

RIA

Inspection Report

| | |
|---|---|
| Centre: | Carroll Village Accommodation Centre |
| RIA Inspector: | Killian Morgan |
| Date of Inspection: | 18th December, 2015 |
| Time of Arrival & Departure: | 09:45am - 12:15pm |

Part 1
General Information on Services

Centre: **Carroll Village Accommodation
Centre**

Date of Inspection: **18th December 2015**

1. CENTRE DETAILS

| | |
|----------------------------|--|
| Name and address of Centre | Carroll Village Apartments, Clonbrassil Street, Dundalk, Co. Louth. |
|----------------------------|--|

| | |
|---|-------------------------------------|
| Contractor | East Coast Catering |
| Manager | Robert Hyslop |
| Who deputises for manager in his/her absence? | Give Job Title only Area Manager |

| | |
|------------------|-------------|
| Telephone Number | 042-9386351 |
|------------------|-------------|

| | |
|---|----------|
| Current Contracted Capacity | 78 |
| Current Occupancy (today) | 30 |
| Current Centre Profile (e.g., singles, families etc.) | Families |

| | |
|-----------------------------------|----------------------|
| HSE Area | NEHB |
| Public Health Nurse | Julie McEvoy |
| DSP / CWO name | Anne Mathews |
| Environmental Health Officer name | N/A |
| Local Fire Officer Name | Inspector Woolfe |
| Local Fire Station | Dundalk Fire Station |

| | |
|---|---|
| Is the Centre certified by any Quality Management System (i.e. Q Mark, ISO)?: | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| If yes, please give details: | EIQA |
| What was the date of the last certification? | 2014 |
| Have you a copy of the Certification | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

2. Please provide a copy of the following

| | Check List |
|---|-------------------------------------|
| Official Register | <input checked="" type="checkbox"/> |
| Staffing Lists as follows: | |
| 1. Full list of staff employed at the centre (indicating Names, Titles, Roles, etc.,) | <input type="checkbox"/> |
| 2. Indicate who is on duty at time of inspection (today) | <input type="checkbox"/> |
| 3. a separate list of Designated Liaison Persons (child protection) | <input type="checkbox"/> |
| The manager, who lives on site, is the sole member of staff and is the Designated Liaison Person | |

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 | Manager lives on site |
| 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? | Two 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 checked="" type="checkbox"/> No <input type="checkbox"/> 1 - Manager |

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? | |
| What are the heating 'ON' times? | |

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 explains the House Rules to new arrivals |

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) | Visitors generally allowed between 8:00am and 11:00pm – residents notify |

| | |
|--|---|
| | the manager of guests arrival |
| Outline visiting times : | 08:00am – 11:00pm |
| 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 checked="" type="checkbox"/> No <input type="checkbox"/> |
| Is there a maintenance day book? (Yes/No) | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| Describe the maintenance procedure at the centre: Residents can outline their maintenance concerns verbally, or submit them in writing to the manager, who will attend to the issues as soon as practicable | |

8 CHILD PROTECTION

| | |
|--|---|
| Are measures in place to inform staff and visitors of RIA's Child Protection Policy? (Give details) | Yes, the information is displayed on the notice boards outside the manager's office |
| Are visitors asked to sign a declaration agreeing to adhere to the child protection policy? | Yes |
| Where is declaration held? | In the manager's apartment |
| Is there a sign in book for visitors? Where? | Yes, in the manager's apartment |
| Are there notices on public display giving name and contact details of Designated Liaison Person? Where? | Yes, on the notice board outside the manager's apartment |
| Have Designated Liaison Persons received HSE training? | Yes |
| Are notices prominently displayed regarding parental supervision of children? Where? | Yes, on the notice board 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 all apartments |

PART 2

Room by Room Inspection

*Centre: Carroll Village Accommodation
Centre*

Date of Inspection: 18th December, 2015

Section A- Administration / Communal areas

17 Have you seen the following?

| | | Location of display |
|------------------------------|-------------------------------------|---|
| Up to date House Rules | <input checked="" type="checkbox"/> | On notice board outside manager's office. |
| Complaint Forms | <input checked="" type="checkbox"/> | In manager's apartment |
| Accident/ Incident procedure | <input checked="" type="checkbox"/> | In manager's apartment |

| | | |
|--|-------------------------------------|---|
| HSE Breastfeeding Posters (if applicable) | <input checked="" type="checkbox"/> | On notice board outside manager's office. |
| Designated Liaison Person details (Child Protection) | <input checked="" type="checkbox"/> | Yes |
| Supervision of children notice | <input checked="" type="checkbox"/> | On notice board outside manager's office. |
| IOM Voluntary Return Posters | <input checked="" type="checkbox"/> | On notice board outside manager's office. |

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? Staff are given instruction on the Rules and sign off on them. | |

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

19 FIRE SAFETY

19a EMERGENCY LIGHTING INSPECTION SCHEDULE

| <u>Date</u> | <u>Inspected By</u> (Company Name / Position) | <u>Comments</u> |
|-------------|--|--|
| 30/11/15 | Manager | Ok (advised manager that the lighting inspection section of the register should be updated for 2 week period since 30/11/12) |
| 7/9/15 | Independent Fire Services | Service |

19b FIRE ALARM & DETECTION SYSTEM INSPECTION SCHEDULE

| Date | Inspected By (Company Name / Position) | OK | Defect | Remedial Action Taken (Y/N) | Sign Off Y/N |
|----------|--|-------------------------------------|------------------|-----------------------------|--------------|
| 14/12/15 | Manager | <input checked="" type="checkbox"/> | None. | No | Yes |
| 7/9/15 | Independent Fire Services | <input checked="" type="checkbox"/> | Service and test | Yes | 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 |
|----------|--|-------------------------------------|---------------------------------------|-----------------------------|--------------|
| 14/12/15 | Manager | <input checked="" type="checkbox"/> | None | No | Yes |
| 7/9/15 | Independent Fire Services | <input checked="" type="checkbox"/> | Extinguishers serviced – 1 for refill | Yes | Yes |

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 |
|----------|--|-------------------------------------|--------|-----------------------------|--------------|
| 14/12/15 | Manager | <input checked="" type="checkbox"/> | None | No | Yes |
| 7/12/15 | Manager | <input checked="" type="checkbox"/> | None | No | Yes |

19e FIRE DRILL PROCEDURE INSPECTION SCHEDULE

| Date & Time | Numbers of staff involved in drill | No. of residents present / evacuated ** | Evacuation Time | Comments |
|-----------------------|--|--|-----------------|----------|
| 8/10/15 11:00am | 4 (including 3 from management company) | Drill held in conjunction with the centre management company – 12 RIA residents present and all 12 evacuated | 15 mins | All ok |
| 13/08/14 (no time) | Centre manager, plus staff from management company | Drill held in conjunction with the centre management company (numbers not available) | 8 mins | Ok |

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

19f STAFF INSTRUCTION AND TRAINING (Fire Safety)

| Job Description | Course | Instructor | Duration | Date |
|-----------------|---|-------------------------------|----------|-----------|
| Centre Manager | Fire Safety training, alarm & evacuation training | Brian Byrne, Regional Manager | 2 hours | 25/2 2014 |
| | | | | |

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 type="checkbox"/> | No <input checked="" type="checkbox"/> |
| If yes please detail: | | |

Bedrooms:

CLEANING (General Arrangements)

| | | |
|--|---|---|
| How often are bedrooms inspected? | twice weekly <input type="checkbox"/> | Weekly <input checked="" type="checkbox"/> |
| Who cleans the bedrooms? | Staff <input 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 type="checkbox"/> | No <input checked="" type="checkbox"/> |
| What cleaning equipment is available to residents? | Residents purchase their own cleaning equipment | |
| What arrangements are in place if rooms are not cleaned sufficiently by residents? | Manager will encourage residents to clean their apartments, if they are untidy. | |

| | | | | |
|-------------------------------------|--------------------------|-------------------------------------|---|-------------------------------------|
| APT NUMBER 12 | | | | |
| Room Profile: | | Room Capacity: | Room Occupancy: | |
| Family | | 5 | 3 | |
| TV | Ensuite | Shared Bathroom | Smoke Alarm | Fire Notice |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input 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 : | | | | |

| | | | | |
|---|--------------------------|-------------------------------------|---|-------------------------------------|
| APT NUMBER 25 | | | | |
| Room Profile: | | Room Capacity: | | Room Occupancy: |
| Family | | 5 | | 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: Apartment untidy. Luggage to be put into storage. | | | | |

| | | | | |
|---|--------------------------|-------------------------------------|-------------------------------------|--|
| APT NUMBER 28 | | | | |
| Room Profile: | | Room Capacity: | | Room Occupancy: |
| Family | | 6 | | 6 |
| TV | Ensuite | Shared Bathroom | Smoke Alarm | Fire Notice |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Cleanliness | Very Good | Adequate | Poor * | Needs urgent attention * |
| | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Is everything in working order? | | | Yes <input type="checkbox"/> | No * <input checked="" type="checkbox"/> |
| If *, please give details: Flooring to be repaired | | | | |

| | | | | |
|-------------------------------------|-------------------------------------|-------------------------------------|---|-------------------------------------|
| APT NUMBER 40 | | | | |
| Room Profile: | | Room Capacity: | | Room Occupancy: |
| Family | | 5 | | 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: | | | | |

| | | | | |
|-------------------------------------|-------------------------------------|-------------------------------------|---|-------------------------------------|
| APT NUMBER 41 | | | | |
| Room Profile: | | Room Capacity: | | Room Occupancy: |
| Family | | 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: | | | | |

| | | | | |
|--|-------------------------------------|-------------------------------------|-------------------------------------|--|
| APT NUMBER 42 | | | | |
| Room Profile: | | Room Capacity: | | Room Occupancy: |
| Family | | 6 | | Vacant |
| 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: Battery in smoke alarm to be replaced. Knobs on dresser and wardrobe to be replaced. | | | | |

| | | | | |
|-------------------------------------|-------------------------------------|-------------------------------------|---|-------------------------------------|
| APT NUMBER 57 | | | | |
| Room Profile: | | Room Capacity: | | Room Occupancy: |
| Family | | 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: | | | | |

| | | | | |
|--|-------------------------------------|-------------------------------------|-------------------------------------|--|
| APT NUMBER 58 | | | | |
| Room Profile: | | Room Capacity: | | Room Occupancy: |
| Family | | 6 | | Vacant |
| 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: Side panel on bath to be replaced. | | | | |

| | | | | |
|--|--------------------------|-------------------------------------|-------------------------------------|--|
| APT NUMBER 59 | | | | |
| Room Profile: | | Room Capacity: | | Room Occupancy: |
| Family | | 7 | | Vacant |
| TV | Ensuite | Shared Bathroom | Smoke Alarm | Fire Notice |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Cleanliness | Very Good | Adequate | Poor * | Needs urgent attention * |
| | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Is everything in working order? | | | Yes <input type="checkbox"/> | No * <input checked="" type="checkbox"/> |
| If *, please give details: Bedroom curtains to be replaced. | | | | |

| | | | | |
|--|--------------------------|-------------------------------------|-------------------------------------|--|
| APT NUMBER 60 | | | | |
| Room Profile: | | Room Capacity: | | Room Occupancy: |
| Family | | 7 | | 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 type="checkbox"/> | No * <input checked="" type="checkbox"/> |
| If *, please give details: Handles on window in living room to be repaired. | | | | |

| | | | | |
|-------------------------------------|--------------------------|-------------------------------------|---|-------------------------------------|
| APT NUMBER 61 | | | | |
| Room Profile: | | Room Capacity: | | Room Occupancy: |
| Family | | 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 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: | | | | |

| | | | | |
|-------------------------------------|-------------------------------------|-------------------------------------|---|-------------------------------------|
| APT NUMBER 62 | | | | |
| Room Profile: | | Room Capacity: | | Room Occupancy: |
| Family | | 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 checked="" type="checkbox"/> | No * <input type="checkbox"/> |
| If *, please give details: | | | | |

| | | | | |
|-------------------------------------|-------------------------------------|-------------------------------------|---|-------------------------------------|
| APT NUMBER 63 | | | | |
| Room Profile: | | Room Capacity: | | Room Occupancy: |
| Family | | 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: | | | | |

| | | | | |
|-------------------------------------|-------------------------------------|-------------------------------------|---|-------------------------------------|
| APT NUMBER 64 | | | | |
| Room Profile: | | Room Capacity: | | Room Occupancy: |
| Family | | 2 | | Vacant |
| 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: | | | | |

| | | | | |
|-------------------------------------|-------------------------------------|-------------------------------------|---|-------------------------------------|
| APT NUMBER 65 | | | | |
| Room Profile: | | Room Capacity: | | Room Occupancy: |
| Family | | 2 | | Vacant |
| 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: | | | | |

| | | | | |
|--|-------------------------------------|-------------------------------------|-------------------------------------|--|
| APT NUMBER 66 | | | | |
| Room Profile: | | Room Capacity: | | Room Occupancy: |
| Family | | 4 | | Vacant |
| 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: Bed base to be repaired. Light bulbs to be replaced. | | | | |

| | | | | |
|---|-------------------------------------|-------------------------------------|-------------------------------------|--|
| APT NUMBER 67 | | | | |
| Room Profile: | | Room Capacity: | | Room Occupancy: |
| Family | | 4 | | Vacant |
| 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: Light bulbs to be replaced. | | | | |

| | | | | |
|-------------------------------------|-------------------------------------|-------------------------------------|---|-------------------------------------|
| APT NUMBER 68 | | | | |
| Room Profile: | | Room Capacity: | | Room Occupancy: |
| Family | | 2 | | Vacant |
| 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 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: R. Hood

Position: Manager

Date: 18/12/2015

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: _____

Mr. Brian Byrne,
East Coast Catering (Ireland) Ltd,
Block 2,
Quayside Business Park,
Millstreet,
Dundalk,
Co. Louth.

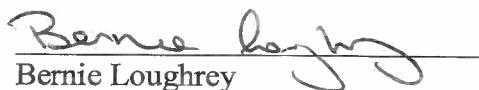
1st March 2016.

Dear Mr. Byrne,

The Reception and Integration Agency carried out an inspection at Carroll Village on 18th December, 2015. 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.

A number of issues were identified as requiring attention during the course of the inspection and these are listed in the report. Please reply in writing, on or before Friday 18th March, 2018 outlining the steps you have taken/propose to take to address the issues raised.

Yours sincerely,



Bernie Loughrey
Internal Inspection Unit
Reception and Integration Agency



east coast catering (ireland)

Balseskin Reception Centre, St. Margaret's Road, Finglas, Dublin 11.
Tel: (01) 8646291 / 8646292 Fax: (01) 8110729

Ms Bernie Loughrey
Internal Inspection Unit
Reception and Integration
PO Box 11487
Dublin 2

16th March 2016

Re: RIA Inspection - Carroll Village

Dear Ms Loughrey,

Further to the inspection by RIA at Carroll Village on 18th December 2015, please find attached list of issues raised and actions undertaken to rectify.

We have a detailed maintenance programme in place and all apartments are in pristine condition prior to occupancy.

We were very pleased with the findings of the audit as it is always satisfying to find that the "systems in place" are actually working. Also, we would like to thank the Auditor, Killian Morgan for the courtesy they showed and the helpful comments they made during the audit.

Again, we would re-iterate our aim to maintain our Centres to the highest standard possible and to have this monitored by both internal and external audits.

Yours sincerely

Robbie Hyslop
Duty Manager

Brian W Byrne
General Manager

Maintenance Items in Carroll Village

| No. | Room No. | Issues | Outcome |
|-----|----------|---|--|
| 1 | Apt 25 | Apt untidy, luggage to storage | Have spoken to occupant and requests to her to keep the apartment tidy. Ongoing issue with this lady. |
| 2 | Apt 28 | Flooring to be repaired | Will be repaired when vacated |
| 3 | Apt 42 | (a) Battery for smoke alarm (b) Knobs on wardrobe | Unit vacant on inspection but all repairs done and battery replaced prior to new tenant arriving on 30/01. |
| 4 | Apt 58 | Side panel on bath | Repaired 08/02/2016 |
| 5 | Apt 59 | Bedroom curtains | Replaced 08/02/2016 prior to arrival of new residents |
| 6 | Apt 60 | Window handles | Repaired 21/01/2016 |
| 7 | Apt 66 | (a) Bed base to be repaired (b) Light bulbs required | All repaired/replaced prior to occupancy on 28/01/2016. |
| 8 | Apt 67 | Light bulb to be replaced | All replaced prior to occupancy on 28/01/2016 |
| | | | |