:		Room Occupancy:
Single		3		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 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:				

ROOM NUMBER 204				
Room Profile:		Room Capacity:		Room Occupancy:
Single		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:				

ROOM NUMBER 205				
Room Profile:		Room Capacity:		Room Occupancy:
Single		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 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:				

ROOM NUMBER 206				
Room Profile:		Room Capacity:		Room Occupancy:
Single		2		2
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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:				

STAIRWAY

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 checked="" type="checkbox"/> No <input type="checkbox"/> (e.g., fire exit signs, hazards, lighting, notices, décor, etc.)		
If yes please detail: Damp on stairway wall and ceiling – leak in roof		

ROOM NUMBER 207				
Room Profile:		Room Capacity:		Room Occupancy:
Single		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 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 208				
Room Profile:		Room Capacity:		Room Occupancy:
Single		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 209				
Room Profile:		Room Capacity:		Room Occupancy:
Single		2		2
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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:

no

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

no

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

no

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

Personal representations should be recorded in Part 3.

Manager should be asked to sign this declaration.

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

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

Signed: Carmel Bley

Position: Manager

Date: 20-12-18

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: Carmel Bley

Position: Manager

Date: 20-12-18



Áisneacht Fháiite agus Comhtháite
Reception and Integration Agency

Mr. Sean Lyons,
Mint Horizon Limited,
Clondalkin Towers,
Ninth lock Road,
Clondalkin,
Dublin 22.

27th February, 2019.

Dear Mr. Lyons,

The Reception and Integration Agency carried out an inspection at Richmond Court Accommodation Centre on **20th December 2018**. 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.

Please reply in writing on or before **Friday 22nd March 2019**, outlining the steps you have taken/propose to take to address the issues raised.

Yours sincerely,

A handwritten signature in blue ink, reading "Bernie Loughrey".

Bernie Loughrey
Internal Inspection Unit
Reception and Integration Agency



Richmond Court
Richmond Street
Longford
Ph: 043 33 62015
Fax: 043 33 62016

Bernie Loughrey
Internal Inspection Unit
Reception & Integration Agency
PO Box 11487
Dublin 2.

22nd March 2019

Ref: Inspection at Richmond Court on the 20th of December 2018

Dear Bernie

I refer to your letter dated 27th of December 2018 and reply as follows:

Fire Safety

- No comments, all in order thank you

Food Safety

- No comments, all in order thank you

Bedroom Issues

- Room 501: Mirror replaced in shower room
- Room 404: Bunk bed replaced
- Room 407: Fire notice rehung on door
- Room 306: TV cable replaced
- Stairway block D: Repairs carried out to roof and ceiling & hall repainted

Other issues

- Please note although Richmond Court is a single male centre we do have 2 trained DLP member of staff

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

Thank you,
Regards

A handwritten signature in blue ink, appearing to read "Graham Carry", is written over a blue circular stamp.

Graham Carry
General Manager

Week 1

MONDAY		TUESDAY		WEDNESDAY		THURSDAY		FRIDAY		SATURDAY		SUNDAY	
BREAKFAST		BREAKFAST		BREAKFAST		BREAKFAST		BREAKFAST		BREAKFAST		BREAKFAST	
Yogurt (2) Mixture of Cereals (12) Toast / Bread (8, 12) Choice of fruit Juices Fruit Porridge Tea / Coffee		Boiled Eggs (3) Mixture of Cereals (12) Toast / Bread (8, 12) Choice of fruit Juices Fruit Porridge Tea / Coffee		Fruit Yogurt (2) Mixtures of Cereals (12) Toast / Bread (8, 12) Choice of fruit Juices Fruit Porridge Tea / Coffee		Fried Eggs (3) Mixture of Cereals(12) Toast / Bread (8, 12) Choice of fruit Juices Fruit Porridge Tea / Coffee		Fruit Yogurt (2) Mixture of Cereals(12) Toast / Bread (8, 12) Choice of fruit Juices Fruit Porridge Tea / Coffee		Selection of Yogurt (2) Mixture of Cereals(12) Toast / Bread (8, 12) Choice of fruit Juices Fruit Porridge Tea / Coffee		Boiled Eggs(3) Mixture of Cereals(12) Toast / Bread (8, 12) Choice of fruit Juices Fruit Porridge Tea / Coffee	
LUNCH		LUNCH		LUNCH		LUNCH		LUNCH		LUNCH		LUNCH	
Soup of the day		Soup of the day		Soup of the day		Soup of the day		Soup of the day		Soup of the day		Soup of the day	
Egg & Veg spaghetti (3, 12) Chicken in peper sauce(2) Mash & Chips(2) Boiled Vegetables Seasonal mixed Salad Garlic & Chile Mayo (2, 3, 9)		Chilli Con Carne Fish Cakes (5, 12) Steamed Vegetables Boiled Rice Roast Potatoes Seasonal mixed Salad Salad dressing (2,3, 9) All Sauces		Beef Burgers (8, 12) Chicken Burger(2, 8, 13) Fried eggs (2) Chips Okra Curry Seasonal mixed salad Cheese slices (2) All sauces		Tagliatelle carbonara(2, 12) Fried liver Spicy wedges Baked beans Seasonal mixed Salad Bread Rolls (12) Chilli sauce Garlic Sauce (2, 3, 8) Chilli Mayo(2,3, 8)		Chicken Vegetable wrap(12) Fish Fingers (2,3, 5) Roast Potato Beans Sauce Coleslaw (2, 3, 9,) All Sauces		Chicken lasagna(2, 12) Fish Burgers (2,8, 12) Potato Curry Chips Cabbage Salad Tomato & Chilli Sauce(2,3, 9) Pitta bread (8, 12)		Tuna & Sweetcorn wrap (2,3, 12) Chicken Balls (2,3, 12) Baked Beans Vegetable Pasta (12) Spicy wedges Carrot & Coriander Salad Tomato & Chilli Sauce(2, 3, 9)	
DINNER		DINNER		DINNER		DINNER		DINNER		DINNER		DINNER	
Chicken Tikka Masala (1, 2,3, 4) Beef sausage with fried onion & Gravy Mash potato All Toppings(2) African Beef & Sauce Basmati Rice Lentil (BA) Mixed Salad Custard (2,3)		Chicken Karahi Biryani Rice (4,8,9, 11 12) Chana Dhal African Chicken with tomato sauce Plantain Mazmeal Mixed Salad Pitta Bread (8, 12) Natural Yougurt (2) Mini Muffins (2, 3, 12, 14)		Chicken Shammy Kabab (2,4, 8, 12, 14) Fish of the day African Fish Spicy Rice Dhal (PA) Red kidney beans Mixed Salad Pitta Bread(8, 12) Samonina(12) Fruit cocktail		Chicken Curry (PA) Lentil(BA) African Beef & Sauce Yam Okra Curry Potato & Cauliflower Coriander Rice Pitta Bread (12) Mixed salad Yogurt Chutney(2) Rice Pudding (2)		Stir fry Chicken(8, 14) Vegetable Pasta with peper Sauce (2, 12) African Fish & tomato Sauce (5) White Rice Plaw Rice (2,4, 8, 12, 14) Chana Dhal Salad All Sauces Mazmeal Custard(2,3)		Chicken Biryani(2,4,8, 12, 14) Veg Curry (PA) (Pak) Dhal African Chicken White Rice Mixed Salad Fruit Cocktail		Lamb Curry (BA) Breaded Chicken (2, 3, 12) White Rice Spicy Rice African Turkey Lentil(BA) Red Kidney Beans All Sauces Mixed salad Rice Pudding(2)	

1. PEANUTS, 2. MILK, 3. EGGS, 4. NUTS, 5. FISH, 6. CRUSTACEANS, 7. MOLLUSCS, 8. SOYA, 9. MUSTARD, 10. LUPIN, 11. SULPHUR DIOXIDE & SULPHITES, 12. GLUTEN, 13. CELERY/CELERIAC, 14. SESAME SEEDS
Please Note: If a resident is a Vegetarian please contact the Manager or the Chef and they will make suitable arrangements on a daily basis for you. Please also inform the details of Allergies listed above.

Week 2

MONDAY		TUESDAY		WEDNESDAY		THURSDAY		FRIDAY		SATURDAY		SUNDAY	
BREAKFAST		BREAKFAST		BREAKFAST		BREAKFAST		BREAKFAST		BREAKFAST		BREAKFAST	
Fried Eggs (3) Mixture of Cereals(12) Toast / Bread (12) Choice of fruit Juices		Yogurt (2) Mixture of Cereals(12) Toast / Bread (12) Choice of fruit Juices		Hard Boiled eggs (3) Mixture of Cereals(12) Toast / Bread (12) Choice of fruit Juices		Yogurt(2) Mixture of Cereals(12) Toast / Bread (12) Choice of fruit Juices		Boiled Eggs(3) Mixture of Cereals(12) Toast / Bread (12) Choice of fruit Juices		Yogurt(2) Mixture of Cereals(12) Toast / Bread (12) Choice of fruit Juices		Boiled Eggs(3) Mixture of Cereals(12) Toast / Bread (12) Choice of fruit Juices	
Fruit Porridge Tea / Coffee		Fruit Porridge Tea / Coffee		Fruit Porridge Tea / Coffee		Fruit Porridge Tea / Coffee		Fruit Porridge Tea / Coffee		Fruit Porridge Tea / Coffee		Fruit Porridge Tea / Coffee	
LUNCH		LUNCH		LUNCH		LUNCH		LUNCH		LUNCH		LUNCH	
Soup of the Day		Soup of the Day		Soup of the Day		Soup of the Day		Soup of the Day		Soup of the Day		Soup of the Day	
Pezza with all toppings(2,12) Vegetable Pasta (2, 12) Baked Beans Chips Mixed Salad Seasonal mixed Salad Chilli Sauce (2, 3, 9) Garlic Mayonaise (2, 3, 9)		Chicken balls (2,12) BA Omelette (3) Baked Beans Roast Vegetable Spicy Wedges Seasonal mixed Salad All Sauces		Fish Fingers (2, 3,5,12) Chicken Burgers(12) Beef Burgers (8, 12) Chips Chicken Soup All Sauces Mixed Salad Cheese slices (2)		Spaghetty Bolognaise (12) Boiled Vegetables Roast Potato Baked Beans All Sauces Mixed Salad		Fish Cakes (5,12) Doner Kebab(12) Coleslaw (2,3,9,1) All Sauces Salad Dressing Mixed Salad		Stirry Vegetables (3,12,14) Spinach Omelette(3) Fish Fingers(2,3,5,12) Baked Beans All Sauces Seasonal mixed Salad		Chicken Burger(12) Beef Burger (12) Boiled Vegetables Baked Beans Seasonal mixed Salad All Sauces	
DINNER		DINNER		DINNER		DINNER		DINNER		DINNER		DINNER	
Taco Beef & Toppings Chicken Curry (PA) White Rice Biryani Rice(2,4,8,12,14) African Sauce Dhal (PA) Okra Curry Mixed Salad Halwa(12)		Spicy Chicken wings White Rice Corander Rice Chickpea Curry African Beef Mazneal Chana Dhal Plantain Mixed Salad All Sauces Rice Pudding (2)		Chicken curry (PA) Fish of the day African Fish Lentil(BA) White Rice African Plaw(4,8,9,11,12)		BBQ Chicken Balls(2,3,12) Lamb Shish Kebab(8) Dhal(PA) African Turkey Spinach Curry White Rice Spicy Rice All Sauces Mazneal Mixed Salad Mufins(2,3,12,14)		Chicken Tandori(4) Beef Aloo Gusht(PA) African Beef African Red Rice Chana Dhal White Rice Basmati Rice Plantain Mixed Salad Halwa(12)		Chicken Curry (BA) Boiled Vegetables African Chicken & Sauce White Rice Bombay Rice Lentil(BA) All Sauces Mixed Salad Rice Pudding(2)		Nahut Lamb BBQ Chicken(8,12) African Chicken White Rice Fried Rice Dhal(PA) Mixed Salad All Sauces Custard(2,3)	

Please Note: If a resident is a Vegetarian please contact the Manager or the Chef and they will make suitable arrangements on a daily basis for you. please also correct the details of Allergens listed above.

1. PEANUTS, 2. MILK, 3. EGGS, 4. NUTS, 5. FISH, 6. CRUSTACEANS, 7. MOLLUSCS, 8. SOYA, 9. MUSTARD, 10. LUPIN, 11. SULPHUR DIOXIDE & SULPHITES, 12. GLUTEN, 13. CELERY/CELERIAC, 14. SESAME SEEDS

Week 3

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
BREAKFAST	BREAKFAST	BREAKFAST	BREAKFAST	BREAKFAST	BREAKFAST	BREAKFAST
Fried Eggs (3) Mixture of Cereals(12) Toast / Bread (12) Choice of fruit Juices	Yogurt (2) Mixture of Cereals(12) Toast / Bread (12) Choice of fruit Juices	Yogurt(2) Mixture of Cereals(12) Toast / Bread (12) Choice of fruit Juices	Yogurt(2) Mixture of Cereals(12) Toast / Bread (12) Choice of fruit Juices	Boiled Eggs(3) Mixture of Cereals(12) Toast / Bread (12) Choice of fruit Juices	Yogurt(12) Mixture of Cereals(12) Toast / Bread (12) Choice of fruit Juices	Boiled Eggs(3) Mixture of Cereals(12) Toast / Bread (12) Choice of fruit Juices
Fruit Porridge Tea / Coffee	Fruit Porridge Tea / Coffee	Fruit Porridge Tea / Coffee	Fruit Porridge Tea / Coffee	Fruit Porridge Tea / Coffee	Fruit Porridge Tea / Coffee	Fruit Porridge Tea / Coffee
LUNCH	LUNCH	LUNCH	LUNCH	LUNCH	LUNCH	LUNCH
Soup of the day	Soup of the day	Soup of the day	Soup of the day	Soup of the day	Soup of the day	Soup of the day
Roast Chicken Tuna & sweet corn wraps(2,12) Chips Mashed potatoes (2) Chilli Sauce (2, 3, 9) Garlic Mayonnaise (2, 3, 9) Mixed Salad	Beef burgers (12) Chicken burgers(2,3,12) Fried Eggs(3) Baked Beans Seasonal mixed Salad Spicy Wedges All sauces	Stir fry Noodles with Vegetables(8,12,14) Chicken Goujons(2,3,8,12) Baked potatoes Curry Sauce Coleslaw (2,3,9) All Sauces	Egg & fried Rice(3) Boiled Vegetables Baked Beans Chicken Wrap (12) Chips Seasonal Mixed Salad All Sauces	Vegetarian Lasagna (2,12) Fried Chicken Leg Rosted Potatos All Sauces Carrot Salad Pitta Bread(8,12)	Fried Liver & Veg Fish Fingers(2,3,12) Spicy Wedges All Sauces Boiled Mixed Veg Baked Beans Cabbage Salad All Sauces	Chicken Pasta (12) Fish Cake(2,3,12) Chips Roasted Veg Baked Beans All Sauces Seasonal Salad
DINNER	DINNER	DINNER	DINNER	DINNER	DINNER	DINNER
Chicken mince with Potato Fried fish of the day (PA) Lentil(BA) African Fish Chickpea Curry Mazneal Mixed Salad Rice Pudding (2)	Chicken Biryani (4,8,9,11,12) Chana Dhal African Chicken African Rice White Rice Alfanti Rice Mixed Vegetables Curry Mixed Salad Custard (2,3,12)	Chicken Tikka masala (1,2,4) Beef Sausage Dhal (PA) African Sauce White Rice African Yam Coriander Rice Okra Curry Mixed Salad Halwa (12)	Chicken Soup (PA)(8) Southern Fried Chicken (2,3,9,12) African Turkey & sauce Mazneal White Rice Spicy Rice Lentil (BA) Mixed Salad Fruit Cocktail	Chicken Curry (BA) Beef Shawarma White Rice Spicy Rice African Beans Red Kidney Beans Garden peas Chana Dhal Mazneal Seasonal Mixed salad Rice Pudding (2)	Lamb Curry(PA) Chicken Tikka Masala African Fish White Rice Biryani Rice Dhal (PA) Mixed Salad Custard (2,3,12)	Vegetable Pasta & Pepper Sauce (2) Roast Chicken Rice Spicy Rice African Chicken Mushroom Sauce Lentil(BA) Mixed Salad Fruit Cocktail

Please Note: If a resident is a Vegetarian please contact the Manager or the Chef and they will make suitable arrangements on a daily basis for you.

Please refer to the details of Allergies listed.

1. PEANUTS, 2. MILK, 3. EGGS, 4. NUTS, 5. FISH, 6. CRUSTACEANS, 7. MOLLUSCS, 8. SOYA, 9. MUSTARD, 10. LUPIN, 11. SULPHUR DIOXIDE & SULPHITES, 12. GLUTEN, 13. CELERY/CELERIAC, 14. SESAME SEEDS

Week 4

MONDAY		TUESDAY		WEDNESDAY		THURSDAY		FRIDAY		SATURDAY		SUNDAY	
BREAKFAST		BREAKFAST		BREAKFAST		BREAKFAST		BREAKFAST		BREAKFAST		BREAKFAST	
Fried Eggs(3) Mixture of Cereals(12) Toast / Bread (12) Choice of fruit Juices		Yogurt(12) Mixture of Cereals(12) Toast / Bread (12) Choice of fruit Juices		Boiled Egg(3) Mixture of Cereals(12) Toast / Bread (12) Choice of fruit Juices		Yogurt(12) Mixture of Cereals(12) Toast / Bread (12) Choice of fruit Juices		Hard Boiled eggs(3) Mixture of Cereals(12) Toast / Bread (12) Choice of fruit Juices		Yogurt(12) Mixture of Cereals(12) Toast / Bread (12) Choice of fruit Juices		Scrambled Egg(3) Mixture of Cereals(12) Toast / Bread (12) Choice of fruit Juices	
Fruit Porridge Tea / Coffee		Fruit Porridge Tea / Coffee		Fruit Porridge Tea / Coffee		Fruit Porridge Tea / Coffee		Fruit Porridge Tea / Coffee		Fruit Porridge Tea / Coffee		Fruit Porridge Tea / Coffee	
LUNCH		LUNCH		LUNCH		LUNCH		LUNCH		LUNCH		LUNCH	
Soup of the day		Soup of the day		Soup of the day		Soup of the day		Soup of the day		Soup of the day		Soup of the day	
Beef Mince Wrap(8, 12) Vegetable Pasta Bake (2, 12) Fries Curry Sauce Pitta Bread & Wraps(8, 12) Salad Dressing (2, 3, 9) All Sauces		Vegetarian Stuffy Noodles (2, 8, 12) Sausage with Onion Gravy (12) Steamed Vegetables Potato Wedges Pitta Bread(8, 12) Chilli Sauce(2, 3, 12, 14) Salad dressing (2, 3, 9)		Lamb Lasagna (2, 12) Fish fingers (8, 12) French Fries Carrot & Coriander Salad Pitta Bread & Wraps(8, 12) All Sauces		Chicken balls (2, 3, 12) Potato Omelette (3) Baked Beans Egg Fried Rice (3) Mixed Salad Steamed Vegetables Pitta Bread & Wraps(8, 12) Salad dressing (2, 3, 9)		Fish Burger (2, 3, 5, 12) Doner Kebab French Fries Homemade coleslaw(3, 9) Egg Mayo/masala(2, 3, 9) Salad dressing (2, 3, 9) Pitta Bread & Wraps(8, 12)		Vegetable Quiche (3) Chicken Burgers (12) Beef Burgers(12) Baked Beans Chips Tomato & Chilli Sauce Pitta bread/Wraps (8, 12) Salad dressing (2, 3, 9)		Tuna & sweetcorn Wrap (2, 3, 12) Spicy wedges Chicken Soujons(2, 12) Potato Curry Cabbage Salad Salad dressing (2, 3, 9) Pitta Bread & Wraps(8, 12)	
DINNER		DINNER		DINNER		DINNER		DINNER		DINNER		DINNER	
Chicken Jalfrezi African Chicken in Sauce Boiled Rice Spicy Rice & Veg Mazameal Plantain Lentil(BA) Pitta bread & wraps(8, 12) Natural Yogurt Salad Dressing (2, 3, 9) Mixed Salad Rice Pudding (2)		Beef Curry (Pak) Tandoori Chicken(4) Dhal (PAF) Biryani Rice Fried Spinach, onion & Garlic Pitta Bread & Wraps(8, 12) African Beef Mashed Potato(2) Boiled Rice Seasonal mixed Salad Palooda(2)		Minced Chicken Kebab African Turkey & sauce Okra Sauce Chana Dhal Boiled Rice Coriander Rice Pitta Bread & Wraps(8, 12) Salad dressing & Oils(2, 3, 9) Semolina(12) Halwa(12)		BBQ Chicken Fish (BA) African Fish & Sauce Lentil (BA) Chickpea Curry Boiled Rice Spicy Rice Seasonal Mixed Salad Mazameal Custard (2, 3, 12)		Veg Pasta with Peper Sauce (2, 12) Chicken Curry (BA) Biryani Rice(2, 4, 8, 12, 14) Boiled Rice African Chicken sauce Plantain African Rice Salad dressing & Oils(2, 3, 9) Pitta Bread & Wrap (8, 12) Dhal(PAF) Rice Pudding (2)		Lamb Korma(4, 12) Stuffed Chicken(8, 12, 14) Boiled Rice Vegetable Rice Chana Dhal African Beef Mazameal Seasonal Mixed Salad Mufin (2, 3, 12, 14)		Chicken Biryani(4, 12)(BA) Lentil (BA) African Turkey & Sauce Boiled African Rice Chickpea Curry Salad Pitta Bread & Wraps(8, 12) Yogurt Chutney(2) Fruit Salad Fruit Salad	

1. PEANUTS, 2. MILK, 3. EGGS, 4. NUTS, 5. FISH, 6. CRUSTACEANS, 7. MOLLUSCS, 8. SOYA, 9. MUSTARD, 10. LUPIN, 11. SULPHUR DIOXIDE & SULPHITES, 12. GLUTEN, 13. CELERY/CELERYAC, 14. SESAME SEEDS
Please Note: If a resident is a Vegetarian please contact the Manager or the Chef and they will make suitable arrangements on a daily basis for you. Please also note the details of allergen listed above.

RIA

Internal Inspection Report

Centre:	RICHMOND COURT
Inspector:	Audrey Walsh
Date of Inspection:	12/06/2018 2019
Time of Arrival & Departure:	10:30 – 13:30

Part 1
General Information on Services

Internal Inspection Report

Centre: Richmond Court
Date of Inspection: 12/06/2018

1. CENTRE DETAILS

Name and address of Centre	Richmond Court, Richmond Street, Longford Town, Co. Longford.
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Contractor	Mint Horizon limited
Manager	Carmel Foley
Who deputises for manager in his/her absence?	Give Job Title only Assistant Manager

Telephone Number	043 3362015
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Current Contracted Capacity	80
Current Occupancy (today)	79 (one on hold)
Current Centre Profile (e.g., singles, families etc.)	Single males

HSE Area	Midlands - Longford / Westmeath
Public Health Nurse	Mary Farrell
DSP / CWO name	Jacinta Keogh
Environmental Health Officer name	Siobhan O' Callaghan
Local Fire Officer Name	Declan Kilcloyne
Local Fire Station	Longford Fire Station

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?	N/A
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.,) 2. Indicate who is on duty at time of inspection (today) 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	8am-8pm / 8pm-8am
Is security provided by external company? (Y/N)	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
If yes, give name of company:	N/A
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: No out of hours GP service – have to call local doc.
Are first aid kits available? (Y/N)	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Where and how many?	2 – 1 x managers office , 2 x kitchen
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?	Gas
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 thermostat and timer
What are the heating 'ON' times?	Dependant on temperature

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?	Manager discusses the Rules with new residents on arrival and goes through RIA booklet. House rules are hanging on all bedroom doors.

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 checked="" type="checkbox"/> No <input type="checkbox"/>
If no, give details	
Are there procedures to allow residents to receive visitors? (Give details)	Yes, in the communal room beside reception
Outline visiting times :	10am-10pm
In what areas are visitors allowed in the centre?	Communal room
Any other relevant information:	
Is there a facility for storage of residents' valuables*? (Give details.) (* Storage is at resident's own risk)	Each resident has their own locker in their bedroom
What toiletries are provided to residents on arrival?	Toothpaste, shampoo / soaps provided in shower rooms.
What arrangements are in place to replenish these items?	Checked daily by Manager and provided on demand.

7 ARRANGEMENTS FOR MAINTENANCE

Does the centre have a written procedure in place for residents to report maintenance issues? (Yes/No)	Yes
Is there a maintenance day book? (Yes/No)	Yes
Describe the maintenance procedure at the centre: Day maintenance book in office – maintenance issues are dealt with as soon as practicable and regular room inspections are carried out.	

8 CHILD PROTECTION

Are measures in place to inform staff and visitors of RIA's Child Protection Policy? (Give details)	Procedure is in place – however no children present in centre.
Are visitors asked to sign a declaration agreeing to adhere to the child protection policy?	N/A
Where is declaration held?	N/A
Is there a sign in book for visitors? Where?	N/A
Are there notices on public display giving name and contact details of Designated Liaison Person? Where?	N/A
Have Designated Liaison Persons received HSE training?	N/A
Are notices prominently displayed regarding parental supervision of children? Where?	No

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
Date of last visit:	13/12/2018

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

Are residents consulted regarding menu / dietary requests? (Give details.)	Yes – there is regular discussion with chef and manager on food and dietary/ethnic requirements etc.
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 	N/A Please also provide details of the system for distribution of school lunches:
Is infant formula kept out of public view?	N/A
What arrangements are in place for distribution of infant formula?	N/A

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?	Kitchenette in dining room with tea/coffee, milk, bread, fruit, cereals etc. available.
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"/> Fridge and microwave in dining room - meals will be left plated, can be heated on arrival.
Are meals available for new arrivals? (Give details)	Yes – as above
Are packed lunches available for residents travelling to Dublin on official business? (Give details)	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Chef will prepare lunches when advised by manager.
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

<i>Are the following available?</i>	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) <i>*Expressed Breast Milk</i>	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

<i>Are the following are available to residents?</i>	Yes/No
Computers with Internet access	Yes
WIFI	Yes
DVD player	No
Computer Games	Yes
Snooker Table	No
Pool Table	No
Table Tennis Table	Yes
Board Games	Yes
Newspapers	Yes
Books	Yes
Toys / games for children	No
Other	
Give details of any other arrangement or other comments:	Regular football/cricket games organised for residents in the back yard.

14 TRANSPORT ARRANGEMENTS

Is there a bus service provided? (Yes/No):	No
Where does the service go to?	
What is the frequency of the service? (List time table opposite)	

15 TV SYSTEM

Is there a specific TV system in place? (give details)	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
An average, how many TV channels are provided to residents?	250 cable channels in each room , sky sports available in lounge.
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?	Provided as needed and on request from the manager
What procedures are in place for ironing boards and irons?	Available in laundry
How is washing powder / tablets supplied?	Freely available at reception
Are there specific arrangements for access to the laundry (give details):	Open access – 24/7

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?	Mops, brushes, detergents etc.
What is the procedure for residents to access vacuum cleaners, brushes & other cleaning equipment?	Cleaning staff in house do routine room cleaning – residents may request equipment at anytime and it is provided.
What arrangements are in place if rooms are not cleaned sufficiently by residents?	Cleaning staff will provide assistance, if necessary.

PART 2

Room by Room Inspection

Internal Inspection

Centre: Richmond Court

Date of Inspection: 12/06/2019

Section A- Administration / Communal areas

17 Have you seen the following?

		Location of display
Up to date House Rules	<input checked="" type="checkbox"/>	Reception Desk, hung on all bedroom doors
Complaint Forms	<input checked="" type="checkbox"/>	Reception Desk
Accident/ Incident procedure	<input checked="" type="checkbox"/>	Reception Desk

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

18 Staff Awareness

Did you see the RIA Code of Practice*?	Yes
Are all staff aware of RIA Code & House Rules?	Yes
How are staff made aware of RIA Code & House Rules?	
All staff are fully inducted on commencement of employment	

**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>
19/12/18	Security in-house	Ok
13/05/19	Keogh Electrical	Quarter service and test
05/06/19	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
23/04/19	Sharp Security	<input checked="" type="checkbox"/>	Service and test	N/A	Y
12/06/19	Internal	<input checked="" type="checkbox"/>	Ok	N	Y
11/06/19	Internal	<input checked="" type="checkbox"/>	Ok	N	Y
05/06/19	Staff		Bell check		

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
14/08/18	Sharp	<input checked="" type="checkbox"/>	Annual service	Y	Y
12/06/19	Internal	<input checked="" type="checkbox"/>	Ok	N	Y
11/06/19	Internal	<input checked="" type="checkbox"/>	Ok	N	Y

19d FIRE EXIT DOORS / MEANS OF ESCAPE INSPECTION SCHEDULE

Date	Inspected By (Company Name / Position)	OK	Defect	Remedial Action Taken (Y/N)	Sign Off Y/N
12/06/19	Internal	<input checked="" type="checkbox"/>	n/a	n/a	Y
11/06/19	Internal	<input checked="" type="checkbox"/>	n/a	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
22/03/19 3:00pm	4 STAFF	24/24	5:00mins	All evacuated
17/01/19 8:00pm	4 STAFF	29/29	4:20mins	All evacuated

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

19f STAFF INSTRUCTION AND TRAINING (Fire Safety)

Job Description	Course	Instructor	Duration	Date
All staff	Fire Safety	APEX	½ DAY	4 th Oct 2017

19g FIRE ASSEMBLY POINTS

Where are the Fire Assembly Points located?	Outside on Richmond Street
Are they marked?	Yes
Are staff aware of locations?	Yes
Comments:	

19h FIRE ALARM SYSTEM

Is there a fire alarm system in place?	Yes
Are there smoke alarms throughout the premises, inc bedrooms?	Yes
Are all smoke alarms linked back to a central control panel?	Yes
Are there designated 'Smoking' areas? <i>Include locations</i>	Yes – outside dining room door in courtyard.
Comments: Certified by Sharp Group	

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? 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	Yes	Reception/back of each bedroom door.
Complaint Forms	Yes	Reception
Accident/ Incident procedure	Yes	Reception
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"/>	N/A

Social Room / Tea Station (State Location): opposite main office

What facilities are provided? Kettle, microwave, fridge, toaster in dining room		
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:		

DINING AREA:

Please outline the meal times:

	From	To
Breakfast	8:00	10:00
Lunch	12:30	13:30
Dinner	4:30	18:00

Which is the main meal of the day:	Lunch <input type="checkbox"/>	Dinner <input checked="" type="checkbox"/>
Is menu cycle available?	Yes <input checked="" type="checkbox"/>	

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?	Yes
If no, ask manager for explanation and provide details: Days menu posted on Blackboard	
Which meal was sampled?	Breakfast <input type="checkbox"/> Lunch <input checked="" type="checkbox"/> Dinner <input type="checkbox"/>
Please describe the meal in detail (e.g. was it hot / cold, bland / spicy etc.) Halal chicken burger, with salad and spicy wedges. Very tasty and filling, a variety of sauces were provided for burger which were all very 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:	Okra curry
Were there ethnic dishes available?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Give details of this option:	Okra curry, African fish stew
Was fresh foods available for Infants? (as per HSE Infant Feeding Guidelines)	Yes <input type="checkbox"/> No <input type="checkbox"/> 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: Food was well presented, hot and tasty. The dining area is clean and well maintained.	

FOOD SAFETY

Has the premises been inspected by an Environmental Health Officer?	Yes
Date of Visit?	11/12/18
Comments: I have viewed the report and there were some minor issues noted which have since been addressed by Management.	

Is there a dress code for kitchen and server staff yes
Please outline: Coat, hat and gloves

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

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

	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:	1	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Gents:	1	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Is there a cleaning schedule displayed?						Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Record the last time entry. 11/06/19						
Is the area clean? (provide comment) Area clean and tidy						
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:						

COMMUNAL ROOM (State Location): Opposite reception

Is the seating in good condition?

Yes ☒ No ☐

What is the area generally used for?

Residents and visitors meetings, watching TV, general socialising

Is the area generally clean?

Yes ☒ No ☐*Visual Check:* Have you noticed any issues requiring attention? Yes ☐ No ☒

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 type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input checked="" 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 Some remnants of renovation works/building materials piled in a corner of the yard.				

LAUNDRY ROOM

	Washing Machines	Dryers
Number	4	4
Do they appear to be in working order? Yes		
Comments: Open 24/7		

CORRIDOR

Is the area generally clean?

Yes ☒ No ☐

If no please give details:

Visual Check: Have you noticed any issues requiring attention? Yes ☐ No ☒

If yes please detail:

STAIRWAY

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"/>
If yes please detail:				

Gym 1st Floor

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: Weight bench, free weights and punch bag				

Computer room 1st Floor

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:				

Bedrooms:

CLEANING (General Arrangements)

How often are bedrooms inspected?	twice weekly <input checked="" type="checkbox"/> Weekly <input type="checkbox"/>
Who cleans the bedrooms?	Staff <input checked="" type="checkbox"/> Residents <input checked="" 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?	Vacuums, mops, brushes, detergents etc.
What arrangements are in place if rooms are not cleaned sufficiently by residents?	Cleaning staff will clean rooms, if necessary.

Toilet/showers 401-407

	Number	Soap	Toilet Paper	Hand Towels / Dryers	Hot Water	shower
Gents:	5	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	5
Is there a cleaning schedule displayed?						Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Record the last time entry. 11/06/19						
Is the area clean? (provide comment) Yes, area clean and tidy						
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:						

Toilet/Showers 301-307

	Number	Soap	Toilet Paper	Hand Towels / Dryers	Hot Water	shower
Gents:	5	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	5
Is there a cleaning schedule displayed?						Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Record the last time entry. 11/06/19						
Is the area clean? (provide comment) Yes, area clean and tidy						
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:						

Toilet/Showers 201 - 209

	Number	Soap	Toilet Paper	Hand Towels / Dryers	Hot Water	shower
Gents:	4	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	4
Is there a cleaning schedule displayed?					Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Record the last time entry. 11/06/19						
Is the area clean? (provide comment) Yes, clean and tidy						
Are all facilities working?					Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
<i>Visual Check:</i> Have you noticed any issues requiring attention?					Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
If No, give details: Bathroom skirting needs painting in rooms 201 – 203.						

Toilet /Shower 501/502

	Number	Soap	Toilet Paper	Hand Towels / Dryers	Hot Water	shower
Gents:	2	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	2
Is there a cleaning schedule displayed?					Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Record the last time entry. 11/06/19						
Is the area clean? (provide comment) Yes, clean and tidy						
Are all facilities working?					Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
<i>Visual Check:</i> Have you noticed any issues requiring attention?					Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
If No, give details:						

BEDROOMS

ROOM NUMBER 501				
Room Profile:		Room Capacity:		Room Occupancy:
Single		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:				

ROOM NUMBER 502				
Room Profile:		Room Capacity:		Room Occupancy:
Single		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 401				
Room Profile:		Room Capacity:		Room Occupancy:
Single		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 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:				

ROOM NUMBER 402				
Room Profile:		Room Capacity:		Room Occupancy:
Single		3		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 403				
Room Profile:		Room Capacity:		Room Occupancy:
Single		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 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:				

ROOM NUMBER 404				
Room Profile:		Room Capacity:		Room Occupancy:
Single		3		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 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:				

ROOM NUMBER 405				
Room Profile:		Room Capacity:		Room Occupancy:
Single		3		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 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:				

ROOM NUMBER 407				
Room Profile:		Room Capacity:		Room Occupancy:
Single		1		1
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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input type="checkbox"/>	No * <input checked="" type="checkbox"/>
If *, please give details: Evidence that resident was smoking in room.				

ROOM NUMBER 406				
Room Profile:		Room Capacity:		Room Occupancy:
Single		5		5
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 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:				

ROOM NUMBER 301				
Room Profile:		Room Capacity:		Room Occupancy:
Single		3		2
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 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:				

ROOM NUMBER 302				
Room Profile:		Room Capacity:		Room Occupancy:
Single		3		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 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:				

ROOM NUMBER 303				
Room Profile:		Room Capacity:		Room Occupancy:
Single		3		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 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:				

ROOM NUMBER 304				
Room Profile:		Room Capacity:		Room Occupancy:
Single		3		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 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:				

ROOM NUMBER 305				
Room Profile:		Room Capacity:		Room Occupancy:
Single		3		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 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:				

ROOM NUMBER 306				
Room Profile:		Room Capacity:		Room Occupancy:
Single		3		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 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:				

ROOM NUMBER 307				
Room Profile:		Room Capacity:		Room Occupancy:
Single		3		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 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:				

ROOM NUMBER 201				
Room Profile:		Room Capacity:		Room Occupancy:
Single		3		2
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 202				
Room Profile:		Room Capacity:		Room Occupancy:
Single		3		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 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:				

ROOM NUMBER 203				
Room Profile:		Room Capacity:		Room Occupancy:
Single		3		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 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:				

ROOM NUMBER 204				
Room Profile:		Room Capacity:		Room Occupancy:
Single		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:				

ROOM NUMBER 205				
Room Profile:		Room Capacity:		Room Occupancy:
Single		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 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:				

ROOM NUMBER 206				
Room Profile:		Room Capacity:		Room Occupancy:
Single		2		2
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input 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 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 do not want TV in room.				

STAIRWAY

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

ROOM NUMBER 207				
Room Profile:		Room Capacity:		Room Occupancy:
Single		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 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 208				
Room Profile:		Room Capacity:		Room Occupancy:
Single		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 209				
Room Profile:		Room Capacity:		Room Occupancy:
Single		2		2
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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:

Resident approached Manager in Dining area and requested a replacement toaster.

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

No

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

No

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

Personal representations should be recorded in Part 3.

Manager should be asked to sign this declaration.

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

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

Signed: _____

Position: _____

Date: _____

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: _____

Position: _____

Date: _____



Richmond Court

Richmond Street

Longford

Ph: 043 33 62015

Fax: 043 33 62016

Ms Bernie Loughrey
Reception & Integration Agency
PO Box 11487
Dublin 2

18th July 2019

Dear Bernie

Thank you for your letter dated 26th June 2019, in relation to your inspection of Richmond Court on the 12th June 2019.

Fire Safety

- No issues noted thank you

Food Safety

- No issues noted thank you

Other issues

- Left over renovation materials have been removed from back yard
- New toaster was provided as requested by resident

Bedroom Issues

- Room 407: This room is cleaned by our staff on a daily basis, numerous warnings have been issued to resident for smoking and general disregard for cleanliness in his room. When raised with the resident he just ignores the manager. Can your office review please, as this is a serious safety issue and should be allowed to continue.

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

Regards

A handwritten signature in blue ink, appearing to read "Graham Carry", is written over a horizontal line.

Graham Carry

RIA

Internal Inspection Report

Centre:	RICHMOND COURT
Inspector:	Bernie Loughrey
Date of Inspection:	28/03/2018
Time of Arrival & Departure:	10.00 – 14.00

Part 1
General Information on Services

Internal Inspection Report

Centre: Richmond Court

Date of Inspection: 28/03/2018

1. CENTRE DETAILS

Name and address of Centre	Richmond Court, Richmond Street, Longford Town, Co.Longford
----------------------------	----------------------------------------------------------------

Contractor	Mint Horizon limited
Manager	Carmel Foley
Who deputises for manager in his/her absence?	Give Job Title only Assistant Manager

Telephone Number	043 3362015
------------------	-------------

Current Contracted Capacity	80
Current Occupancy (today)	77
Current Centre Profile (e.g., singles, families etc.)	Single male only

HSE Area	Midlands - Longford / Westmeath
Public Health Nurse	Mary Farrell
DSP / CWO name	Jacinta Keogh
Environmental Health Officer name	Siobhan O' Callaghan
Local Fire Officer Name	Declan Kilcloyne
Local Fire Station	Longford

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.,) 2. Indicate who is on duty at time of inspection (today) 3. a separate list of Designated Liaison Persons (child protection)	x

3 GENERAL SECURITY & EMERGENCY DETAILS

Is 24 hour supervision provided? (Y/N)	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Give details of roster hours	8am-8pm / 8pm-8am
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 one in managers office , 1 in kitchen
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?	Gas
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 thermostat and timer
What are the heating 'ON' times?	Depending on outside temperature

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?	Discussion and goes through RIA booklet

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 checked="" type="checkbox"/> No <input type="checkbox"/>
If no, give details	
Are there procedures to allow residents to receive visitors? (Give details)	Yes but only in communal room beside reception
Outline visiting times :	10am-10pm
In what areas are visitors allowed in the centre?	Communal room only
Any other relevant information:	
Is there a facility for storage of residents' valuables*? (Give details.) (* Storage is at resident's own risk)	Each resident has their own locker in their bedroom
What toiletries are provided to residents on arrival?	Toothpaste, shampoo / soaps provided in shower rooms
What arrangements are in place to replenish these items?	Checked daily by Manager

7 ARRANGEMENTS FOR MAINTENANCE

Does the centre have a written procedure in place for residents to report maintenance issues? (Yes/No)	Yes
Is there a maintenance day book? (Yes/No)	Yes
Describe the maintenance procedure at the centre: Office has day maintenance book	

8 CHILD PROTECTION

Are measures in place to inform staff and visitors of RIA's Child Protection Policy? (Give details)	Procedure is in place – however no children present in centre.
Are visitors asked to sign a declaration agreeing to adhere to the child protection policy?	n/a
Where is declaration held?	n/a
Is there a sign in book for visitors? Where?	n/a
Are there notices on public display giving name and contact details of Designated Liaison Person? Where?	n/a
Have Designated Liaison Persons received HSE training?	n/a
Are notices prominently displayed regarding parental supervision of children? Where?	no

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
Date of last visit:	27/02/2018

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

Are residents consulted regarding menu / dietary requests? (Give details.)	Yes – open discussion with chef and manager on food and dietary/ethnic requirements etc.
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 	n/a Please also provide details of the system for distribution of school lunches:
Is infant formula kept out of public view?	n/a
What arrangements are in place for distribution of infant formula?	n/a

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?	Kitchenette in dining room with teas, coffees, milk and bread left out.
Where are the snacks located and how are they accessed?	Fridge and microwave in dining room meals will be left plated
Are meals available for residents who arrive late? (Give details.)	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Fridge and microwave in dining room meals will be left plated of heating on arrival
Are meals available for new arrivals? (Give details)	Yes – as above
Are packed lunches available for residents travelling to Dublin on official business? (Give details)-	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Chef will make up lunches when advised by manager.
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?	Not applicable		
Access to drinking water (for breastfeeding mothers / for preparation of infant formula)	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	
Sterilisers	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	
Kettles	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	
Fridge (for bottles of EBM* / formula) *Expressed Breast Milk	Yes <input type="checkbox"/>	No <input checked="" 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
WIFI	Yes
DVD player	Yes
Computer Games	No
Snooker Table	No
Pool Table	No
Table Tennis Table	No
Board Games	No
Newspapers	No
Books	Yes
Toys / games for children	No
Other	
Give details of any other arrangement or other comments:	

14 TRANSPORT ARRANGEMENTS

Is there a bus service provided? (Yes/No):	No
Where does the service go to?	
What is the frequency of the service? (List time table opposite)	

15 TV SYSTEM

Is there a specific TV system in place? (give details)	Yes x No <input type="checkbox"/>
An average, how many TV channels are provided to residents?	Cable channels in each room , sky sports in lounge
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?	Provided as needed and on request by Manager
What procedures are in place for ironing boards and irons?	Available in laundry
How is washing powder / tablets supplied?	Supplied at reception
Are there specific arrangements for access to the laundry (give details):	No specific arrangements - open access

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?	Mops, Brushes, Detergents
What is the procedure for residents to access vacuum cleaners, brushes & other cleaning equipment?	Cleaning personnel in house do routine room cleaning – residents may request equipment at anytime and it is provided
What arrangements are in place if rooms are not cleaned sufficiently by residents?	Cleaner on staff

PART 2

Room by Room Inspection

Internal Inspection

Centre: Richmond Court

Date of Inspection: 28/03/2018

Section A- Administration / Communal areas

17 Have you seen the following?

		Location of display
Up to date House Rules	x	Reception Desk
Complaint Forms	x	Reception Desk
Accident/ Incident procedure	x	Reception Desk

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"/>	N/A
IOM Voluntary Return Posters	Yes	main hall
Anti Human-Trafficking Posters	Yes	main hall
'NO to Violence & Harassment' Posters	yes	main hall

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? On hiring all staff are fully inducted	

**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

Date	Inspected By (Company Name / Position)	Comments
21/03/2018	Security in-house	All in working order
14/03/2018	Security in-house	All in working order
20/05/2017	Keogh Electrical	All in working order

19b FIRE ALARM & DETECTION SYSTEM INSPECTION SCHEDULE

Date	Inspected By (Company Name / Position)	OK	Defect	Remedial Action Taken (Y/N)	Sign Off Y/N
03/08/17	Sharp Security	x	n/a	n/a	Y
27/03/18	Internal	x	n/a	n/a	Y
26/03/18	Internal	x	n/a	n/a	Y

21/03/2018 – Fire alarm sound check – all ok.

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
03/08/17	Sharp	x	n/a	n/a	Y
11/09/17	Sharp	<input checked="" type="checkbox"/>	Replace extinguishers	Y	Y
27/03/18	Internal	x	n/a	n/a	Y
26/03/18	Internal	x	n/a	n/a	Y

19d FIRE EXIT DOORS / MEANS OF ESCAPE INSPECTION SCHEDULE

Date	Inspected By (Company Name / Position)	OK	Defect	Remedial Action Taken (Y/N)	Sign Off Y/N
27/03/18	Security in-house	x	n/a	n/a	Y
26/03/18	Security in-house	x	n/a	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
13/02/18 4.30pm	11 STAFF	27/27	3.30 mins	All evacuated
05/01/18 7pm	4 STAFF	21/21	4.30 mins	All evacuated

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

19f STAFF INSTRUCTION AND TRAINING (Fire Safety)

Job Description	Course	Instructor	Duration	Date
All staff	Fire Safety	APEX	½ DAY	4 th Oct 2017

19g FIRE ASSEMBLY POINTS

Where are the Fire Assembly Points located?	Outside on Richmond Street
Are they marked?	No
Are staff aware of locations?	Yes
Comments:	

19h FIRE ALARM SYSTEM

Is there a fire alarm system in place?	Yes
Are there smoke alarms throughout the premises, inc bedrooms?	Yes
Are all smoke alarms linked back to a central control panel?	Yes
Are there designated 'Smoking' areas? <i>Include locations</i>	Yes – outside dining room door in courtyard
Comments: certified by Sharp Group	

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

Have you seen the following?

		Location of display
Up to date House Rules	Yes	Reception
Complaint Forms	No	Reception
Accident/ Incident procedure	No	Reception
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"/>	n/a

Social Room / Tea Station (State Location): opposite main office

What facilities are provided? Kettle, microwave, toaster in dining room
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:

Pre-school Room: Single male centre

Is the area generally clean? Yes / No n/a
If no please give details:
Visual Check: 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	8	9:30
Lunch	12:30	2
Dinner	4:30	6

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"/>	

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?	Yes
If no, ask manager for explanation and provide details: Days menu posted on Blackboard	
Which meal was sampled?	Breakfast <input type="checkbox"/> Lunch <input checked="" type="checkbox"/> Dinner <input type="checkbox"/>
Please describe the meal in detail (e.g. was it hot / cold, bland / spicy etc.) Chicken burger, beef burger, fish fingers, chips, carrot salad - food was of a very good standard	
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:	Carrot and coriander salad
Were there ethnic dishes available?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Give details of this option:	African chicken with tomato sauce was on evening menu.
Was fresh foods available for Infants? (as per HSE Infant Feeding Guidelines)	Yes <input type="checkbox"/> No <input type="checkbox"/> 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: Excellent variety in meals offered and all food sampled was of high standard	

KITCHEN AREA: Food Safety Critical Requirements

FOOD SAFETY

Has the premises been inspected by an Environmental Health Officer?	Yes
Date of Visit?	February 2018 -- no issues, awaiting letter.
Comments:	

KITCHEN AREA: Food Safety Critical Requirements

Is there a dress code for kitchen and servery staff yes

Please outline: Coat, hat and gloves

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

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

23 PUBLIC TOILET (State Location): One large restroom with toilet on ground floor

	Number	Soap	Toilet Paper	Hand Towels / Dryers	Hot Water	Sanitary Bins
Unisex:	1	x	x	x	x	x
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) 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 (State Location):

Is the seating in good condition?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
What is the area generally used for?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Residents and visitors meetings, watching TV, general socialising		
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 type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cleanliness of the grounds (ie., evidence of rubbish etc.)	<input type="checkbox"/>	<input checked="" 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	4	4
Do they appear to be in working order? Yes		
Comments: All brand new and in working order.		

CORRIDOR

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: Cleaner engaged fulltime		

STAIRWAY

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

Bedrooms:

CLEANING (General Arrangements)

How often are bedrooms inspected?	twice weekly <input checked="" type="checkbox"/> Weekly <input 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?	Vacuums, Mops, Brushes, Detergents
What arrangements are in place if rooms are not cleaned sufficiently by residents?	Cleaning staff will clean rooms

Toilet/showers 401-407

	Number	Soap	Toilet Paper	Hand Towels / Dryers	Hot Water	shower
Gents:	4	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	4
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 – very clean all new installations						
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:						

Toilet/Showers 301-307

	Number	Soap	Toilet Paper	Hand Towels / Dryers	Hot Water	shower
Gents:	4	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	4
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 – very clean all new installations						
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:						

Toilet/Showers 201 - 209

	Number	Soap	Toilet Paper	Hand Towels / Dryers	Hot Water	shower
Gents:	4	x	x	x	x	4
Is there a cleaning schedule displayed? Record the last time entry.					Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Is the area clean? (provide comment) yes – very clean all new installations						
Are all facilities working?					Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
Visual Check: Have you noticed any issues requiring attention?					Yes* <input checked="" type="checkbox"/>	No
If No, give details: Leak in bathroom near 205 and 206 which needs repairing and redecorating. Manager stated that they are waiting on plumber.						

Toilet/Shower 501/502

	Number	Soap	Toilet Paper	Hand Towels / Dryers	Hot Water	shower
Gents:	2	x	x	x	x	2
Is there a cleaning schedule displayed? Record the last time entry.					Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Is the area clean? (provide comment) yes – very clean all new installations						
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:						

BEDROOMS

ROOM NUMBER 501				
Room Profile:		Room Capacity:		Room Occupancy:
Single		3		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 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: No base on bed - resident doesn't require one.				

ROOM NUMBER 502				
Room Profile:		Room Capacity:		Room Occupancy:
Single		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 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:				

ROOM NUMBER 401				
Room Profile:		Room Capacity:		Room Occupancy:
Single		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 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: Manager told new resident who is on top bunk that she would try to get him another bed when one became available.				

ROOM NUMBER 402				
Room Profile:		Room Capacity:		Room Occupancy:
Single		3		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 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:				

ROOM NUMBER 403				
Room Profile:		Room Capacity:		Room Occupancy:
Single		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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input type="checkbox"/>	No * <input checked="" type="checkbox"/>
If *, please give details: Crack in bedroom wall.				

ROOM NUMBER 404				
Room Profile:		Room Capacity:		Room Occupancy:
Single		3		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 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:				

ROOM NUMBER 405				
Room Profile:		Room Capacity:		Room Occupancy:
Single		3		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 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:				

ROOM NUMBER 407				
Room Profile:		Room Capacity:		Room Occupancy:
Single		1		1
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 checked="" 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 406				
Room Profile:		Room Capacity:		Room Occupancy:
Single		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 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:				

ROOM NUMBER 301				
Room Profile:		Room Capacity:		Room Occupancy:
Single		3		2
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 302				
Room Profile:		Room Capacity:		Room Occupancy:
Single		3		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 303				
Room Profile:		Room Capacity:		Room Occupancy:
Single		3		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 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:				

ROOM NUMBER 304				
Room Profile:		Room Capacity:		Room Occupancy:
Single		3		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 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:				

ROOM NUMBER 305				
Room Profile:		Room Capacity:		Room Occupancy:
Single		3		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 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:				

ROOM NUMBER 306				
Room Profile:		Room Capacity:		Room Occupancy:
Single		3		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 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:				

ROOM NUMBER 307				
Room Profile:		Room Capacity:		Room Occupancy:
Single		3		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 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:				

ROOM NUMBER 201				
Room Profile:		Room Capacity:	Room Occupancy:	
Single		3	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 202				
Room Profile:		Room Capacity:	Room Occupancy:	
Single		3	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 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 requested new TV as he said it sometimes doesn't work.				

ROOM NUMBER 203				
Room Profile:		Room Capacity:	Room Occupancy:	
Single		3	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 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: Ceiling damaged due to leak from bathroom.				

ROOM NUMBER 204				
Room Profile:		Room Capacity:	Room Occupancy:	
Single		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 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 requested new TV.				

ROOM NUMBER 205				
Room Profile:		Room Capacity:		Room Occupancy:
Single		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 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:				

ROOM NUMBER 206				
Room Profile:		Room Capacity:		Room Occupancy:
Single		2		2
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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:				

ROOM NUMBER 207				
Room Profile:		Room Capacity:		Room Occupancy:
Single		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 208				
Room Profile:		Room Capacity:		Room Occupancy:
Single		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 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:				

ROOM NUMBER 209				
Room Profile:		Room Capacity:	Room Occupancy:	
Single		2	2	
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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:

Manager stated that they are in the process of changing all the bunk beds for more modern ones.

Study room and gym – all ok.

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: Carmel Foley

Position: Manager

Date: 28-03-2018

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: Carmel Foley

Position: Manager

Date: 28-03-2018

General Representations

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

no

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

no

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

no

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

Personal representations should be recorded in Part 3.

Mr. Sean Lyons
Mint Horizon Ltd.
Clondalkin Towers,
Ninth Lock Road,
Clondalkin,
Dublin 22.

25th April 2018

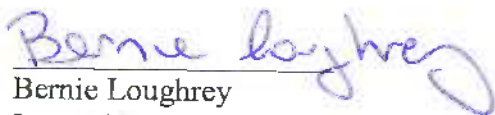
Dear Mr. Lyons

The Reception and Integration Agency carried out an inspection at the Richmond Court Hotel on **28th March 2018**. A copy of the report is enclosed for your attention and I apologise for the delay in forwarding this to you. Please read the report carefully and do not hesitate to contact me if it contains any discrepancies.

During the course of the inspection a number of small number of issues were highlighted.

Please reply in writing on or before Friday 11th May outlining the steps you have taken/propose to take to address each of the issues raised.

Yours sincerely,



Bernie Loughrey
Internal Inspection Unit
Reception and Integration Agency



Richmond Court

Richmond Street

Longford

Ph: 043 33 62015

Fax: 043 33 62016

**Ms Bernie Loughrey
Reception & Integration Agency
PO Box 11487
Dublin 2**

11th May 2018

Dear Bernie

Thank you for your letter dated 25th of April 2018, in relation to your inspection of Richmond Court on the 28th of March 2018.

Fire Safety

- Noted that Fire Assembly point not marked – this has been sign has been in situ since opening of the centre it is located directly across the road from the main front door

Food Safety

- No issues noted thank you

Other issues

- Public toilet cleaning schedule not displayed – This toilet is not in use male and female toilets beside dining area are available to residents and visitors

Bedroom Issues

- Room 205 & 206: leak in bathroom repaired and area repainted
- Room 501: Resident does not want to use bed base we have made allowance for him
- Room 401: Resident who was on top bunk has since moved beds
- Room 403: Wall has been filled and repainted
- Room 202: Television has been replaced in this room
- Room 203: Ceiling repaired and repainted
- Room 204: Television has been replaced in this room

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

Regards

A handwritten signature in blue ink, appearing to read "Graham Carry", is written over a horizontal line.

Graham Carry

RIA

Independent Inspection Report

Centre:	RICHMOND COURT
Inspector:	Shane Mac Loughlin
Date of Inspection:	11/12/19
Time of Arrival & Departure:	3.30-5.30pm

Part 1
General Information on Services

Independent Inspection Report

Centre: **Richmond Court**

Date of Inspection: **11/12/19**

1. CENTRE DETAILS

Name and address of Centre	Richmond Court, Richmond Street, Longford Town, Co.Longford
----------------------------	----------------------------------------------------------------

Contractor	Mint Horizon limited
Manager	Carmel Foley
Who deputises for manager in his/her absence?	Give Job Title only Assistant Manager

Telephone Number	043 3362051
------------------	-------------

Current Contracted Capacity	80
Current Occupancy (today)	80
Current Centre Profile (e.g., singles, families etc.)	Single male only

HSE Area	Midlands - Longford / Westmeath
Public Health Nurse	TBD
DSP / CWO name	TBD
Environmental Health Officer name	No visits
Local Fire Officer Name	Declan Kilcloyne
Local Fire Station	Longford

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.,) 2. Indicate who is on duty at time of inspection (today) 3. a separate list of Designated Liaison Persons (child protection)	x

3 GENERAL SECURITY & EMERGENCY DETAILS

Is 24 hour supervision provided? (Y/N)	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Give details of roster hours	8am-8pm / 8pm-8am
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 type="checkbox"/> No <input checked="" type="checkbox"/>
Where and how many?	2 one in managers office , 1 in kitchen
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?	Gas
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 thermostat and timer
What are the heating 'ON' times?	Depending on outside temperature

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?	Discussion and goes through RIA booklet

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 checked="" type="checkbox"/> No <input type="checkbox"/>
If no, give details	
Are there procedures to allow residents to receive visitors? (Give details)	Yes but only in communal room beside reception
Outline visiting times :	10am-10pm
In what areas are visitors allowed in the centre?	Communal room only

Any other relevant information:	
Is there a facility for storage of residents' valuables*? (Give details.) (* Storage is at resident's own risk)	Each resident has their own locker in their bedroom
What toiletries are provided to residents on arrival?	Toothpaste, shampoo / soaps provided in shower rooms
What arrangements are in place to replenish these items?	Checked daily by Manager

7 ARRANGEMENTS FOR MAINTENANCE

Does the centre have a written procedure in place for residents to report maintenance issues? (Yes/No)	Yes
Is there a maintenance day book? (Yes/No)	Yes
Describe the maintenance procedure at the centre: Office has day maintenance book	

8 CHILD PROTECTION

Are measures in place to inform staff and visitors of RIA's Child Protection Policy? (Give details)	Procedure is in place – however no children present in centre.
Are visitors asked to sign a declaration agreeing to adhere to the child protection policy?	n/a
Where is declaration held?	n/a
Is there a sign in book for visitors? Where?	n/a
Are there notices on public display giving name and contact details of Designated Liaison Person? Where?	n/a
Have Designated Liaison Persons received HSE training?	n/a
Are notices prominently displayed regarding parental supervision of children? Where?	no

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
Date of last visit:	Visited in April 2016 no report received - no issues found

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

Are residents consulted regarding menu / dietary requests? (Give details.)	Yes – open discussion with chef and manager on food and dietary/ethnic requirements etc.
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 	n/a Please also provide details of the system for distribution of school lunches:
Is infant formula kept out of public view?	n/a
What arrangements are in place for distribution of infant formula?	n/a

11 ARRANGEMENTS FOR REFRESHMENTS / MEALS OUTSIDE NORMAL MEAL TIMES

Are tea / coffee / drinking water / Snacks etc. available outside mealtimes?	New cooking facilities & residents shop now in place with two dedicated kitchens for residents to prepare own meals.
What food/snacks are available after hours or when kitchen is closed?	Residents purchase own foods in shop and have storage presses for their own groceries
Where are the snacks located and how are they accessed?	n/a
Are meals available for residents who arrive late? (Give details.)	Yes x No <input type="checkbox"/> Fridge and microwave in dining room meals will be left plated of heating on arrival
Are meals available for new arrivals? (Give details)	Yes – as above
Are packed lunches available for residents travelling to Dublin on official business? (Give details)	Yes x No <input type="checkbox"/> Chef will make up lunches when advised by manager.
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?	Not applicable			
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 available to residents?	Yes/No
Computers with Internet access	Yes
WIFI	Yes
DVD player	Yes
Computer Games	No
Snooker Table	No
Pool Table	No
Table Tennis Table	No
Board Games	No
Newspapers	No
Books	Yes
Toys / games for children	No
Other	
Give details of any other arrangement or other comments:	

14 TRANSPORT ARRANGEMENTS

Is there a bus service provided? (Yes/No):	No
Where does the service go to?	
What is the frequency of the service? (List time table opposite)	

15 TV SYSTEM

Is there a specific TV system in place? (give details)	Yes x No <input type="checkbox"/>
An average, how many TV channels are provided to residents?	Cable channels in each room , sky sports in lounge
Are residents allowed to erect satellite dishes?	No

16 LAUNDRY FACILITIES (General Arrangements)

Are Laundry facilities available in the centre? (Y/N)	Yes x 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?	Provided as needed and on request by Manager
What procedures are in place for ironing boards and irons?	Available in laundry

How is washing powder / tablets supplied?	Supplied at reception
Are there specific arrangements for access to the laundry (give details):	No specific arrangements - open access

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?	Mops, Brushes, Detergents
What is the procedure for residents to access vacuum cleaners, brushes & other cleaning equipment?	Cleaning personnel in house do routine room cleaning – residents may request equipment at anytime and it is provided
What arrangements are in place if rooms are not cleaned sufficiently by residents?	Cleaner on staff

PART 2

Room by Room Inspection

Independent Inspection

Centre: ***Richmond Court***

Date of Inspection: ***11/12/19***

Section A- Administration / Communal areas

17 Have you seen the following?

		Location of display
Up to date House Rules	x	Reception Desk
Complaint Forms	x	Reception Desk
Accident/ Incident procedure	x	Reception Desk

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"/>	N/A
IOM Voluntary Return Posters	<input type="checkbox"/>	N/A

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?	
On hiring all staff are fully inducted	

**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>
28/5/19	Security in-house	All in working order
11/12/19	Keogh Electrical	All in working order

19b FIRE ALARM & DETECTION SYSTEM INSPECTION SCHEDULE

Date	Inspected By (Company Name / Position)	OK	Defect	Remedial Action Taken (Y/N)	Sign Off Y/N
31/10/19	Sharp Security	x	n/a	n/a	Y
11/12/19	Internal	x	n/a	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
10/11/19	sharp	x	n/a	n/a	Y

29/8/19	sharp	<input checked="" type="checkbox"/>			
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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
11/12/19	Security in-house	x	n/a	n/a	Y
10/12/19	Security in-house	x			

19e FIRE DRILL PROCEDURE INSPECTION SCHEDULE

Date & Time	Numbers of staff involved in drill	No. of residents present / evacuated **	Evacuation Time	Comments
15/10/19 7pm	4staff	27/27	3 mins	all evacuated
29/11/19 2.15pm	4	32/29	3 mins	

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

19f STAFF INSTRUCTION AND TRAINING (Fire Safety)

Job Description	Course	Instructor	Duration	Date
All staff	Fire Safety	Apex	½ DAY	11/12/19

19g FIRE ASSEMBLY POINTS

Where are the Fire Assembly Points located?	Outside on Richmond Street
Are they marked?	no
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 – outside dining room door in courtyard
Comments: certified by Sharp Group	

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

Have you seen the following?

		Location of display
Up to date House Rules	Yes	
Complaint Forms	No	
Accident/ Incident procedure	No	

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

IOM Voluntary Return Posters	Yes	main hall
Anti Human-Trafficking Posters	Yes	main hall
'NO to Violence & Harassment' Posters	yes	main hall

Social Room / Tea Station (State Location): opposite main office

What facilities are provided? Kettle, microwave, toaster in dining room	
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:	

Pre-school Room:

Is the area generally clean?	Yes / No	n/a
If no please give details:		
Visual Check: 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	8	9:30
Lunch	12:30	2
Dinner	4:30	6

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"/>	

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?	Yes
If no, ask manager for explanation and provide details: Days menu posted on Blackboard	
Which meal was sampled?	Breakfast <input type="checkbox"/> Lunch <input checked="" type="checkbox"/> Dinner <input type="checkbox"/>
Please describe the meal in detail (e.g. was it hot / cold, bland / spicy etc.) Spicy taco, Chicken curry, Phail, African Chicken - took tasting of each plate – food was of a very good standard	
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:	Okra & vegetables in tomato sauce
Were there ethnic dishes available?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Give details of this option:	Phail, Curry, African Chicken
Was fresh foods available for Infants? (as per HSE Infant Feeding Guidelines)	Yes <input type="checkbox"/> No <input type="checkbox"/> 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: Excellent variety in meals offered and all food sampled was of high standard	

KITCHEN AREA: Food Safety Critical Requirements

FOOD SAFETY

Has the premises been inspected by an Environmental Health Officer?	Yes
Date of Visit?	April 2016
Comments: Introductory courtesy visit no issues found New cooking facilities & residents shop now in place with two dedicated kitchens for residents to prepare own meals.	

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

HACCP Records:

Pest Control: PestGaurd no evidence of infestation.
Induction and Ongoing Staff Training: all in order
Time & Temperature Records: all in order
Hygiene Audits: all in order
List of Approved Suppliers: all in order
Cleaning Schedules: all in order
Procedures for accepting deliveries: There is 100% traceability on all food delivered
General Comments:

HACCP and Kitchen Evaluation

General:

Is the kitchen commercial or domestic?	commercial
New cooking facilities & residents shop now in place with two dedicated kitchens for residents to prepare own meals.	
In what condition is the equipment? Brand new	
Comments: Nicely laid out new kitchen.	

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) Spotless – very clean and defect free	
Are suitable hand washing and drying facilities provided?	yes
General Comments:	High standard

Dry Goods:

Suitably equipped? <i>Shelving/containers etc</i>	Shelves on order for dry goods
Condition and suitability of facilities: excellent	
What evidence is there of stock rotation?	Yes – minimal amount of frozen and dry goods, all deliveries local and daily

Refrigerated Storage:

What type of refrigerated storage is provided?	Walk in cold storage & 1 chest freezer
Comment on the condition and suitability of the refrigerated storage: Brand new and in perfect 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 kitchen fully refurbished and kitted out with necessary equipment

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

Condition and suitability of serving equipment and utensils:
Very good

What procedures are in place for unused/unserved food at the end of service?
All unused foods are bined

Comments: Kitchen in excellent condition

STAFF FACILITIES AND HYGIENE

Are designated staff facilities provided?	Yes
What facilities are in place?	Dedicated staff room currently being refurbished

Are all areas clean and well maintained?	Yes very clean
Are suitable hand washing & drying facilities provided?	Yes
Is storage provided for personal belongings?	Yes
Are showers provided? <i>Indicate cleanliness & suitability</i>	Shower facilities on 3 rd floor (brand new)

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 lockers provided for staff in rooms 301-307
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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: Kitchen is brand new and in excellent condition – very clean and well laid out	

23 PUBLIC TOILET (State Location): One large restrrom with toilet on ground floor

	Number	Soap	Toilet Paper	Hand Towels / Dryers	Hot Water	Sanitary Bins
Unisex:	1	x	x	x	x	x
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) yes						
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):

Storage area: No storage area plenty room in bedrooms			
Is the walkway through the area clear?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Are the exit signs clearly marked?	Yes <input type="checkbox"/>	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?	Yes X	No <input type="checkbox"/>	
Residnets and visitors meetings, watching TV, general socialising			
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	<input type="checkbox"/>	x	<input type="checkbox"/>	<input type="checkbox"/>
Paintwork of the centre	<input type="checkbox"/>	x	<input type="checkbox"/>	<input type="checkbox"/>

Maintenance standard of the grounds (e.g. grass cut, walkways clear etc.)	<input type="checkbox"/>	x	<input type="checkbox"/>	<input type="checkbox"/>
Cleanliness of the grounds (ie., evidence of rubbish etc.)	<input type="checkbox"/>	x	<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				

LAUNDRY ROOM

	Washing Machines	Dryers
Number	3	3
Do they appear to be in working order? yes		
Comments: all brand new		

CORRIDOR (State Location):

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 x No <input type="checkbox"/>
If yes please detail: cleaner engaged fulltime	

STAIRWAY (State Location):

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
(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 checked="" type="checkbox"/> Weekly <input 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?	Vacuums, sweeping brushes if required
What arrangements are in place if rooms are not cleaned sufficiently by residents?	Cleaning staff will clean rooms

Toilet/showers 401-407

	Number	Soap	Toilet Paper	Hand Towels / Dryers	Hot Water	shower
Gents:	4	x	x	x	x	4
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 – very clean all new installations						
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:						

Toilet/Showers 301-307

	Number	Soap	Toilet Paper	Hand Towels / Dryers	Hot Water	shower
Gents:	4	x	x	x	x	4
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 – very clean all new installations						
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:						

Toilet/Showers 201 - 209

	Number	Soap	Toilet Paper	Hand Towels / Dryers	Hot Water	shower
Gents:	4	x	x	x	x	4
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 – very clean all new installations	
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:	

Toilet /Shower 501/502

	Number	Soap	Toilet Paper	Hand Towels / Dryers	Hot Water	shower
Gents:	2	x	x	x	x	2
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 – very clean all new installations						
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:						

BEDROOMS

ROOM NUMBER 501				
Room Profile:		Room Capacity:		Room Occupancy:
Single		3		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 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:				

ROOM NUMBER 502				
Room Profile:		Room Capacity:		Room Occupancy:
Single		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 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:				

ROOM NUMBER 401		
Room Profile:		Room Capacity:
Single		4
Room Occupancy:		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 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:				

ROOM NUMBER 402				
Room Profile:		Room Capacity:		Room Occupancy:
Single		3		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 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:				

ROOM NUMBER 403				
Room Profile:		Room Capacity:		Room Occupancy:
Single		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 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:				

ROOM NUMBER 404				
Room Profile:		Room Capacity:		Room Occupancy:
Single		3		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 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:				

ROOM NUMBER 405				
Room Profile:		Room Capacity:		Room Occupancy:
Single		3		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 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:				

ROOM NUMBER 407				
Room Profile:		Room Capacity:		Room Occupancy:
Single		1		1
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 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:				

ROOM NUMBER 406				
Room Profile:		Room Capacity:		Room Occupancy:
Single		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 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:				

ROOM NUMBER 301				
Room Profile:		Room Capacity:		Room Occupancy:
Single		3		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 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:				

ROOM NUMBER 302				
Room Profile:		Room Capacity:		Room Occupancy:
Single		3		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 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:				

ROOM NUMBER 303				
Room Profile:		Room Capacity:		Room Occupancy:
Single		3		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 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:				

ROOM NUMBER 304				
Room Profile:		Room Capacity:		Room Occupancy:
Single		3		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 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:				

ROOM NUMBER 305				
Room Profile:		Room Capacity:		Room Occupancy:
Single		3		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 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:				

ROOM NUMBER 306				
Room Profile:		Room Capacity:		Room Occupancy:
Single		3		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"/>
	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:				

ROOM NUMBER 307				
Room Profile:		Room Capacity:		Room Occupancy:
Single		3		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 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:				

ROOM NUMBER 201				
Room Profile:		Room Capacity:		Room Occupancy:
Single		3		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 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:				

ROOM NUMBER 202				
Room Profile:		Room Capacity:		Room Occupancy:
Single		3		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 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:				

ROOM NUMBER 203				
Room Profile:		Room Capacity:		Room Occupancy:
Single		3		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 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:

ROOM NUMBER 204				
Room Profile:		Room Capacity:		Room Occupancy:
Single		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 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:				

ROOM NUMBER 205				
Room Profile:		Room Capacity:		Room Occupancy:
Single		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 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:				

ROOM NUMBER 206				
Room Profile:		Room Capacity:		Room Occupancy:
Single		2		1
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 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:				

ROOM NUMBER 207				
Room Profile:		Room Capacity:		Room Occupancy:
Single		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 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:

ROOM NUMBER 208

Room Profile:		Room Capacity:		Room Occupancy:	
Single		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 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:					

ROOM NUMBER 209

Room Profile:		Room Capacity:		Room Occupancy:	
Single		2		2	
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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:

no

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

no

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

no

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

Personal representations should be recorded in Part 3.

Summary Sheet

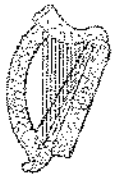
Name of Centre:	Richmond Court
Address:	Richmond Street, Longford
Proprietor :	Mint Horizons Limited
Manager:	Carmel Foley
Contact Name:	Sean Lyons
Capacity Per MOA (Current Occupancy):	80 (80)
Date of Inspection:	11/12/19

Fire Safety: No issues,

Food Safety : No Issues

Bedrooms: No Issues

Other issues: **New cooking facilities & residents shop now in place with two dedicated kitchens for residents to prepare own meals.**



Seirbhísí an tSoláthair Cosaint Idirnáisiúnta
International Protection Procurement Services

Mr. Sean Lyons,
Mint Horizon Limited,
Clondalkin Towers,
Ninth lock Road,
Clondalkin,
Dublin 22.

4th February 2020.

Dear Mr. Lyons,

QTS carried out an inspection at Richmond Court Accommodation Centre at the request of International Protection Procurement Services on 11th December 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.

No issues were identified as requiring attention during the course of the inspection or outlined in the report. Please reply in writing on or before Friday 14th February confirming receipt of the report and this letter.

Yours sincerely,

Bernie Loughrey
Internal Inspection Unit
International Protection Procurement Services



International Protection
Accommodation Services

19 FEB 2020

Richmond Court
Richmond Street
Longford

Ph: 043 33 62015

Fax: 043 33 62016

Ms Bernie Loughrey
Reception & Integration Agency
PO Box 11487
Dublin 2

10th February 2020

Dear Bernie

Thank you for your letter dated 4th of February 2020, in relation to your inspection of Richmond Court on the 11th of December 2019.

Fire Safety

- No issues noted thank you

Food Safety

- No issues noted thank you

Other issues

- The new resident's kitchen and food hall is very popular and the residents are really enjoying the changeover to independent Living

Bedroom Issues

- No issues noted thank you

I hope the above is to your satisfaction. I would like to thank our management and staff for their efforts, please contact me if you have any queries on the above.

Regards

A handwritten signature in black ink, appearing to read "Graham Carry", is written over a horizontal line. The signature is stylized with a large, sweeping initial 'G' and a long, horizontal stroke extending to the right.

Graham Carry

