

RIA

Independent Inspection Report

Centre:	Clonea Strand Hotel
Inspector:	Emma downey
Date of Inspection:	29-12-2017
Time of Arrival & Departure:	0930-1230

Part 1
General Information on Services

Independent Inspection Report

Centre: **Clonea Strand Hotel**
Date of Inspection: **29-12-2017**

1. CENTRE DETAILS

Name and address of Centre	Clonea Hotel, Dungarvan, Waterford.
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Contractor	Clonea Strand hotel
Manager	Kathleen Balfe
Who deputises for manager in his/her absence?	Give Job Title only Assistant manager

Telephone Number	058 42714
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Current Contracted Capacity	120
Current Occupancy (today)	112
Current Centre Profile (e.g., singles, families etc.)	Families +single males

HSE Area	South East
Public Health Nurse	Patricia Barry
DSP / CWO name	Rita Earl/Brian Harrington
Environmental Health Officer name	Larry O'Connor
Local Fire Officer Name	Billy Hickey
Local Fire Station	Dungarvan

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

2. Please provide a copy of the following

	Check List
Official Register	<input checked="" type="checkbox"/>
Menu Cycle photos kept of food	<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"/>

In what areas are visitors allowed in the centre?	Ocean lounge
Any other relevant information:	
Is there a facility for storage of residents' valuables*? (Give details.) (* Storage is at resident's own risk)	Yes, safe in each room
What toiletries are provided to residents on arrival?	Toothbrush tooth paste feminine products, anti Bacterial gel, shampoo, nappies, baby wipes
What arrangements are in place to replenish these items?	On request

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: Book in place last entry 7/11/2016	

8 CHILD PROTECTION

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

9 FOOD SAFETY

Has a HACCP system been implemented? (Yes/No)	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Have the premises been inspected by an Environmental Health Officer? (Yes/No)	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Date of last visit:	3/12/16

13 INDOOR FACILITIES

<i>Are the following available to residents?</i>	Yes/No	
Computers with Internet access	Yes <input checked="" type="checkbox"/>	No <input 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 type="checkbox"/>	No <input checked="" 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 checked="" type="checkbox"/>	No <input type="checkbox"/>
Toys / games for children	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Other		
Give details of any other arrangement or other comments:	play room	

14 TRANSPORT ARRANGEMENTS

Is there a bus service provided? (Yes/No):	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Where does the service go to?	Dungarvan
What is the frequency of the service? (List time table opposite)	Week 1 Tues, Wed, Thursday Week 2 Mon, Tues, Wed, Thursday Week 3 Mon, Tues, Wed, Thursday Week 3 Mon, Tues, Wed

15 TV SYSTEM

Is there a specific TV system in place? (give details)	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
An average, how many TV channels are provided to residents?	9 2 dedicated Arabic channels
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?	4 dryers 4 washers
Who launders towels and bedlinen? (e.g., residents, staff, other, etc)	Hotel
What procedures are in place for the exchange of towels and bed linen at the centre?	Fresh linen pack weekly
What procedures are in place for ironing boards and irons?	3 ironing board
How is washing powder / tablets supplied?	On request

PART 2

Room by Room Inspection

Independent Inspection

Centre: Clonea Strand Hotel

Date of Inspection: 29-12-2017

Date	Inspected By (Company Name / Position)	OK	Defect	Remedial Action Taken (Y/N)	Sign Off Y/N
11/7/17	Argos	<input checked="" type="checkbox"/>	None	N	Y
19/12/17	Duty manager	<input checked="" type="checkbox"/>	None	N	Y
28/12/17	Duty manager	<input checked="" type="checkbox"/>	None	N	Y

19d FIRE EXIT DOORS / MEANS OF ESCAPE INSPECTION SCHEDULE

Date	Inspected By (Company Name / Position)	OK	Defect	Remedial Action Taken (Y/N)	Sign Off Y/N
29/12/17	Security	<input checked="" type="checkbox"/>	No	N	Y
28/12/17	Security	<input checked="" type="checkbox"/>	No	N	Y

19e FIRE DRILL PROCEDURE INSPECTION SCHEDULE

Date & Time	Numbers of staff involved in drill	No. of residents present / evacuated **	Evacuation Time	Comments
5/10/17	4	46/46	7min 40 sec	None
17/5/17	6	42/42	12 min	none

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

19f STAFF INSTRUCTION AND TRAINING (Fire Safety)

Job Description	Course	Instructor	Duration	Date
All staff	Fire safety	Argos	3 hrs	28/6/16
All staff	Evac training	Argos	n/a	11/7/17

19g FIRE ASSEMBLY POINTS

Where are the Fire Assembly Points located?	Front of building at shop
Are they marked?	Yes
Are staff aware of locations?	Yes
Comments:	

19h FIRE ALARM SYSTEM

Is there a fire alarm system in place?	Yes
Are there smoke alarms throughout the premises, inc bedrooms?	Yes
Are all smoke alarms linked back to a central control panel?	Yes
Are there designated 'Smoking' areas? Include locations	In front of shop

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:		

Have you seen the following?

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

HSE Breastfeeding Posters (if applicable)	<input checked="" type="checkbox"/>	Reception
Designated Liaison Person details (Child Protection)	<input checked="" type="checkbox"/>	Reception
Supervision of children notice	<input checked="" type="checkbox"/>	Reception and other locations
Gym Notices (Child Safety – if applicable)	<input type="checkbox"/>	N/A

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

Social Room / Tea Station

What facilities are provided? Tea, coffee, milk and snacks		
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?</i>	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
If yes please detail:		

School Room 1:

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

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:		

HACCP and Kitchen Evaluation

General:

Is the kitchen commercial or domestic?	Commercial
What equipment is in place? Gas Cooker, sinks, fridges, freezers	
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)	
Fan in covered with towels. Practice should be reviewed from a hygiene perspective.	
Are suitable hand washing and drying facilities provided?	Yes
General Comments:	

Dry Goods:

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

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STAFF FACILITIES AND HYGIENE

Are designated staff facilities provided?	Yes,
What facilities are in place?	changing areas and toilets

Are all areas clean and well maintained?	Yes
Are suitable hand washing & drying facilities provided?	Yes
Is storage provided for personal belongings?	Yes
Are showers provided? <i>Indicate cleanliness & suitability</i>	No

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 specific break area
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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:	

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 Segregated area for children				

LAUNDRY ROOM

	Washing Machines	Dryers
Number	4	4
Do they appear to be in working order? Yes		
Comments:		

CORRIDOR (State Location): First Floor

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: +				

CORRIDOR (State Location): Second Floor

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: +				

STAIRWAY (State Location): Ground to First Floor

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

STAIRWAY (State Location): First Floor to Second Floor

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

ROOM NUMBER 103				
Room Profile:		Room Capacity:		Room Occupancy:
Shared		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 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:				

ROOM NUMBER 104				
Room Profile:		Room Capacity:		Room Occupancy:
Shared		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 checked="" type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details:				

ROOM NUMBER 105				
Room Profile:		Room Capacity:		Room Occupancy:
Single		4		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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details:				

ROOM NUMBER 106				
Room Profile:		Room Capacity:		Room Occupancy:
Shared		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 checked="" type="checkbox"/>	No * <input type="checkbox"/>
if *, please give details:				

If *, please give details: Room locked, no access

ROOM NUMBER 113				
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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details:				

ROOM NUMBER 114				
Room Profile:		Room Capacity:		Room Occupancy:
family		4		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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details:				

ROOM NUMBER 115				
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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details:				

ROOM NUMBER 116				
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 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"/>

ROOM NUMBER 125				
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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details:				

ROOM NUMBER 201				
Room Profile:		Room Capacity:		Room Occupancy:
Family		4		4
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input type="checkbox"/>	No * <input checked="" type="checkbox"/>
If *, please give details: Damp in bathroom				

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ROOM NUMBER 202 + 205				
Room Profile:		Room Capacity:		Room Occupancy:
family		7		7
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details:				

ROOM NUMBER 203 + 204				
Room Profile:		Room Capacity:		Room Occupancy:
family		7		7
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:				

<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details:				

ROOM NUMBER 209				
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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details:				

ROOM NUMBER 210				
Room Profile:		Room Capacity:		Room Occupancy:
Family		4		4
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details:				

ROOM NUMBER 215 + 216				
Room Profile:		Room Capacity:		Room Occupancy:
family		8		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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details:				

ROOM NUMBER 220 & 221				
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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details:				

ROOM NUMBER 222 & 223				
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 checked="" type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details:				

ROOM NUMBER 224 & 225				
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 checked="" type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details:				

ROOM NUMBER 226 & 227				
Room Profile:		Room Capacity:		Room Occupancy:
Vacant		4		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:				

ROOM NUMBER 232				
Room Profile:		Room Capacity:		Room Occupancy:
Family		3		3
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details:				

ROOM NUMBER 233				
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:				

ROOM NUMBER 234				
Room Profile:		Room Capacity:		Room Occupancy:
Single		1		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 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:				

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

Name of Centre:	Clonea strand
Address:	Dungarvan, Co. Waterford
Proprietor :	Clonea strand Hotel
Manager:	Kathleen Balfe
Contact Name:	Kathleen Balfe
Capacity Per MOA (Current Occupancy):	120 9112)
Date of Inspection:	29/12/17

Fire Safety:

No issues

Food Safety:

Fan in covered with towels. Practice should be reviewed from a hygiene perspective.

Bedrooms:

Rooms 101 & 201 have dampness in bathroom ceilings

Other issues:



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 Mark Knowles
Clonea Strand Hotel
Dungarvan
Co. Waterford

1st February, 2018

Dear Mr. Knowles,

QTS on behalf of the Reception and Integration Agency carried out an inspection at Clonea Strand Hotel on *29th December, 2017*. 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 highlighted, we would appreciate your immediate attention to deal with any hazards or risks detailed in this report.

Please reply to me in writing, on or before Friday 16th February, 2018 outlining the steps you have taken/propose to take to address each of the issues raised.

Yours sincerely,

Marie Walker
Reception and Integration Agency

Marie G. Walker

From: Mark Knowles <mknowlesgc@gmail.com>
Sent: 05 February 2018 11:16
To: Marie G. Walker
Subject: Re RIA Inspection Report 29th Dec 2017.

Ms Marie Walker,
Reception and Integration Agency,
PO Box 11487,
Dublin 2.

Good Morning Marie,

Further to your copy on the inspection report carried out by Ms. Emma Downey from QTS on behalf of RIA on the 29th of December 2017, I wish to clarify the following:

Food Safety:

The fan referred to in the inspection report has since been removed and the void filled with a PVC Panel.

Bedrooms

Room 101 : This bedroom is currently being remodelled as a disable room to fulfil the requirement of the forthcoming RFT.

Room 201: The residents have been made aware to ventilate the bathroom on a more frequent basis, housekeeping have addressed the issue and the ceiling will be repainted as the residents vacate this room over the coming weeks.

Overall I am very pleased with the content of the report and should you have any further requests, please do not hesitate to contact me.

Thanks again.

KR

Mark

Mark Knowles : Group Resort Director

Clonea Strand Hotel & Leisure Centre : *EROC contractors on behalf of the Department of Justice & Equality*

Gold Coast Holiday, Golf & Sports Resort.

Bayview Holiday Park.

Clonea Castle Residencies.

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