RIA

Internal Inspection Report

Centre:	**Accommodation Centre**
Inspector:	**Claire Sperin**
Date of Inspection:	**26th June 2019**
Time of Arrival & Departure:	**10.45 – 14.00**

Part 1

General Information on Services

Internal Inspection Report

Centre: **Mount Trenchard**

Date of Inspection: 26th June 2019

1. CENTRE DETAILS

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

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

Telephone Number	**06965853**

Current Contracted Capacity	**85**
Current Occupancy (today)	**80**
Current Centre Profile (e.g., singles, families etc.)	**Single male**s

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

Is the Centre certified by any Quality Management System (i.e. Q Mark, ISO)?:	Yes ☐ No ☒
If yes, please give details:	
What was the date of the last certification?	
Have you a copy of the Certification	Yes ☐ No ☐

2. Please provide a copy of the following

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

3 GENERAL SECURITY & EMERGENCY DETAILS

Is 24 hour supervision provided? (Y/N)	Yes ☒ No ☐
Give details of roster hours	
Is security provided by external company? (Y/N)	Yes ☐ No ☒
If yes, give name of company:	
Does the centre have CCTV? (Y/N)	Yes ☒ No ☐
Is a list of emergency numbers available in the Manager's office?	Yes ☒ No ☐
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 ☒ No ☐ If no, give details:
Are first aid kits available? (Y/N)	Yes ☒ No ☐
Where and how many?	Managers office x 2
Who is responsible for first aid restocking?	*Job title **only** (not name) of person responsible:* ***manager***
Is there a defibrillator in the centre? How many staff been trained to use it?	Yes ☐ No ☒

4 HEATING ARRANGEMENTS

What type of heating is used in the centre?	**Kerosene boiler**
Do residents have control of the heating in their own bedroom?	Yes ☐ No ☒
If no, what arrangements are in place?	**On timer control**
What are the heating 'ON' times?	**6.30-8 am, 6pm -10pm. In Summer – 1 hour per night.**

5 HOUSE RULES

Are residents provided with a copy of the House Rules on arrival?	Yes ☒ No ☐
How does centre management explain house rules to residents on arrival?	**Has induction to centre**

6 ARRANGEMENTS FOR RESIDENTS & VISITORS (keys / storage / toiletries)

Are residents issued with key for their bedroom?(Yes/No)	Yes ☒ No ☐
Are residents issued with key for main door? (Yes/No)	Yes ☐ No ☒
If no, give details	**Front door remains open as 24hr security on door**
Are there procedures to allow residents to receive visitors? (Give details)	**Yes , policy and notices in place allowable in communal rooms only**

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

7 ARRANGEMENTS FOR MAINTENANCE

Does the centre have a written procedure in place for residents to report maintenance issues? (Yes/No)	Yes ☒ No ☐
Is there a maintenance day book? (Yes/No)	Yes ☒ No ☐
Describe the maintenance procedure at the centre: **Manager maintains a maintenance log - painting and carpentry contractors working on centre on day of visit**	

8 CHILD PROTECTION

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

9 FOOD SAFETY

Has a HACCP system been implemented? (Yes/No)	Yes ☒ No ☐
Have the premises been inspected by an Environmental Health Officer? (Yes/No)	Yes ☒ No ☐
Date of last visit:	**12th June, 2019**

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

Are residents consulted regarding menu / dietary requests? (Give details.)	**Section n/a**
Provide details opposite: Which of the following are provided for school children's packed lunches: • Sandwich? What sandwich fillings are available: Cheese? Ham? Chicken? Tuna? Jam? Other? • Drinks? Juice? Water? • Yogurt? • Fruit? • Other	Please also provide details of the system for distribution of school lunches:
Is infant formula kept out of public view?	
What arrangements are in place for distribution of infant formula?	

11 ARRANGEMENTS FOR REFRESHMENTS / MEALS OUTSIDE NORMAL MEAL TIMES

Are tea / coffee / drinking water / Snacks etc. available outside mealtimes?	Yes ☒ No ☐
What food/snacks are available after hours or when kitchen is closed?	**Cereals,Toast, tea , coffee, Jam, chocolate spread and eggs**
Where are the snacks located and how are they accessed?	**Dining room kitchenette**
Are meals available for residents who arrive late? (Give details.)	Yes ☒ No ☐
Are meals available for new arrivals? (Give details)	**Yes – plates kept and heated by security on arrival**
Are packed lunches available for residents travelling to Dublin on official business? (Give details)	Yes ☒ No ☐ **Typically informs chef at breakfast and lunch will be provided for take away**
If the inspection takes place during Ramadan this section <u>must</u> be completed. What arrangements are in place to facilitate residents observing a fast during Ramadan?	**n/a**

12 FACILITIES FOR FEEDING BABIES

Are the following available?	**Section n/a**
Access to drinking water (for breastfeeding mothers / for preparation of infant formula)	Yes ☐ No ☐
Sterilisers	Yes ☐ No ☐
Kettles	Yes ☐ No ☐
Fridge (for bottles of EBM* / formula) **Expressed Breast Milk*	Yes ☐ No ☐
Bottle Warmer	Yes ☐ No ☐
Microwave	Yes ☐ No ☐
Are these facilities available 24 hours a day	Yes ☐ No ☐
Is there a dedicated room provided? Where?	Yes ☐ No ☐

13 INDOOR FACILITIES

Are the following are available to residents?	Yes/No
Computers with Internet access	Yes ☒ No ☐
WIFI	Yes ☒ No ☐
DVD player	Yes ☐ No ☒
Computer Games	Yes ☒ No ☐
Snooker Table	Yes ☒ No ☐
Pool Table	Yes ☒ No ☐
Table Tennis Table	Yes ☒ No ☐
Board Games	Yes ☒ No ☐
Newspapers	Yes ☐ No ☒
Books	Yes ☒ No ☐
Toys / games for children	Yes ☐ No ☒
Other	**Gym and Mosque**
Give details of any other arrangement or other comments:	

14 TRANSPORT ARRANGEMENTS

Is there a bus service provided? (Yes/No):	Yes ☒ No ☐
Where does the service go to?	**Foynes and Limerick city**
What is the frequency of the service? *(List time table opposite)*	**Foynes daily 11am ret 11.30, 4pm ret 4.30 Limerick 9.30 ret 6pm Mon to sat, Wed & Saturday 11.30 outward. Extra services to Limerick on Monday and Thursdays outward: 11am return 2pm**

15 TV SYSTEM

Is there a specific TV system in place? (give details)	Yes ☒ No ☐ **Satellite service to all rooms**
An average, how many TV channels are provided to residents?	**Satellite service @100 channels**
Are residents allowed to erect satellite dishes?	**no**

16 LAUNDRY FACILITIES (General Arrangements)

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

Are there specific arrangements for access to the laundry (give details):	**Open 24hrs**

17 CLEANING (General Arrangements)

Are there cleaning materials and equipment provided by management for residents?	Yes ☒ No ☐
What cleaning equipment is available to residents?	**Brushes, Mops and vacuum**
What is the procedure for residents to access vacuum cleaners, brushes & other cleaning equipment?	**Contact Manager**
What arrangements are in place if rooms are not cleaned sufficiently by residents?	**Cleaned twice a week by cleaners**

PART 2

Room by Room Inspection

Internal Inspection

Centre: *Mount Trenchard, Foynes*

Date of Inspection: *26th June 2019*

Section A- Administration / Communal areas

17 Have you seen the following?

		Location of display
Up to date House Rules	☒	**Notice board in main lobby**
Complaint Forms	☒	**Notice board in main lobby**
Accident/ Incident procedure	☒	**Notice board in main lobby**

HSE Breastfeeding Posters (if applicable)	☐	**n/a**
Designated Liaison Person details (Child Protection)	☐	**n/a**
Supervision of children notice	☐	**n/a**
Gym Notices (Child Safety – if applicable)	☒	**Notice board in main lobby**
IOM Voluntary Return Posters	☒	**Notice board in main lobby**

18 Staff Awareness

Did you see the RIA Code of Practice*?	☒
Are all staff aware of RIA Code & House Rules?	☒
How are staff made aware of RIA Code & House Rules*?* **Trained by Manager and signed off.**	

**A Code of Practice for persons working in accommodation centres*

19 FIRE SAFETY

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

19a EMERGENCY LIGHTING INSPECTION SCHEDULE

Date	**Inspected By (Company Name / Position)**	**Comments**
26/06/2019	Internal staff	Ok
25/06/2019	Internal Staff	Ok

19b FIRE ALARM & DETECTION SYSTEM INSPECTION SCHEDULE

Date	Inspected By (Company Name / Position)	OK	Defect	Remedial Action Taken (Y/N)	Sign Off Y/N
26/06/2019	Internal Staff	☒	No	**N/A**	**yes**
20/05/2019	Firecheck Limited	☒	No	**N/A**	**yes**

19c FIRE FIGHTING EQUIPMENT INSPECTION SCHEDULE

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

Date	Inspected By (Company Name / Position)	OK	Defect	Remedial Action Taken (Y/N)	Sign Off Y/N
26/06/2019	**Internal Staff**	☒	**No**	**N/A**	**yes**
25/06/2019	**Internal Staff**	☒	**No**	**N/A**	**yes**
10/01/2019	**Able Fire**	☒	**No**		

19d FIRE EXIT DOORS / MEANS OF ESCAPE INSPECTION SCHEDULE

Date	Inspected By (Company Name / Position)	OK	Defect	Remedial Action Taken (Y/N)	Sign Off Y/N
26/06/2019	**Internal Staff**	☒	**No**	**N/A**	**yes**
25/06/2019	**Internal Staff**	☒	**No**	**N/A**	**yes**

19e FIRE DRILL PROCEDURE INSPECTION SCHEDULE

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

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

19f STAFF INSTRUCTION AND TRAINING (Fire Safety)

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

19g FIRE ASSEMBLY POINTS

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

19h FIRE ALARM SYSTEM

Is there a fire alarm system in place?	**Yes**
Are there smoke alarms throughout the premises, inc bedrooms?	**yes**
Are all smoke alarms linked back to a central control panel?	**yes**
Are there designated 'Smoking' areas? *Include locations*	**No smoking permitted within building**
Comments: **no faults showing**	

19i FIRE EXITS, EMERGENCY LIGHTING, SMOKE ALARMS, FIRE NOTICES

(in corridors & common areas)

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

Administration Area:

Reception:

Is the area generally clean?	Yes ☒ No ☐
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 ☐ No ☒
If yes please detail:	

Have you seen the following?

		Location of display
Up to date House Rules	☒	**Reception notice board**
Complaint Forms	☒	**Reception notice board**
Accident/ Incident procedure	☒	**Reception notice board**

HSE Breastfeeding Posters (if applicable)	☐	**n/a**
Designated Liaison Person details (Child Protection)	☐	**n/a**
Supervision of children notice	☐	**n/a**
Gym Notices (Child Safety – if applicable)	☐	**On gym door**

IOM Voluntary Return Posters	☒	**Reception notice board**
Anti Human-Trafficking Posters	☒	**Reception notice board**
'NO to Violence & Harassment' Posters	☒	**Reception notice board**

Social Room / Tea Station (State Location):

What facilities are provided? **Microwave, toaster, tea & coffee in dining room kitchenette**	
Is the area generally clean?	Yes ☒ No ☐
If no please give details:	
Visual Check: Have you noticed any issues requiring attention?	Yes ☐ No ☒
If yes please detail:	

DINING AREA:

Please outline the meal times:

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

Which is the main meal of the day:	Lunch ☐	Dinner ☒
Is menu cycle available?	Yes ☒	No ☐

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

Breakfast	
Lunch	
Dinner	

Is menu cycle on display?	No
Does menu cycle correspond with options available?	No
If no, ask manager for explanation and provide details: **There is a new food supplier and as a result the menu will change according to what is available.**	
Which meal was sampled?	Lunch
Please describe the meal in detail (e.g. was it hot / cold, bland / spicy etc.) **Lamb kebabs, samosas and rice (food was hot)**	
Was there a vegetarian option? (note salad and vegetables alone are not considered as vegetarian option)	Yes ☒ No ☐
Give details of this option:	**Vegetarian samosas**
Were there ethnic dishes available?	Yes ☒ No ☐
Give details of this option:	**Vegetarian samosas & plantains**
Was fresh foods available for Infants? (as per HSE Infant Feeding Guidelines)	**N/A**
In your opinion, does the food on offer appear to provide a good variety?	Yes ☒ No ☐
Did inspection take place during Ramadan?	Yes ☐ No ☒
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 ☐ No ☒
Is there enough seating for residents present to sit down and eat their lunch?	Yes ☒ No ☐
Comments:	

KITCHEN AREA: Food Safety Critical Requirements

Is there a dress code for kitchen and servery staff

Please outline: Gloves, apron

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

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

KITCHEN AREA: Food Safety Critical Requirements

FOOD SAFETY

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

23 PUBLIC TOILET (State Location): Beside managers office

	Number	Soap	Toilet Paper	Hand Towels / Dryers	Hot Water	Sanitary Bins
Unisex:	**2**	☒	☒	☒	☒	☒
Ladies:		☐	☐	☐	☐	☐
Gents:		☐	☐	☐	☐	
Is there a cleaning schedule displayed? Yes ☐ No ☒ Record the last time entry.						
Is the area clean? (provide comment) toilets very clean						

Are all facilities working?	Yes ☒ No * ☐
Visual Check: Have you noticed any issues requiring attention? **x**	Yes* ☐ No ☒
If No, give details:	

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

Storage area:

Is the walkway through the area clear? Yes ☒ No ☐
Are the exit signs clearly marked? Yes ☒ No ☐

General Seating Area
Is the seating in good condition? Yes ☒ No ☐

What is the area generally used for? Watching Tv, chatting & socialising
Yes No ☐

Computer room:
Is the area generally clean? Yes ☒ No ☐
Visual Check: Have you noticed any issues requiring attention? Yes ☐ 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	☒	☐	☐	☐
Paintwork of the centre	☒	☐	☐	☐
Maintenance standard of the grounds (e.g. grass cut, walkways clear etc.)	☒	☐	☐	☐
Cleanliness of the grounds (ie., evidence of rubbish etc.)	☒	☐	☐	☐
Where you have rated * please provide details and comments:				
Are there any facilities available for children outdoors? Yes ☐ No ☒				
Comments				

LAUNDRY ROOM

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

CORRIDOR Ground floor bedrooms and first floor bedrooms

Is the area generally clean?	Yes ☒ No ☐
If no please give details:	
Visual Check: Have you noticed any issues requiring attention?	Yes ☐ No ☒
If yes please detail: **+**	

STAIRWAY Main stairwell and back stairwell to kitchen

Is the area generally clean?	Yes ☒ No ☐
If no please give details:	
Visual Check: Have you noticed any issues requiring attention? No *(e.g., fire exit signs, hazards, lighting, notices, décor, etc.)*	
If yes please detail:	

Bedrooms:

CLEANING (General Arrangements)

How often are bedrooms inspected?	twice weekly ☐ Weekly ☒
Who cleans the bedrooms?	Staff ☒ Residents ☐
How often do staff clean the bedrooms?	Weekly ☒ fortnightly ☐ Monthly ☐ Other ☐
Are there cleaning materials and equipment provided by management for residents?	Yes ☒ No ☐
What cleaning equipment is available to residents?	Brushes, mops and vacuum
What arrangements are in place if rooms are not cleaned sufficiently by residents?	Done by cleaners

ROOM NUMBER 1				
Room Profile:		Room Capacity:		Room Occupancy:
Single males		**8**		**6**
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
☐	no	☒	☒	☒

	Very Good	Adequate	Poor *	Needs urgent attention *
Cleanliness	☐	☒	☐	☐

Is everything in working order? Yes ☒ No * ☐

If *, please give details: **Two cubicles appeared to be unoccupied. According to the current official register this room has full capacity.**

ROOM NUMBER 2				
Room Profile:		Room Capacity:		Room Occupancy:
Single males		**4**		**4**
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
☒	no	☒	☒	☒

	Very Good	Adequate	Poor *	Needs urgent attention *
Cleanliness	☐	☒	☐	☐

Is everything in working order? Yes ☒ No * ☐

If *, please give details:

ROOM NUMBER 3				
Room Profile:		Room Capacity:		Room Occupancy:
Single males		**4**		**4**
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
☒	no	☒	☒	☒

	Very Good	Adequate	Poor *	Needs urgent attention *
Cleanliness	☐	☒	☐	☐

Is everything in working order? Yes ☒ No * ☐

If *, please give details:

ROOM NUMBER 4				
Room Profile:		Room Capacity:		Room Occupancy:
Single males		**4**		**4**
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
☐	no	☒	☒	☒

	Very Good	Adequate	Poor *	Needs urgent attention *
Cleanliness	☐	☒	☐	☐

Is everything in working order? Yes ☐ No * ☒

If *, please give details:

TV removed from wall was being used by individual resident – The other residents are happy with this arrangement.

Portable cooker in one cubicle needs to be removed from the room.

ROOM NUMBER 5				
Room Profile:		Room Capacity:		Room Occupancy:
Single males		**4**		**4**
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
☒	no	☒	☒	☒

	Very Good	Adequate	Poor *	Needs urgent attention *
Cleanliness	☐	☒	☐	☐

Is everything in working order? Yes ☒ No * ☐

If *, please give details:

ROOM NUMBER 6				
Room Profile:		Room Capacity:		Room Occupancy:
Single males		**1**		**1**
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
☒	yes	☐	☒	☒
	Very Good	Adequate	Poor *	Needs urgent attention *
Cleanliness	☐	☒	☐	☐
Is everything in working order?		Yes ☐	No * ☒	
If *, please give details: **Ensuite: Tap constantly running in the sink - washer on tap needs to be replaced.**				

ROOM NUMBER 7				
Room Profile:		Room Capacity:		Room Occupancy:
Single males		**6**		**3**
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
☒	no	☒	☒	☒
	Very Good	Adequate	Poor *	Needs urgent attention *
Cleanliness	☐	☒	☐	☐
Is everything in working order?		Yes ☐	No * ☒	
If *, please give details: **one complete cubicle full of bedclothes etc.**				

ROOM NUMBER 8				
Room Profile:		Room Capacity:		Room Occupancy:
Single males		**6**		**6**
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
☒	no	☒	☒	☒
	Very Good	Adequate	Poor *	Needs urgent attention *
Cleanliness	☐	☒	☐	☐
Is everything in working order?		Yes ☒	No * ☐	
If *, please give details:				

ROOM NUMBER 9				
Room Profile:		Room Capacity:		Room Occupancy:
Single males		**6**		**6**
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
☒	☐	☒	☒	☒
	Very Good	Adequate	Poor *	Needs urgent attention *
Cleanliness	☐	☒	☐	☐
Is everything in working order?		Yes ☒	No * ☐	
If *, please give details:				

ROOM NUMBER 10				
Room Profile:		Room Capacity:		Room Occupancy:
Single males		**8**		**7**
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
☒	☐	☒	☒	☒

	Very Good	Adequate	Poor *	Needs urgent attention *
Cleanliness	☐	☒	☐	☐

Is everything in working order? Yes ☐ No * ☒

If *, please give details: **Two cubicles appeared to be unoccupied. According to the current register the room has an occupancy of seven. Curtain at the bottom left hand corner should be cleaned or replaced. Tap running in sink in one cubicle – washer needs to be replaced.**

ROOM NUMBER 11				
Room Profile:		Room Capacity:		Room Occupancy:
Single males		**4**		**4**
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
☒	no	☒	☒	☒

	Very Good	Adequate	Poor *	Needs urgent attention *
Cleanliness	☐	☒	☐	☐

Is everything in working order? Yes ☐ No * ☒

If *, please give details: **One cubicle appeared to be unoccupied. According to the current register the room has full capacity.**
Television on the floor. Cover on the smoke alarm.

ROOM NUMBER 12				
Room Profile:		Room Capacity:		Room Occupancy:
Single males		**4**		**4**
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
☒	☐	☒	☒	☒

	Very Good	Adequate	Poor *	Needs urgent attention *
Cleanliness	☐	☒	☐	☐

Is everything in working order? Yes ☒ No * ☐

If *, please give details:

ROOM NUMBER 13				
Room Profile:		Room Capacity:		Room Occupancy:
Single males		**4**		**4**
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
☒	☐	☒	☒	☒
	Very Good	Adequate	Poor *	Needs urgent attention *
Cleanliness	☐	☒	☐	☐
Is everything in working order?		Yes ☒	No * ☐	
If *, please give details:				

ROOM NUMBER 14				
Room Profile:		Room Capacity:		Room Occupancy:
Single males		**5**		**4**
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
☒	☐	☒	☒	☐
	Very Good	Adequate	Poor *	Needs urgent attention *
Cleanliness	☐	☒	☐	☐
Is everything in working order?		Yes ☒	No * ☐	
If *, please give details:				

ROOM NUMBER 15				
Room Profile:		Room Capacity:		Room Occupancy:
Single males		**1**		**1**
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
☒	**yes**	☒	☒	☒
	Very Good	Adequate	Poor *	Needs urgent attention *
Cleanliness	☐	☒	☐	☐
Is everything in working order?		Yes ☒	No * ☐	
If *, please give details:				

ROOM NUMBER 16				
Room Profile:		Room Capacity:		Room Occupancy:
Single males		**6**		**5**
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
☒	☐	☒	☒	☒
	Very Good	Adequate	Poor *	Needs urgent attention *
Cleanliness	☐	☒	☐	☐
Is everything in working order?		Yes ☐	No * ☒	
If *, please give details: **Ceiling needs to be painted. Wall below the window needs to be painted. Window packed with paper all over to keep out draught.**				

ROOM NUMBER 17					
Room Profile:			Room Capacity:		Room Occupancy:
Single males			**6**		**6**
TV	Ensuite	Shared Bathroom		Smoke Alarm	Fire Notice
☒	☐	☒		☒	☒
	Very Good	Adequate	Poor *	Needs urgent attention *	
Cleanliness	☐	☒	☐	☐	
Is everything in working order?			Yes ☒	No * ☐	
If *, please give details:					

ROOM NUMBER 18					
Room Profile:			Room Capacity:		Room Occupancy:
Single males			**6**		**5**
TV	Ensuite	Shared Bathroom		Smoke Alarm	Fire Notice
☒	no	☒		☒	☒
	Very Good	Adequate	Poor *	Needs urgent attention *	
Cleanliness	☐	☒	☐	☐	
Is everything in working order?			Yes ☐	No * ☒	
If *, please give details: **Resident drying clothes on television cable hanging across his cubicle.**					

Communal Bathroom – Floor 1

	Number	Soap	Toilet Paper	Hand Towels / Dryers	Hot Water	Sanitary Bins
	Bath & shower 2 showers 5 toilets	☒	☒	☒	☒	☐
Is there a cleaning schedule displayed? Record the last time entry.					Yes ☐	No ☒
Is the area clean? (provide comment) Yes cleaned – 4 times per 24 hours						
Are all facilities working?					Yes ☒	No * ☐
Visual Check: Have you noticed any issues requiring attention?					Yes* ☐	No ☒
If * give details:						

Communal Bathroom – Floor 2

	Number	Soap	Toilet Paper	Hand Towels / Dryers	Hot Water	Sanitary Bins
	1 Bath 2 showers 5 toilets	☒	☒	☒	☒	☐
Is there a cleaning schedule displayed? Yes ☐ No ☒ Record the last time entry.						
Is the area clean? (provide comment) Yes cleaned – 4 times in 24 hours						
Are all facilities working? Yes ☐ No *☒						
Visual Check: Have you noticed any issues requiring attention? Yes*☒ No ☐						
If * give details: **One toilet needs repair – water constantly running in it. Tap constantly running in a sink - washer on tap needs to be replaced. Bath unusable – needs to be replaced or re-enambled.**						

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

General Representations

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

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

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

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

Personal representations should be recorded in Part 3.