

# RIA

## Independent Inspection Report

<b>Centre:</b>	<b>Bridgewater house</b>
<b>Inspector:</b>	<b>Shane Mac Loughlin</b>
<b>Date of Inspection:</b>	<b>9/2/18</b>
<b>Time of Arrival &amp; Departure:</b>	<b>15:00</b> <b>17:30</b>

*Part 1*  
*General Information on Services*

Independent Inspection Report

*Centre:* **Bridgewater House**  
*Date of Inspection:* 9 Feb 2018

**1. CENTRE DETAILS**

Name and address of Centre	Bridgewater House, Main Street, Carrick-on-Suir, Co Tipperary.
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Contractor	Thomas Duggan
Manager	Darragh Murphy
Who deputises for manager in his/her absence?	<b>Give Job Title only</b> Relief manager

Telephone Number	051-641800
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Current Contracted Capacity	120
Current Occupancy (today)	115
Current Centre Profile (e.g., singles, families etc.)	Families and single females

HSE Area	South Eastern Area
Public Health Nurse	Maire Meagher
DSP / CWO name	Ned Nugent
Environmental Health Officer name	Marie Dowling/Sue Codd
Local Fire Officer Name	Ray O'Leary
Local Fire Station	Carrick-on-Suir

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 checked="" type="checkbox"/>

**2. Please provide a copy of the following**

	Check List
Official Register is for week ending 9/2/18	<input checked="" type="checkbox"/>
Menu Cycle last updated	<input checked="" 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	Receptionist on duty until 1730 , evening receptionist 1730– 2130, night porter 2130- 0830
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?	1 in Reception and 2 in kitchen
Who is responsible for first aid restocking?	Job title <b>only</b> (not name) of person responsible: restocked by manager and receptionist
Is there a defibrillator in the centre? How many staff been trained to use it?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

### 4 HEATING ARRANGEMENTS

What type of heating is used in the centre?	Gas central heating
Do residents have control of the heating in their own bedroom?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
If no, what arrangements are in place?	Times discussed with residents at monthly meetings.
What are the heating 'ON' times?	Dependant on weather

### 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?	RIA Rules discussed on one-to-one basis on arrival

### 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 log in place
Outline visiting times :	10am-10pm
In what areas are visitors allowed in the centre?	Communal areas only
Any other relevant information:	
Is there a facility for storage of residents' valuables*? (Give details.) (* Storage is at resident's own risk)	Locked storage room available, if required
What toiletries are provided to residents on arrival?	Shampoo, hand soap, toothpaste, bin liners & washing powder.
What arrangements are in place to replenish these items?	Replenished monthly, or on request

## 7 ARRANGEMENTS FOR MAINTENANCE

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

## 8 CHILD PROTECTION

Are measures in place to inform staff and visitors of RIA's Child Protection Policy? (Give details)	Child protection policy in place
Are visitors asked to sign a declaration agreeing to adhere to the child protection policy?	Yes, frequent visitors only
Where is declaration held?	In child protection policy
Is there a sign in book for visitors? Where?	Yes, in reception
Are there notices on public display giving name and contact details of Designated Liaison Person? Where?	No
Have Designated Liaison Persons received HSE training?	Training scheduled in conjunction with Viking Lodge Waterford – confirmed with Viking Lodge manager by telephone and letter to Kate Gillian 7/2/18
Are notices prominently displayed regarding parental supervision of children? Where?	Yes, in dining room

## 9 FOOD SAFETY

Has a HACCP system been implemented? (Yes/No)	Yes
Have the premises been inspected by an Environmental Health Officer? (Yes/No)	No
Date of last visit:	n/a

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

Are residents consulted regarding menu / dietary requests? (Give details.)	Resident meetings
Provide details opposite: Which of the following are provided for school children's packed lunches: <ul style="list-style-type: none"> <li>• Sandwich? What sandwich fillings are available: Cheese? Ham? Chicken? Tuna? Jam? Other?</li> <li>• Drinks? Juice? Water?</li> <li>• Yogurt?</li> <li>• Fruit?</li> <li>• Other</li> </ul>	All the sandwich fillings listed plus peanut butter, Apple and arrange juice Yogurt Fruit  Please also provide details of the system for distribution of school lunches: Supplied at breakfast time.
Is infant formula kept out of public view?	yes
What arrangements are in place for distribution of infant formula?	Weekly, or as required from reception-log in place.

**11 ARRANGEMENTS FOR REFRESHMENTS / MEALS OUTSIDE NORMAL MEAL TIMES**

Are tea / coffee / drinking water / Snacks etc. available outside mealtimes?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
What food/snacks are available after hours or when kitchen is closed?	Food in communal kitchen.
Where are the snacks located and how are they accessed?	Available in dining area. 3 communal kitchens with fridges, microwaves & kettle with own tea/coffee making facilities available 24/7
Are meals available for residents who arrive late? (Give details.)	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If management informed, meals will be kept
Are meals available for new arrivals? (Give details)	Yes, if management informed in advance meals will be kept
Are packed lunches available for residents travelling to Dublin on official business? (Give details)	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
<b>If the inspection takes place during Ramadan this section must be completed.</b> What arrangements are in place to facilitate residents observing a fast during Ramadan?	<b>Food available out of hours for residents. Residents food is kept for them also.</b>

**12 FACILITIES FOR FEEDING BABIES**

<b>Are the following available?</b>	Yes/No
Access to drinking water (for breastfeeding mothers / for preparation of infant formula)	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Sterilisers	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Kettles	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Fridge (for bottles of EBM* / formula) *Expressed Breast Milk	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

Bottle Warmer	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
Microwave	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
Are these facilities available 24 hours a day	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
Is there a dedicated room provided? Where?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>

### 13 INDOOR FACILITIES

<b><i>Are the following are available to residents?</i></b>	Yes/No			
Computers with Internet access	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
WIFI	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
DVD player	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
Computer Games	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
Snooker Table	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
Pool Table	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
Table Tennis Table	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
Board Games	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
Newspapers	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
Books	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
Toys / games for children	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
Other	playroom available			
Give details of any other arrangement or other comments:	Free internet tickets for local library available from reception. Weekly family learning programme in place			

### 14 TRANSPORT ARRANGEMENTS

Is there a bus service provided? (Yes/No):	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
Where does the service go to?	Clonmel			
What is the frequency of the service? (List time table opposite)	Bus eireann			

### 15 TV SYSTEM

Is there a specific TV system in place? (give details)	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
An average, how many TV channels are provided to residents?	7 channels available per room			
Are residents allowed to erect satellite dishes?	no			

### 16 LAUNDRY FACILITIES (General Arrangements)

Are Laundry facilities available in the centre? (Y/N)	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
If No, what service is provided?				
Who launders towels and bedlinen? (e.g., residents, staff, other, etc)	Residents, or staff if required			

What procedures are in place for the exchange of towels and bed linen at the centre?	At residents' discretion - available from reception
What procedures are in place for ironing boards and irons?	3 irons and ironing boards in laundry room attached to wall
How is washing powder / tablets supplied?	Distributed monthly, or on request
Are there specific arrangements for access to the laundry (give details):	Open 9am to 9pm night

**17 CLEANING (General Arrangements)**

Are there cleaning materials and equipment provided by management for residents?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
What cleaning equipment is available to residents?	Spray cleaners, air fresheners, brushes, mops & vacuums in kitchen on each floor and at reception
What is the procedure for residents to access vacuum cleaners, brushes & other cleaning equipment?	Available as above and any problems can be reported at reception
What arrangements are in place if rooms are not cleaned sufficiently by residents?	Housekeeping may assist with cleaning, if necessary.



## *PART 2*

### *Room by Room Inspection*

#### Independent Inspection

*Centre:* *Bridgewater House*

*Date of Inspection:* *9 Feb 2018*

## Section A- Administration / Communal areas

### 17 Have you seen the following?

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

HSE Breastfeeding Posters (if applicable)	<input type="checkbox"/>	Not Displayed
Designated Liaison Person details (Child Protection)	<input checked="" type="checkbox"/>	Not Displayed
Supervision of children notice	<input type="checkbox"/>	Not Displayed
Gym Notices (Child Safety – if applicable)	<input type="checkbox"/>	
IOM Voluntary Return Posters	<input checked="" type="checkbox"/>	Not Displayed

### 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 a copy and asked to sign.	

*\*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>
1/2/18	Maintenance	Ok
23/1/18	Maintenance	ojk

#### 19b FIRE ALARM & DETECTION SYSTEM INSPECTION SCHEDULE

Date	Inspected By (Company Name / Position)	OK	Defect	Remedial Action Taken ( Y/N)	Sign Off Y/N
23/11/17	Custom Electric	<input checked="" type="checkbox"/>	No	N	y
8/2/18	Manager	<input checked="" type="checkbox"/>	No		
9/2/18	Manager	<input checked="" type="checkbox"/>	no		

#### 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

17/11/17	Munster Fire	<input type="checkbox"/>	ok		
9/2/18	manager	<input type="checkbox"/>	ok		

**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
8/2/18	Manager	x <input type="checkbox"/>	No		
9/2/18	Manager	x <input type="checkbox"/>	no		

**19e FIRE DRILL PROCEDURE INSPECTION SCHEDULE**

Date & Time	Numbers of staff involved in drill	No. of residents present / evacuated **	Evacuation Time	Comments
<b>Drill due</b>				

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

**19f STAFF INSTRUCTION AND TRAINING (Fire Safety)**

Job Description	Course	Instructor	Duration	Date
<b>Fire Safety</b>	<b>Fire safety</b>	<b>MFS</b>	<b>½ day</b>	<b>3/1/18</b>

**19g FIRE ASSEMBLY POINTS**

Where are the Fire Assembly Points located?	<b>In yard</b>
Are they marked?	<b>Yes</b>
Are staff aware of locations?	<b>Yes</b>
Comments:	

**19h FIRE ALARM SYSTEM**

Is there a fire alarm system in place?	<b>Yes</b>
Are there smoke alarms throughout the premises, inc bedrooms?	<b>Yes</b>
Are all smoke alarms linked back to a central control panel?	<b>Yes</b>
Are there designated 'Smoking' areas? <i>Include locations</i>	<b>Yes Exterior in yard</b>
Comments:	

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

(in corridors & common areas)

Are fire exits clear from obstruction?	<b>Yes</b>
Are they unlocked?	<b>Yes</b>
Are fire exits clearly posted throughout the building?	<b>Yes</b>
Are all fire doors kept closed?	<b>Fire doors in upstairs kitchenettes need automatic closure systems</b>
Are fire evacuation instructions clearly displayed in the centre?	<b>Yes</b>
Are fire extinguishers clearly visible?	<b>Yes</b>
Is there emergency lighting system in place?	<b>yes</b>
Comments:	

## Administration Area:

### Reception:

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

### Have you seen the following?

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

HSE Breastfeeding Posters (if applicable)	<input type="checkbox"/>	<b>Not Available</b>
Designated Liaison Person details (Child Protection)	<input type="checkbox"/>	<b>Not Available</b>
Supervision of children notice	<input type="checkbox"/>	<b>Not Available</b>
Gym Notices (Child Safety – if applicable)	<input type="checkbox"/>	<b>No Gym</b>

IOM Voluntary Return Posters	<input type="checkbox"/>	<b>Not Available</b>
Anti Human-Trafficking Posters	<input type="checkbox"/>	<b>Not Available</b>
'NO to Violence & Harassment' Posters	<input type="checkbox"/>	<b>Not Available</b>

### Social Room / Tea Station (State Location): In dining area

What facilities are provided? Hot water, tea, coffee, bread and jam.		
Is the area generally clean? <input type="checkbox"/>	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
If no please give details:		
<i>Visual Check:</i> Have you noticed any issues requiring attention? <input checked="" type="checkbox"/>	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
If yes please detail:		

### Play Room:

Is the area generally clean?	Yes / No	<b>Yes</b>
If no please give details:		
<i>Visual Check:</i> Have you noticed any issues requiring attention? <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
<i>(observe whether the area is colourful, has sufficient toys, changing areas, toilets in working order, etc)</i>		

Other comments:

**kitchenette / Tea Station Beside Room 10**

What facilities are provided? Burco boiler, 7 fridges, freezer and microwave
Is the area generally clean? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
If no please give details:
Visual Check: Have you noticed any issues requiring attention? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
If yes please detail:

**kitchenette / Tea Station Beside Church**

What facilities are provided? Burco boiler, 6 fridges and microwave
Is the area generally clean? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
If no please give details:
Visual Check: Have you noticed any issues requiring attention? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
If yes please detail:

**kitchenette / Tea Station Beside Room 53**

What facilities are provided? Burco boiler, hot plates
Is the area generally clean? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
If no please give details:
Visual Check: Have you noticed any issues requiring attention? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
If yes please detail: Works is planned to upgrade with permanent wired cooking facilities.

**Gym**

What facilities are provided? None
Is the area generally clean? Yes <input type="checkbox"/> No <input type="checkbox"/>
If no please give details:
Visual Check: Have you noticed any issues requiring attention? Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes please detail:

**TV and Pool Room**

What facilities are provided? No Tv room
Is the area generally clean? Yes <input type="checkbox"/> No <input type="checkbox"/>
If no please give details:
Visual Check: Have you noticed any issues requiring attention? Yes <input type="checkbox"/> No <input type="checkbox"/>

If yes please detail:

### Classroom/Homework Club

What facilities are provided? Tables, chairs etc

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
<b>Breakfast</b>	8.00am	10.00am
<b>Lunch</b>	12.30pm	2.00pm
<b>Dinner</b>	4.45pm	6.45pm

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:

<b>Breakfast</b>	
<b>Lunch</b>	
<b>Dinner</b>	

Is menu cycle on display?

Yes  No

Does menu cycle correspond with options available?

Yes  No

If no, ask manager for explanation and provide details:

Which meal was sampled?

Breakfast  Lunch  Dinner

Please describe the meal in detail (e.g. was it hot / cold, bland / spicy etc.)

Food served was excellent quality and nice and hot – I ate chicken drumsticks with sweet chili sauce , cauliflower and mixed vegetables .

Was there a vegetarian option?

Yes  No

(note salad and vegetables alone are not considered as vegetarian option)

Give details of this option:

Were there ethnic dishes available?

Yes  No

Give details of this option:

**Variety of spices and condiments with marinated lamb**

Was fresh foods available for Infants?  
(as per HSE Infant Feeding Guidelines)

Yes  No

In your opinion, does the food on offer appear to provide a good variety?

Yes  No

Did inspection take place during Ramadan?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
If yes, please outline arrangements for provision of meals outside of normal mealtimes, (medical or other appointments, etc.):		
Is there any damaged seating or tables in dining room?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Is there enough seating for residents present to sit down and eat their lunch?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Comments:		



## KITCHEN AREA: Food Safety Critical Requirements

### FOOD SAFETY

Has the premises been inspected by an Environmental Health Officer?	no
Date of Visit?	
Comments:	

Has a HACCP system been implemented?	<b>yes</b>
Who designed the HACCP system?	<b>Adapted from previous operations by Chef</b>
Who is responsible for reviewing the system?	<b>Chef</b>
How frequently is the system reviewed?	<b>Daily</b>

### HACCP Records:

<b>Pest Control:</b> 12/1/18 - no Issues (Prevent-a-pest)
Induction and Ongoing Staff Training: Training done on 15/1/18
<b>Time &amp; Temperature Records: all in place and compliant</b>
Hygiene Audits: ok
List of Approved Suppliers: Dairyland, Whelans, Brendan Walsh, SeaTrade
Cleaning Schedules: ok
Procedures for accepting deliveries: ok
General Comments: HACCP compliance and all supporting records now in place

## HACCP and Kitchen Evaluation

### General:

Is the kitchen commercial or domestic?	Commercial
What equipment is in place? Cooker, fridges, freezers. Sinks, dry storage, chemical storage	
In what condition is the equipment? Good condition	
Comments:	

## STRUCTURAL HYGIENE

### Kitchen:

Is the refuse area suitably located?	Yes
Is the area tidy?	Yes
Are all bins covered?	yes
Are signs displayed at all entrances in relation to access to kitchen for non kitchen staff?	Yes
Are white coats, shoe covers and hats available for non kitchen staff?	yes
Comment of the structural hygiene of the kitchen (i.e floors/walls/ceilings/doors/windows/work surfaces/ventilation, etc)	
Are suitable hand washing and drying facilities provided?	<b>Yes</b>
General Comments:	

### Dry Goods:

Suitably equipped? <i>Shelving/containers etc</i>	Ok
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<b>Condition and suitability of facilities: Facilities are suitable</b>	
What evidence is there of stock rotation?	<b>Yes</b>

**Refrigerated Storage:**

What type of refrigerated storage is provided?	<b>Fridges, freezers,</b>
Comment on the condition and suitability of the refrigerated storage: Good condition and clean	
Are thermostats provided and in working order?	<b>Yes</b>
Are food items date stamped?	<b>Yes</b>
Are samples of dishes being kept?	<b>Yes</b>

**Other:**

Is there appropriate storage for cleaning agents and chemicals?	<b>Yes</b>
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**OPERATIONAL HYGIENE**

Do residents use the main kitchen?	<b>No</b>
Is that use supervised to ensure safe & hygienic practices are observed?	<b>n/a</b>
By whom is it supervised?	<b>N/A</b>

Is the correct equipment provided? <i>e.g. colour coded chopping boards</i>
Yes

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

Condition and suitability of serving equipment and utensils:
Good condition

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

Comments:
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### STAFF FACILITIES AND HYGIENE

Are designated staff facilities provided?	Yes
What facilities are in place?	Changing room

Are all areas clean and well maintained?	Yes
Are suitable hand washing & drying facilities provided?	Yes
Is storage provided for personal belongings?	Good Hygiene
Are showers provided? <i>Indicate cleanliness &amp; suitability</i>	Yes

Is a designated area provided for staff breaks? <i>If yes, is it clean/suitable/well maintained. If no, outline arrangements for breaks</i>	no
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Are uniforms provided for:	
Kitchen Staff?	Yes
Serving Staff?	Yes

Are uniforms clean and in good condition? <i>(to include caps/hairnets/closed heel/toe shoes etc)</i>	Yes
Is personal grooming satisfactory?	Yes
Are safe habits practiced?	Yes
General Comments on staff facilities: Good standard of hygiene.	

**23 PUBLIC TOILET : No Public toilet visitors use staff toilet in staff changing area**

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

**24 COMMUNAL ROOM (State Location): No visitors room**

<b>Visitors Room</b>		
Is the walkway through the area clear?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are the exit signs clearly marked?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>General Seating Area</b>		
Is the seating in good condition?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Any other comments? If yes please detail:		

**OUTDOOR GROUNDS / FACILITIES**

Please rate the following:

	Very Good	Adequate	Poor*	Needs urgent attention*
Condition of exterior of centre	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Paintwork of the centre	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maintenance standard of the grounds (e.g. grass cut, walkways clear etc.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cleanliness of the grounds (ie., evidence of rubbish etc.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Where you have rated * please provide details and comments:				
Are there any facilities available for children outdoors? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				
Comments Basketball nets, timber climbing frame, swings and slide				

**LAUNDRY ROOM**

	Washing Machines	Dryers
Number	6	5
Do they appear to be in working order? Yes		
Comments: laundry opened 9-9pm 7 days a week 4 irons 4 ironing boards		

**CORRIDOR : Ground Floor**

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

**CORRIDOR : First Floor**

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

**STAIRWAY : To First Floor**

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

**Communal toilet (state location): beside room 24.**

	number	soap	Toilet paper	Hand towels/dryers	Hot water	Sanitary bin	
unisex	4	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Is there a cleaning schedule displayed?					Yes	<input type="checkbox"/>	No
<input checked="" type="checkbox"/>							
Is the area clean?					Yes	<input checked="" type="checkbox"/>	No
<input type="checkbox"/>							
Are all facilities working?					Yes	<input checked="" type="checkbox"/>	No
<input type="checkbox"/>							
Visual check: have you noticed any issues requiring attention?					Yes	<input type="checkbox"/>	No
<input checked="" type="checkbox"/>							
If no, give details:							

**Communal showers (state location): beside room 27. 3 shower cubicles, 2 sinks**

	number	soap	Toilet paper	Hand towels/dryers	Hot water	Sanitary bin	
unisex	3	<input checked="" type="checkbox"/>	n/a	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Is there a cleaning schedule displayed?					Yes	<input type="checkbox"/>	No
<input checked="" type="checkbox"/>							
Is the area clean?					Yes	<input checked="" type="checkbox"/>	No
<input type="checkbox"/>							

Are all facilities working?	Yes	<input checked="" type="checkbox"/>	No
<input type="checkbox"/>			
Visual check: have you noticed any issues requiring attention?	Yes	<input type="checkbox"/>	No
<input checked="" type="checkbox"/>			
If no, give details:			

Communal showers (state location): beside room 47. For use by 46 and 47. 46 1 shower 1 toilet

	number	soap	Toilet paper	Hand towels/dryers	Hot water	Sanitary bin	
unisex	2+1	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Is there a cleaning schedule displayed?					Yes	<input type="checkbox"/>	No
<input checked="" type="checkbox"/>							
Is the area clean?					Yes	<input checked="" type="checkbox"/>	No
<input type="checkbox"/>							
Are all facilities working?					Yes	<input checked="" type="checkbox"/>	No
<input type="checkbox"/>							
Visual check: have you noticed any issues requiring attention?					Yes	<input type="checkbox"/>	No
<input checked="" type="checkbox"/>							
If no, give details:							

Communal showers (state location): beside room 49. 2 shower cubicles, 1 toilet.

	number	soap	Toilet paper	Hand towels/dryers	Hot water	Sanitary bin	
unisex	1+1	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Is there a cleaning schedule displayed?					Yes	<input type="checkbox"/>	No
<input checked="" type="checkbox"/>							
Is the area clean?					Yes	<input checked="" type="checkbox"/>	No
<input type="checkbox"/>							
Are all facilities working?					Yes	<input checked="" type="checkbox"/>	No
<input type="checkbox"/>							
Visual check: have you noticed any issues requiring attention?					Yes	<input type="checkbox"/>	No
<input checked="" type="checkbox"/>							
If no, give details:							

Communal showers (state location): Across from room 51.

	number	soap	Toilet paper	Hand towels/dryers	Hot water	Sanitary bin	
unisex	1+1	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Is there a cleaning schedule displayed?					Yes	<input type="checkbox"/>	No
<input checked="" type="checkbox"/>							
Is the area clean?					Yes	<input checked="" type="checkbox"/>	No
<input type="checkbox"/>							
Are all facilities working?					Yes	<input checked="" type="checkbox"/>	No
<input type="checkbox"/>							
Visual check: have you noticed any issues requiring attention?					Yes	<input type="checkbox"/>	No
<input checked="" type="checkbox"/>							

If no, give details:

**Communal showers (state location): For use of rooms 54 and 55**

	number	soap	Toilet paper	Hand towels/dryers	Hot water	Sanitary bin
unisex	1+1	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there a cleaning schedule displayed?					Yes	<input type="checkbox"/> No
<input checked="" type="checkbox"/>						
Is the area clean?					Yes	<input checked="" type="checkbox"/> No
<input type="checkbox"/>						
Are all facilities working?					Yes	<input checked="" type="checkbox"/> No
<input type="checkbox"/>						
Visual check: have you noticed any issues requiring attention?					No	<input type="checkbox"/>
If no, give details:						

**Bedrooms:**

**CLEANING (General Arrangements)**

How often are bedrooms inspected?	Rooms are not routinely inspected
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?	Cif, mop, buckets and brushes
What arrangements are in place if rooms are not cleaned sufficiently by residents?	Management will assist.

**ROOM NUMBER 2**

Room Profile:		Room Capacity:		Room Occupancy:	
family		2		2	
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice	
<input 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:					



<b>ROOM NUMBER 3 and 5</b>				
Room Profile:		Room Capacity:		Room Occupancy:
<b>Family interconnecting</b>		<b>4</b>		<b>4</b>
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:				

<b>ROOM NUMBER 4</b>				
Room Profile:		Room Capacity:		Room Occupancy:
<b>Family</b>		<b>2</b>		<b>2</b>
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:				

<b>ROOM NUMBER 6</b>				
Room Profile:		Room Capacity:		Room Occupancy:
<b>family</b>		<b>2</b>		<b>2</b>
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:				

<b>ROOM NUMBER 7</b>				
Room Profile:		Room Capacity:		Room Occupancy:
<b>family</b>		<b>3</b>		<b>2</b>
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			<b>yes</b>	

If \*, please give details:

<b>ROOM NUMBER 8</b>				
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 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:				

<b>ROOM NUMBER 9</b>				
Room Profile:		Room Capacity:		Room Occupancy:
family		3		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 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:				

<b>ROOM NUMBER 10</b>				
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 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:				

<b>ROOM NUMBER 11</b>				
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 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"/>
<b>If *, please give details:</b>		

<b>ROOM NUMBER 12</b>				
Room Profile:		Room Capacity:		Room Occupancy:
<b>Family</b>		<b>2</b>		<b>2</b>
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"/>	
<b>If *, please give details:</b>				

<b>ROOM NUMBER 13</b>				
Room Profile:		Room Capacity:		Room Occupancy:
<b>Family</b>		<b>4</b>		<b>3</b>
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"/>	
<b>If *, please give details:</b>				

<b>ROOM NUMBER 14</b>				
Room Profile:		Room Capacity:		Room Occupancy:
<b>family</b>		<b>2</b>		<b>1</b>
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"/>	
<b>If *, please give details:</b>				

<b>ROOM NUMBER 15</b>				
Room Profile:		Room Capacity:		Room Occupancy:
<b>family</b>		<b>4</b>		<b>4</b>
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"/>
<b>If *, please give details:</b>		

<b>ROOM NUMBER 16,17,18 (apartment)</b>				
Room Profile:		Room Capacity:		Room Occupancy:
<b>family</b>		<b>6</b>		<b>5</b>
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	
<b>If *, please give details:</b>				

<b>ROOM NUMBER 19 (same family as 20 and 21) with use of bathroom and kitchen</b>				
Room Profile:		Room Capacity:		Room Occupancy:
<b>family</b>		<b>2</b>		<b>1</b>
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"/>
<b>If *, please give details: slo</b>				

<b>ROOM NUMBER 20 &amp; 21 same family as 19</b>				
Room Profile:		Room Capacity:		Room Occupancy:
<b>family</b>		<b>5</b>		<b>5</b>
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"/>
<b>If *, please give details:</b>				

<b>ROOM NUMBER 22</b>				
Room Profile:		Room Capacity:		Room Occupancy:
<b>Single</b>		<b>1</b>		<b>1</b>
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"/>
<b>If *, please give details:</b>		

<b>ROOM NUMBER 23</b>				
Room Profile:		Room Capacity:	Room Occupancy:	
Single		1	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"/>	
<b>If *, please give details:</b>				

<b>ROOM NUMBER 24</b>				
Room Profile:		Room Capacity:	Room Occupancy:	
Single		1	1	
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input 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"/>	
<b>If *, please give details:</b>				

<b>ROOM NUMBER 25</b>				
Room Profile:		Room Capacity:	Room Occupancy:	
Single		1	1	
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?		Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>	
<b>If *, please give details:</b>				

<b>ROOM NUMBER 26</b>				
Room Profile:		Room Capacity:	Room Occupancy:	
single		1	1	
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input 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"/>
<b>If *, please give details:</b>		

<b>ROOM NUMBER 27</b>				
Room Profile:		Room Capacity:	Room Occupancy:	
<b>vacant</b>		<b>1</b>	<b>0</b>	
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"/>	
<b>If *, please give details:</b>				

<b>ROOM NUMBER 28</b>				
Room Profile:		Room Capacity:	Room Occupancy:	
<b>Vacant</b>		<b>1</b>	<b>0</b>	
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"/>	
<b>If *, please give details:</b>				

<b>ROOM NUMBER 29</b>				
Room Profile:		Room Capacity:	Room Occupancy:	
<b>Vacant</b>		<b>1</b>	<b>0</b>	
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"/>	
<b>If *, please give details:</b>				

<b>ROOM NUMBER 30</b>				
Room Profile:		Room Capacity:	Room Occupancy:	
<b>Vacant</b>		<b>1</b>	<b>0</b>	
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"/>
<b>If *, please give details:</b>		

<b>ROOM NUMBER 31</b>				
Room Profile:		Room Capacity:		Room Occupancy:
<b>single</b>		<b>1</b>		<b>1</b>
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?		Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>	
<b>If *, please give details:</b>				

<b>ROOM NUMBER 32</b>				
Room Profile:		Room Capacity:		Room Occupancy:
<b>vacant</b>		<b>1</b>		<b>0</b>
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"/>	
<b>If *, please give details:</b>				

<b>ROOM NUMBER 33</b>				
Room Profile:		Room Capacity:		Room Occupancy:
<b>vacant</b>		<b>1</b>		<b>0</b>
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"/>	
<b>If *, please give details:</b>				

<b>ROOM NUMBER 34</b>				
Room Profile:		Room Capacity:		Room Occupancy:
<b>Vacant</b>		<b>1</b>		<b>0</b>
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"/>
<b>If *, please give details:</b>		

<b>ROOM NUMBER 35</b>				
Room Profile:		Room Capacity:		Room Occupancy:
<b>vacant</b>		<b>2</b>		<b>0</b>
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	
<b>If *, please give details:</b>				

<b>ROOM NUMBER 36</b>				
Room Profile:		Room Capacity:		Room Occupancy:
<b>vacant</b>		<b>1</b>		<b>0</b>
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"/>	
<b>If *, please give details:</b>				

<b>ROOM NUMBER 37</b>				
Room Profile:		Room Capacity:		Room Occupancy:
<b>family</b>		<b>2</b>		<b>2</b>
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"/>	
<b>If *, please give details:</b>				

<b>ROOM NUMBER 38</b>				
Room Profile:		Room Capacity:		Room Occupancy:
<b>vacant</b>		<b>3</b>		<b>0</b>
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"/>
<b>If *, please give details:</b>		

<b>ROOM NUMBER 39&amp;40 (apartment)</b>				
Room Profile:		Room Capacity:		Room Occupancy:
<b>family</b>		<b>4</b>		<b>5</b>
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
<b>If *, please give details:</b>				

<b>ROOM NUMBER 41,42,43 (apartment)</b>				
Room Profile:		Room Capacity:		Room Occupancy:
<b>family</b>		<b>6</b>		<b>6</b>
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"/>
<b>If *, please give details:</b>				

<b>ROOM NUMBER 45</b>				
Room Profile:		Room Capacity:		Room Occupancy:
<b>single</b>		<b>1</b>		<b>1</b>
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"/>
<b>If *, please give details:</b>				

<b>ROOM NUMBER 46&amp;47</b>				
Room Profile:		Room Capacity:		Room Occupancy:
<b>family</b>		<b>5</b>		<b>5</b>
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				
<b>If *</b> ,									
<b>ROOM NUMBER 49</b>									
Room Profile:					Room Capacity:			Room Occupancy:	
<b>Family</b>					<b>4</b>			<b>3</b>	
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"/>	
<b>If *, please give details:</b>									

<b>ROOM NUMBER 50</b>									
Room Profile:					Room Capacity:			Room Occupancy:	
<b>Family</b>					<b>1</b>			<b>0</b>	
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"/>	
<b>If *, please give details:</b>									

<b>ROOM NUMBER 51</b>									
Room Profile:					Room Capacity:			Room Occupancy:	
<b>family</b>					<b>3</b>			<b>3</b>	
TV		Ensuite		Shared Bathroom		Smoke Alarm		Fire Notice	
<input checked="" type="checkbox"/>		<input type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input type="checkbox"/>	
Cleanliness		Very Good		Adequate		Poor *		Needs urgent attention *	
		<input type="checkbox"/>		<input checked="" type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Is everything in working order?					Yes <input checked="" type="checkbox"/>			No * <input type="checkbox"/>	
<b>If *, please give details:</b>									

<b>ROOM NUMBER 53</b>									
Room Profile:					Room Capacity:			Room Occupancy:	
<b>Family</b>					<b>1</b>			<b>0</b>	
TV		Ensuite		Shared Bathroom		Smoke Alarm		Fire Notice	
<input checked="" type="checkbox"/>		<input type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	

	Very Good	Adequate	Poor *	Needs urgent attention *
Cleanliness	<input 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"/>
<b>If *, please give details:</b>				

<b>ROOM NUMBER 54 &amp; 55</b>				
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 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 checked="" type="checkbox"/>	No * <input type="checkbox"/>
<b>If *, please give details:</b>				

<b>ROOM NUMBER 57 &amp; 58 ( interconnecting rooms)</b>				
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"/>
	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 checked="" type="checkbox"/>	No * <input type="checkbox"/>
<b>If *, please give details:</b>				

<b>ROOM NUMBER 59 &amp; 60 ( interconnecting rooms)</b>				
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"/>
	Very Good	Adequate	Poor *	Needs urgent attention *
Cleanliness	<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"/>
<b>If *, please give details:</b>				

<b>ROOM NUMBER 61 &amp; 62 ( interconnecting rooms)</b>				
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"/>

	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 checked="" type="checkbox"/>	No * <input type="checkbox"/>
<b>If *, please give details</b>				

<b>ROOM NUMBER 63</b>				
Room Profile:		Room Capacity:		Room Occupancy:
single		1		1
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	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 checked="" type="checkbox"/>	No * <input type="checkbox"/>
<b>If *, please give details:</b>				

<b>ROOM NUMBER 64</b>				
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"/>
	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 checked="" type="checkbox"/>	No * <input type="checkbox"/>
<b>If *, please give details:</b>				

<b>ROOM NUMBER 65 &amp; 66 ( interconnecting rooms)</b>				
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"/>
	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 checked="" type="checkbox"/>	No <input type="checkbox"/>
<b>If *, please give details:</b>				

<b>ROOM NUMBER 67 &amp; 68 ( interconnecting rooms)</b>				
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"/>
	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 checked="" type="checkbox"/>	No * <input type="checkbox"/>
<b>If *, please give details:</b>				

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

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## General Representations

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

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

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

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

Personal representations should be recorded in Part 3.

## Summary Sheet

<b>Name of Centre:</b>	Bridgewater
<b>Address:</b>	Carrick On Suir, Co. Tipperary
<b>Proprietor :</b>	Thomas Duggan
<b>Manager:</b>	Daragh Murphy
<b>Contact Name:</b>	Thomas Duggan
<b>Capacity Per MOA (Current Occupancy):</b>	120 (115)
<b>Date of Inspection:</b>	9/2/18

### **General:**

#### **Major issues noted in December 2017 have all been actioned:**

Child protection training has been scheduled and confirmation of correspondence from Kate Gillian (7/2/18) seen and also confirmed by Telephone with Viking Lodge Waterford Manager who did the booking.

No fire register or management of fire systems issues – all systems are now fully compliant and supporting records are being maintained.

New maintenance systems working well all Bedroom issues noted in December have been rectified.

Full HACCP system in place with supporting records – no food issues.

### **Current Issues noted:**

No Child protection, Anti-Trafficking, Violence and Harassment policies or posters in place.

Fire Safety:

Kitchenettes need automatic door closure systems.

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## Marie G. Walker

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**From:** Thomas Duggan <thomas@millstreet.ie>  
**Sent:** 26 June 2018 10:42  
**To:** Marie G. Walker  
**Cc:** 'Bridgewater House'; karlo11@op.pl  
**Subject:** Inspection Bridgewater House.

Dear Ms. Walker,

I acknowledge receipt of your letter dated June 7<sup>th</sup> re the above inspection.

We have posters in place and available to residents in relation to the items mentioned in your letter.

The kitchenettes all have automatic door closers fitted to them.

Sincerely,

Thomas Duggan



DEPARTMENT OF JUSTICE, EQUALITY AND LAW REFORM  
AN ROINN DLÍ AGUS CIRT, COMHIONANNAIS AGUS ATHCHÓIRITHE DLÍ

RECEPTION AND INTEGRATION AGENCY  
ÁISINEACHT FHÁILTE AGUS COMHTHÁITE

Mr. Thomas Duggan,  
Millstreet Equestrian Services,  
Green Glens Arena  
Millstreet  
Cork

7<sup>th</sup> June, 2018

Dear Mr. Duggan,

QTS Limited, on behalf of the Reception and Integration Agency, carried out a focused inspection at the **Bridgewater House** on **9<sup>th</sup> February, 2018**. A copy of the report is enclosed for your attention. Please read this 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 raised, you are required to deal with any hazards or risks detailed in this report immediately and confirm in writing before **21<sup>st</sup> June, 2018** outlining the steps you have taken to address each of the issues raised.

Yours sincerely,

Marie Walker  
Higher Executive Officer.  
Reception and Integration Agency