

RIA

Inspection Report

Centre:	Watergate Accommodation Centre
RIA Inspector:	Joe Kavanagh
Date of Inspection:	16th September 2014
Time of Arrival & Departure:	13.40 - 15.50

Part 1
General Information on Services

Centre: Watergate Accommodation Centre
Date of Inspection: 16th September 2014

1. CENTRE DETAILS

Name and address of Centre	Watergate House Accommodation Centre
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Contractor	Phil Monaghan & Finian McDonnell
Manager	Mark Pollard
Who deputises for manager in his/her absence?	Give Job Title only Caretaker / Assistant / Security

Telephone Number	086 8617758
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Current Contracted Capacity	68
Current Occupancy (today)	59
Current Centre Profile (e.g., singles, families etc.)	Families, single males & single females

HSE Area	Eastern Health Board
Public Health Nurse	Barbara O' Rahallaigh
DSP / CWO name	No particular person as all staff go to Gardiner Street Local Office
Environmental Health Officer name	N/A
Local Fire Officer Name	John Sweetman , Martin Gallagher, Tara Street
Local Fire Station	Tara Street

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 type="checkbox"/>
Latest EHO Report	<input type="checkbox"/>
Staffing Lists as follows:	
1. Full list of staff employed at the centre (indicating Names, Titles, Roles, etc.,)	<input checked="" type="checkbox"/>
2. Indicate who is on duty at time of inspection (today)	<input checked="" type="checkbox"/>
3. a separate list of Designated Liaison Persons (child protection)	<input checked="" type="checkbox"/>

3 GENERAL SECURITY & EMERGENCY DETAILS

Is 24 hour supervision provided? (Y/N)	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Give details of roster hours	(8-5) manager / After Hours –Caretaker / Assistant / Security
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?	One in manager's office
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 <input type="checkbox"/> No <input checked="" type="checkbox"/>

4 HEATING ARRANGEMENTS

What type of heating is used in the centre?	Electric storage heating
Do residents have control of the heating in their own bedroom?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
If no, what arrangements are in place?	Some residents have control, some on timers
What are the heating 'ON' times?	(7-9am) at time of inspection

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 sits down with new residents and goes through the house rules with them.

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
Outline visiting times :	8am and 11pm
In what areas are visitors allowed in the centre?	No designated areas as residents have their own apartments.
Any other relevant information:	
Is there a facility for storage of residents' valuables*? (Give details.) (* Storage is at resident's own risk)	No storage available other than the storage available in each apartment.

7 ARRANGEMENTS FOR MAINTENANCE

Does the centre have a written procedure in place for residents to report maintenance issues? (Yes/No)	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Is there a maintenance day book? (Yes/No)	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Describe the maintenance procedure at the centre: Residents can outline their maintenance concerns verbally or submit them in writing to the manager who will attend to their issues	

8 CHILD PROTECTION

Are measures in place to inform staff and visitors of RIA's Child Protection Policy? (Give details)	Yes Is displayed on the wall outside the manager's office
Are visitors asked to sign a declaration agreeing to adhere to the child protection policy?	No
Where is declaration held?	
Is there a sign in book for visitors? Where?	Yes In the reception area
Are there notices on public display giving name and contact details of Designated Liaison Person? Where?	Yes on the wall outside the manager's office
Have Designated Liaison Persons received HSE training?	Yes
Are notices prominently displayed regarding parental supervision of children? Where?	Yes on a wall outside the manager's office

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?	Washing machines in apartments and also 2 machines and dryers in the Laundry room

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: Mark Pellard

Position: MANAGER.

Date: 16/9/14

PART 2

Room by Room Inspection

Centre: Watergate House

Date of Inspection: 16th September 2014

Section A- Administration / Communal areas

17 Have you seen the following?

		Location of display
Up to date House Rules	<input checked="" type="checkbox"/>	In Hallway
Complaint Forms	<input checked="" type="checkbox"/>	Manager's office
Accident/ Incident procedure	<input checked="" type="checkbox"/>	Is recorded in a register in Manager's office

HSE Breastfeeding Posters (if applicable)	<input type="checkbox"/>	Not on display
Designated Liaison Person details (Child Protection)	<input checked="" type="checkbox"/>	Framed on display in hallway
Supervision of children notice	<input checked="" type="checkbox"/>	Hallway
Gym Notices (Child Safety – if applicable)	<input type="checkbox"/>	N/A
IOM Voluntary Return Posters	<input checked="" type="checkbox"/>	Hallway

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

18 Staff Awareness

Did you see the RIA Code of Practice*?	<input checked="" type="checkbox"/>
Are all staff aware of RIA Code & House Rules?	<input checked="" type="checkbox"/>
How are staff made aware of RIA Code & House Rules? All staff read and sign off on this code after reading	

*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>
12 th May 14	Irish Fire Protection	Replacement of some bulbs
Sept 13	Irish Fire Protection	Checked and serviced

19b FIRE ALARM & DETECTION SYSTEM INSPECTION SCHEDULE

Date	Inspected By (Company Name / Position)	OK	Defect	Remedial Action Taken (Y/N)	Sign Off Y/N
12 th May 14	Irish Fire Protection	<input checked="" type="checkbox"/>	N	N	Y
Sept 13	Irish Fire Protection	<input checked="" type="checkbox"/>	Parts replaced	Y	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
8 th Oct 13	Irish Fire Protection	<input checked="" type="checkbox"/>	Refills replaced	Y	y
5 th Feb 13	Irish Fire Protection	<input checked="" type="checkbox"/>	Parts replaced	y	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
01/09/14	Local Check	<input checked="" type="checkbox"/>	N	N	Y
27/08/14	Local Check	<input checked="" type="checkbox"/>	N	N	Y

19e FIRE DRILL PROCEDURE INSPECTION SCHEDULE

Date & Time	Numbers of staff involved in drill	No. of residents present / evacuated **	Evacuation Time	Comments
30/11/13	1	34/34	3.5 mins	ok
04/11/12	1	40/50 (10 residents did not comply with drill. Mgr instructed all these persons on	4	ok

		importance of this requirement.		
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****Both numbers must be recorded.**

19f STAFF INSTRUCTION AND TRAINING (Fire Safety)

Job Description	Course	Instructor	Duration	Date
Centre Manager	Fire Safety / Evacuation		Half day	April 2007

19g 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
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 checked="" type="checkbox"/>	No <input type="checkbox"/>
If yes please detail: In the hallway / reception there were two panes of cracked glass.		

LAUNDRY ROOM

	Washing Machines	Dryers
Number	2	2
Do they appear to be in working order? Yes		
Comments:		

Bedrooms:

CLEANING (General Arrangements)

How often are bedrooms inspected?	twice weekly <input type="checkbox"/> Weekly <input type="checkbox"/> x monthly
Who cleans the bedrooms?	Staff <input type="checkbox"/> Residents <input checked="" type="checkbox"/>
How often do staff clean the bedrooms?	Weekly <input type="checkbox"/> fortnightly <input type="checkbox"/> Monthly <input type="checkbox"/> Other <input checked="" type="checkbox"/>
Are there cleaning materials and equipment provided by management for residents?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
What cleaning equipment is available to residents?	Vacuum, mops, buckets, zif cleaner.
What arrangements are in place if rooms are not cleaned sufficiently by residents?	Will encourage to clean if not the case

ROOM NUMBER 1				
Room Profile:		Room Capacity:		Room Occupancy:
Vacant		4		2
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input 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: Is under refurbishment. Requires cleaning and painting etc.				

ROOM NUMBER 2				
Room Profile:		Room Capacity:		Room Occupancy:
Family		4		5
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input 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: Trace of dampness on ceiling and window sills dirty. This resident gave birth to an extra child while in this room and currently in receipt of leave to remain and due to move out of centre.				

ROOM NUMBER 3				
Room Profile:		Room Capacity:		Room Occupancy:
Single		2		1
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 4				
Room Profile:		Room Capacity:		Room Occupancy:
Single		2		1
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 5 (Same family as 6)				
Room Profile:		Room Capacity:		Room Occupancy:
Family		2		1
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 6 (Same family as 5)				
Room Profile:		Room Capacity:		Room Occupancy:
Family		4		4
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>

If *, please give details:

ROOM NUMBER 7				
Room Profile:		Room Capacity:		Room Occupancy:
Single		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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input type="checkbox"/>	No* <input type="checkbox"/>
If *, please give details: Paintwork in bathroom still requires attention				

ROOM NUMBER 8				
Room Profile:		Room Capacity:		Room Occupancy:
Family		4		5
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input 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: This resident gave birth to an extra child while in this room and is in receipt of leave to remain and due to move out of centre.				

ROOM NUMBER 9				
Room Profile:		Room Capacity:		Room Occupancy:
Family		2		3
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No* <input type="checkbox"/>
If *, please give details: Bathroom walls need cleaning . This room has a mother and child and were subsequently joined by another daughter. Entire family have received Leave to Remain and will be moving out so is a temporary arrangement.				

ROOM NUMBER 10				
Room Profile:		Room Capacity:		Room Occupancy:
Family		2		1
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: No fire notice				

ROOM NUMBER 11				
Room Profile:		Room Capacity:		Room Occupancy:
Family		2		3
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input 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: Window in bathroom requires limiter as could be accessed by a child climbing on the bath and falling out. This resident will move a larger room when it becomes available.				

ROOM NUMBER 12				
Room Profile:		Room Capacity:		Room Occupancy:
Family		4		3
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input 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: Signs of extreme dampness in bathroom				

ROOM NUMBER 13				
Room Profile:		Room Capacity:		Room Occupancy:
Family		4		4
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input 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: No fire notice				

ROOM NUMBER 14				
Room Profile:		Room Capacity:		Room Occupancy:
Family		4		4
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>

If *, please give details:

ROOM NUMBER 15				
Room Profile:		Room Capacity:		Room Occupancy:
Family		2		3 *
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input 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: * This room has a normal capacity of 2 but the sitting room was removed to create a bedroom capacity of 4 to accommodate a large family who occupy rooms 14 & 15.				

ROOM NUMBER 16				
Room Profile:		Room Capacity:		Room Occupancy:
Family		2		3
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input 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: Floor in bathroom still requires attention as per last inspection. This resident is in receipt of status and is due to move from centre.				

ROOM NUMBER 17				
Room Profile:		Room Capacity:		Room Occupancy:
Staff room		2		0
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 18				
Room Profile:		Room Capacity:		Room Occupancy:
Family		4		4
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is everything in working order? Yes <input type="checkbox"/> No * <input type="checkbox"/>				

If *, please give details: Dirty walls in main room, kitchen and hallway

ROOM NUMBER 19				
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 20				
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 21				
Room Profile:		Room Capacity:		Room Occupancy:
Family		2		1
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 22				
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"/>

If *, please give details:

General Representations

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

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

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

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

Personal representations should be recorded in Part 3.

Part 3

Sensitive Information

Centre: **Watergate Self – Catering Centre**

Date of Inspection: **16th September 2014**

Child Protection

THIS IS NOT A CHILD PROTECTION REFERRAL FORM

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

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

Details: **Nothing of concern observed during inspection.**

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

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

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

Personal Representations

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

--

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

--

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

--

Mr. Phil Monaghan
Unit 1,
Ballinteer Business Centre,
Ballinteer Avenue,
Dublin 16.

6th November 2014


Dear Mr. Monaghan

The Reception and Integration Agency carried out an inspection at **Watergate House** on 16th September 2014. A copy of the report is enclosed for your attention and I apologise for the delay in forwarding it 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 issues were identified as requiring attention and these are listed in the report. We would appreciate your immediate attention to deal with any hazards or risks detailed in this report.

Please reply to me in writing, on or before Friday 21st November 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



Dear Ms Loughrey

In response to your letter dated 6th November I would like to outline the proposals to address each of the issues raised.

has be

Apartment 1 .

The apartment has been completely refurbished and a new family is living there.

Apartment 2.

The family are moving out this weekend and on Monday 24th November work will commence to redecorate the apartment. This work should take about a week to complete.

Apartment 7

The bathroom in this apartment will also be painted the same week.

Apartment 9

The family have received leave to remain. As soon as they move it will be repainted. I will email you when this work is complete.

Apartment 10

The Fire Notice has been replaced.

Apartment 11

Restrictor has been put on window.

Apartment 12

The bathroom will be painted next week with the others.

Apartment 13

The Fire Notice has been replaced.

Apartment 16

New lino has been fitted in the bathroom.

Apartment 18

The kitchen and hallway will be repainted next week with the others.

I will let you know when all these works have been completed .

Kind Regards

Mark Pollard