

RIA

Inspection Report

Centre:	Carroll Village Accommodation Centre
RIA Inspector:	Ruth Dillon
Date of Inspection:	28^h September, 2018.
Time of Arrival & Departure:	10.30 am – 12.30 pm

Part 1
General Information on Services

Centre: **Carroll Village Accommodation Centre**

Date of Inspection: **28th September, 2018.**

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	60
Current Occupancy (today)	58
Current Centre Profile (e.g., singles, families etc.)	Families/singles

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) The manager, who lives on site, is the sole member of staff and is the Designated Liaison Person	<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	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 kits in the 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. 8 Apartments have gas central 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

9 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: 28th September, 2018.

Section A- Administration / Communal areas

10 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, on notice board outside manager's office
Supervision of children notice	<input checked="" type="checkbox"/>	On notice board outside manager's office.
Human trafficking awareness poster	<input type="checkbox"/>	On notice board
IOM Voluntary Return Posters	<input type="checkbox"/>	On notice board

11 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*

12 FIRE SAFETY

12a EMERGENCY LIGHTING INSPECTION SCHEDULE

<u>Date</u>	<u>Inspected By</u> (Company Name / Position)	<u>Comments</u>
13/09/18	Manager	Ok
19/09/18	Independent Fire Services	Service

12b FIRE ALARM & DETECTION SYSTEM INSPECTION SCHEDULE

Date	Inspected By (Company Name / Position)	OK	Defect	Remedial Action Taken (Y/N)	Sign Off Y/N
12/09/18	Manager	<input checked="" type="checkbox"/>	None.	No	Yes
19/09/18	Independent Fire Services	<input checked="" type="checkbox"/>	Service	Yes	Yes

12c 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

13/09/18	Manager	<input checked="" type="checkbox"/>	None	No	Yes
19/09/18	Independent Fire Services	<input checked="" type="checkbox"/>	Inspection and Service	Yes	Yes

12d 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
13/09/18	Manager	<input checked="" type="checkbox"/>	None	No	Yes
06/09/18	Manager	<input checked="" type="checkbox"/>	None	No	Yes

12e FIRE DRILL PROCEDURE INSPECTION SCHEDULE

Date & Time	Numbers of staff involved in drill	No. of residents present / evacuated **	Evacuation Time	Comments
1/05/18 At 19.00	4 (including 3 from management company)	Drill held in conjunction with the centre management company – 32 residents present all evacuated.	10 mins	All ok
15/06/2017 at 14.00	3 (including 2 from management company)	Drill held in conjunction with the centre management company – 55 present (inc 15 children) all evacuated	15 Mins	All ok

12f 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	24/11/16
Dundalk Fire Brigade	Fire Safety on site	Dundalk Fire Brigade	2 hours	15/06/17

12g 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:		
<i>Visual Check: Have you noticed any issues requiring attention? (e.g., fire exit signs, hazards, lighting, notices, décor, etc.)</i>	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	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 : smoke alarm covered				
APT NUMBER: 41				
Room Profile:		Room Capacity:	Room Occupancy:	
Single		3	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"/>
	Very Good	Adequate	Poor *	Needs urgent attention *
Cleanliness	<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:				
Ceiling needs painting				

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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	Very Good	Adequate	Poor *	Needs urgent attention *
Cleanliness	<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:				
Curtain pole to be repaired in bedroom				

APT NUMBER 57				
Room Profile:		Room Capacity:		Room Occupancy:
Single		6		6
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"/>
	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 type="checkbox"/>	No * <input checked="" type="checkbox"/>
If *, please give details:				
Bedroom (with bunkbed): Room to be painted.				
Resident stated that the heater is not working properly. Manager explained how the system should be operated. Carpet at bedroom door to be repaired.				
Curtain pole to be repaired. Resident said window is letting in cold air. Mould in bathroom.				

APT NUMBER 52				
Room Profile:		Room Capacity:		Room Occupancy:
Family		5		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"/>
	Very Good	Adequate	Poor *	Needs urgent attention *
Cleanliness	<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:

Mould on bathroom walls. Floor outside bathroom to be repaired.

APT NUMBER 58				
Room Profile:		Room Capacity:		Room Occupancy:
family		6		6
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 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 60				
Room Profile:		Room Capacity:		Room Occupancy:
Family		5		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 type="checkbox"/>	No * <input checked="" type="checkbox"/>
If *, please give details: Storage heater cover loose.				

APT NUMBER 59				
Room Profile:		Room Capacity:		Room Occupancy:
family		6		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 type="checkbox"/>	No * <input checked="" type="checkbox"/>
If *, please give details: shower in ensuite needs repair				

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 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 type="checkbox"/>	<input type="checkbox"/>

Cleanliness	<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: resident said washing machine was not working properly.				

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 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: Area around bath needs new silicone. Bathroom ceiling to be painted.				

APT NUMBER 61				
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 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: No bulb in hall light. Lot of luggage in bedroom.				

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 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:				

APT NUMBER 63				
Room Profile:		Room Capacity:		Room Occupancy:
Shared		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: Apartment very untidy. Resident said heater not working.				

APT NUMBER 64				
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: Very untidy apartment				

APT NUMBER 68				
Room Profile:		Room Capacity:		Room Occupancy:
Unoccupied		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 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 67				
Room Profile:		Room Capacity:		Room Occupancy:
Family		4		3
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:				

APT NUMBER 66				
Room Profile:		Room Capacity:		Room Occupancy:
Family		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 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: Toilet in ensuite blocked				

APT NUMBER 65				
Room Profile:		Room Capacity:		Room Occupancy:
Family		2		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 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: Robert Hunt

Position: MANAGER

Date: 28/10/18

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: Robert Hunt

Position: MANAGER

Date: 28/10/18



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

25th October 2018

Dear Mr. Byrne,

The Reception and Integration Agency carried out an inspection at Carroll Village on 28th September, 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.

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 16th November 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.

Items in Carroll Village			
No.	Room No.	Issues	Outcome
1	41	Ceiling needs painting	To be completed by 30/11
2	40	Curtain pole to be repaired in bedroom	Completed
3	57	Bedroom (with bunkbed). Room to be painted. Carpet at bedroom door to be repaired. Curtain pole to be repaired. Mould in bathroom, window letting in cold air.	When apartment vacated room to be painted. Saddle board to be fitted where carpet is torn. Mould to be treated.
4	52	Mould on bathroom walls. Floor outside bathroom to be repaired.	Bathroom wall to be treated. Mat to be installed on floor.
5	60	Storage heater cover loose	Completed
6	28	Area around bath needs new silicone. Bathroom ceiling to be painted.	To be completed by 30/11.
7	61	No bulb in hall light. Lot of luggage in bedroom.	Bulb fixed. Spoke to resident about tidying up apartment.
8	63	Apartment very untidy. Resident said heater not working.	Letter issued to resident. Radiator bled, and now working.
9	64	Apartment very untidy	Letter issued to resident.
10	66	Toilet in ensuite blocked.	Completed.
11	59	Shower in ensuite needs repair	New Shower installed
12	25	Resident said washing machine was not working properly	Washing machine/dryer to be ordered
13	12	Smoke alarm covered	Spoke with residents and renewed battery.

EIQA Cert attached, dated April 2018

Human Trafficking Awareness Poster and IOM Voluntary Poster were mounted on noticeboard.

ECC EAST COAST CATERING (IRELAND) LIMITED

Carroll Village Apartments
Clanbrassil Street
Dundalk
Co Louth

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

8th November 2018

Re: RIA Inspection - Carroll Village

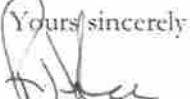
Dear Ms Loughrey

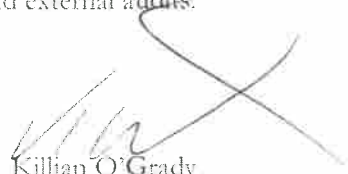
Further to the inspection by RIA at Carroll Village on 28th September 2018, please find attached list of issues raised, actions undertaken to rectify and explanation of outstanding items.

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 RIA Auditor, Ruth Dillon for the courtesy he 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
Centre Manager


Killian O'Grady
General Manager



THIS DOCUMENT CERTIFIES THAT
East Coast Catering Ireland Ltd

HAS ACHIEVED
THE Q MARK for QUALITY MANAGEMENT SYSTEMS
LEVEL 3




Irene Collins
Managing Director EIQA

Approval Date: 24th April 2018
Expiry Date: 24th April 2019

RESULTS THROUGH CERTIFICATION AND EXPERIENCE