

RIA

Independent Inspection Report

Centre:	Old Convent
Inspector:	Shane Mac Loughlin
Date of Inspection:	7/7/17
Time of Arrival & Departure:	2pm-5pm

1. CENTRE DETAILS

Name and address of Centre	Old Convent, Ballyhaunis , Mayo
----------------------------	---------------------------------

Contractor	Bridgestock Limited
Manager	John Nally
Who deputises for manager in his/her absence?	Give Job Title only Ass manager

Telephone Number	094 9632845
------------------	-------------

Current Contracted Capacity	267
Current Occupancy (today)	213
Current Centre Profile (e.g., singles, families etc.)	families and single male/female

HSE Area	West
Public Health Nurse	Yvonne Heaney
DSP / CWO name	Sinead O Brien
Environmental Health Officer name	Lynda Coyne
Local Fire Officer Name	Seamus Murphy
Local Fire Station	Ballyhaunis

Is the Centre certified by any Quality Management System (i.e. Q Mark, ISO)?:	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
If yes, please give details: EIQA Q Mark		
What was the date of the last certification?	2015	
Have you a copy of the Certification	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>

2. Please provide a copy of the following

	Check List
Official Register	<input checked="" type="checkbox"/>
Menu Cycle	<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"/>

Any other relevant information:	
Is there a facility for storage of residents' valuables*? (Give details.) (* Storage is at resident's own risk)	storage ionly fore excess luggage
What toiletries are provided to residents on arrival?	toothpaste and towels
What arrangements are in place to replenish these items?	on request or weekly

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: logged in maintenance book and tracked on maintenance database - onsite maintenance team	

8 CHILD PROTECTION

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

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:	8/1/16

Microwave	
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

Are the following available to residents?	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 type="checkbox"/>	No <input checked="" type="checkbox"/>
Computer Games	Yes <input type="checkbox"/>	No <input checked="" 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:		

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?	depends on resident request typically Galway or Castlebar
What is the frequency of the service? (List time table opposite)	monthly

15 TV SYSTEM

Is there a specific TV system in place? (give details)	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Saorview
An average, how many TV channels are provided to residents?	200
Are residents allowed to erect satellite dishes?	yes on request

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 & housekeeping
What procedures are in place for the exchange of towels and bed linen at the centre?	weekly changed

PART 2

Room by Room Inspection

Independent Inspection

Centre: Old Convent , Ballyhaunis

Date of Inspection: 7/7/17

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
6/7/17	Porter	<input checked="" type="checkbox"/>			
5/7/17	Night porter	<input checked="" type="checkbox"/>			

19e FIRE DRILL PROCEDURE INSPECTION SCHEDULE

Date & Time	Numbers of staff involved in drill	No. of residents present / evacuated **	Evacuation Time	Comments
23/6/17 1.15pm	All staff	Abbeycourt residents	2.5min	
15/3/17	All staff	convent	3.38min	

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

19f STAFF INSTRUCTION AND TRAINING (Fire Safety)

Job Description	Course	Instructor	Duration	Date
all staff	fire warden trainig	Internal	1/2 day	15.9.15
12 staff	Fire awareness	Apex	1 day	16.2.13

19g FIRE ASSEMBLY POINTS

Where are the Fire Assembly Points located?	Outside main building
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?	no Houses and Annexs are standalone buildings
Are there designated 'Smoking' areas? <i>Include locations</i>	No smoking inside buildings
Comments:	

Administration Area:

Reception: Main Building

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:		

Have you seen the following?

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

HSE Breastfeeding Posters (if applicable)	<input checked="" type="checkbox"/>	dining room
Designated Liaison Person details (Child Protection)	<input checked="" type="checkbox"/>	reception / dining room
Supervision of children notice	<input checked="" type="checkbox"/>	dining room
Gym Notices (Child Safety – if applicable)	<input type="checkbox"/>	n/a

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

Social Room / Tea Station (State Location): Deach house/annex has its own kitchen

What facilities are provided? Kettle, 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:		

Pre-school Room:

Is the area generally clean?	Yes / No	YES
If no please give details:		
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)	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Other comments:		

KITCHEN AREA: Food Safety Critical Requirements

Food Safety

Note : Hot food is still being prepared for some residents while new shop system is being bedded in all previous food safety arrangements are being maintained for now.

Has the premises been inspected by an Environmental Health Officer?	Yes, Linda Coyne
Date of Visit?	8/1/2016
issues highlight and rectified by management	

Has a HACCP system been implemented?	Yes.
Who designed the HACCP system?	Agieszka Habibi
Who is responsible for reviewing the system?	Agieszka Habibi – Head Chef.
How frequently is the system reviewed?	Daily

HACCP records:

Pest Control: Rentokill onsite day of inspection 06/2017– no activity noted
Induction and Ongoing Staff Training: Staff have received training in food safety hygiene
Time & Temperature Records: Defrosting, hot holding, food delivery, cooking, cooling, reheating temperatures are taken. Fridge 1 & 2, Freezer 1 & 2, dishwasher (AM/PM). All records up to date.
Hygiene Audits: EHO audits complete on premises
List of Approved Suppliers: List of approved suppliers in place, with associated HACCP documentation. Very detailed and well done.
Cleaning Schedules: Daily and Weekly register in place. Evident that kitchen was maintained at high level of cleanliness.
Procedures for accepting deliveries: HACCP point plan in place. Copy of procedure delivery posted next to delivery door.
General Comments:

Structural Hygiene cont

Dry Goods

Suitably equipped? <i>Shelving/containers etc</i>	Area is suitably equipped, shelving and plastic containers.
Condition and suitability of facilities: All shelving is clean and well maintained.	
What evidence is there of stock rotation?	All foods within expiry date.

Refrigerated Storage

What type of refrigerated storage is provided?	1 Chest freezers, cool room & walk in freezer, 2 standing refrigerators.
Comment on the condition and suitability of the refrigerated storage: All freezers, and refrigerators kept clean and are in a good working order.	
Are thermostats provided and in working order?	Yes, all in working order.
Are food items date stamped?	Yes.
Are samples of dishes being kept?	Yes. Samples are kept for one week.

Other

Is there appropriate storage for cleaning agents and chemicals?	Chemical room provided with adequate ventilation.
---	---

Operational Hygiene

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

Is the correct equipment provided? <i>e.g. colour coded chopping boards</i>
Yes, colour coded chopping boards and knives for applicable food preparation areas provided.

Is the necessary holding equipment provided? <i>e.g. bain maries, refrigerated units</i>
Yes – all equipment in good condition and clean

Condition and suitability of serving equipment and utensils:
All serving equipment is clean and well maintained.

What procedures are in place for unused/unserved food at the end of service?
All left over foods are disposed of after each service.

Comments:

Bedrooms:

Note: There is no longer bedroom only accommodation for residents. All residents are in houses or apartments with full kitchen facilities. Convent building has no bedrooms in use..

CLEANING (General Arrangements)

How often are bedrooms inspected?	Weekly
Who cleans the bedrooms?	Residents
How often do staff clean the bedrooms?	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?	Detergents, brushes, dust pan, vacuum, bleach, toilet cleaners.
What arrangements are in place if rooms are not cleaned sufficiently by residents?	Housekeeping will assist

ANNEX BUILDINGS

ANNEX 1

No of bedrooms 3				
profile		Capacity:		Occupancy:
Family		6		5
TV	Bathroom	kitchen	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" 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?				
			Cooker	Yes <input checked="" type="checkbox"/> No * <input type="checkbox"/>
			Fridge	Yes <input checked="" type="checkbox"/> No * <input type="checkbox"/>
			Other appliances (toaster/microwave etc.)	Yes <input checked="" type="checkbox"/> No * <input type="checkbox"/>
If *, please give details:				

ANNEX 2

No of bedrooms 3				
profile		Capacity:		Occupancy:
Family		6		4
TV	Bathroom	kitchen	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" 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?				

Are there any facilities available for children outdoors? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Comments Playground needs swing repaired

LAUNDRY ROOM

	Washing Machines	Dryers
Number	3	3
Do they appear to be in working order? yes		
Comments: houses have their own washer/dryers		

CORRIDOR (State Location): all main building

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): Main building

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"/> <i>(e.g., fire exit signs, hazards, lighting, notices, décor, etc.)</i>
If yes please detail:

Cleanliness	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?				
	Cooker	Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>	
	Fridge	Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>	
	Other appliances (toaster/microwave etc.)	Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>	
If *, please give details: Floor in bathroom is lifting				

ANNEX 6

No of bedrooms 3				
profile		Capacity:		Occupancy:
Family		6		5
TV	Bathroom	kitchen	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" 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?				
	Cooker	Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>	
	Fridge	Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>	
	Other appliances (toaster/microwave etc.)	Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>	
If *, please give details:				

ANNEX 7

No of bedrooms 3				
profile		Capacity:		Occupancy:
Family		6		4
TV	Bathroom	kitchen	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" 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?				
	Cooker	Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>	
	Fridge	Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>	
	Other appliances (toaster/microwave etc.)	Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>	
If *, please give details:				

ANNEX 8

No of bedrooms 3		
profile	Capacity:	Occupancy:
Family	6	5

profile		Capacity:		Occupancy:	
Family		6		4	
TV	Bathroom	kitchen	Smoke Alarm	Fire Notice	
<input checked="" type="checkbox"/>	<input checked="" 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?					
			Cooker	Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
			Fridge	Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
			Other appliances (toaster/microwave etc.)	Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details:					

ANNEX 12

No of bedrooms 3					
profile		Capacity:		Occupancy:	
Family		6		5	
TV	Bathroom	kitchen	Smoke Alarm	Fire Notice	
<input checked="" type="checkbox"/>	<input checked="" 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?					
			Cooker	Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
			Fridge	Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
			Other appliances (toaster/microwave etc.)	Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details:					

HOUSES

House 1

No of bedrooms 4 (2 upstairs & 2 downstairs)					
profile		Capacity:		Occupancy:	
2 Families		10		8	
TV	Bathroom	kitchen	Smoke Alarm	Fire Notice	
<input checked="" type="checkbox"/>	<input checked="" 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?					
			Cooker	Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
			Fridge	Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
			Other appliances (toaster/microwave etc.)	Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details:					

No of bedrooms 4 (2 upstairs & 2 downstairs)				
profile		Capacity:		Occupancy:
2 Families		7		6
TV	Bathroom	kitchen	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" 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?				
		Cooker	Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
		Fridge	Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
		Other appliances (toaster/microwave etc.)	Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details:				

House 6

No of bedrooms 4 (2 upstairs & 2 downstairs)				
profile		Capacity:		Occupancy:
2 Families		9		9
TV	Bathroom	kitchen	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" 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?				
		Cooker	Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
		Fridge	Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
		Other appliances (toaster/microwave etc.)	Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details:				

House 7

No of bedrooms 4 (2 upstairs & 2 downstairs)				
profile		Capacity:		Occupancy:
2 Families		9		6
TV	Bathroom	kitchen	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" 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?				
		Cooker	Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
		Fridge	Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
		Other appliances (toaster/microwave etc.)	Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details:				

House 1

House 11

No of bedrooms 4 (2 upstairs & 2 downstairs)				
profile		Capacity:		Occupancy:
2 Families		13		7
TV	Bathroom	kitchen	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" 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?				
		Cooker	Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
		Fridge	Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
		Other appliances (toaster/microwave etc.)	Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details:				

House 12

No of bedrooms 4 (2 upstairs & 2 downstairs)				
profile		Capacity:		Occupancy:
2 Families		10		6
TV	Bathroom	kitchen	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" 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?				
		Cooker	Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
		Fridge	Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
		Other appliances (toaster/microwave etc.)	Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details:				

House 14

No of bedrooms 4 (2 upstairs & 2 downstairs)				
profile		Capacity:		Occupancy:
2 Families		14		6
TV	Bathroom	kitchen	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" 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?				
		Cooker	Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
		Fridge	Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
		Other appliances (toaster/microwave etc.)	Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details:				

Cooker	Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
Fridge	Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
Other appliances (toaster/microwave etc.)	Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details:		

Apartment 3 Abbeycourt

No of bedrooms 1				
profile		Capacity:		Occupancy:
Family		2		2
TV	Bathroom	kitchen	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" 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?				
Cooker	Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>		
Fridge	Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>		
Other appliances (toaster/microwave etc.)	Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>		
If *, please give details:				

Apartment 4 Abbeycourt

No of bedrooms 2				
profile		Capacity:		Occupancy:
Family		3		3
TV	Bathroom	kitchen	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" 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?				
Cooker	Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>		
Fridge	Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>		
Other appliances (toaster/microwave etc.)	Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>		
If *, please give details:				

Apartment 5 Abbeycourt

No of bedrooms 2				
profile		Capacity:		Occupancy:
Family		3		3
TV	Bathroom	kitchen	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" 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?				
	Cooker	Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>	
	Fridge	Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>	
	Other appliances (toaster/microwave etc.)	Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>	
If *, please give details:				

Apartment 6 Abbeycourt

No of bedrooms 2				
profile		Capacity:		Occupancy:
Family		3		3
TV	Bathroom	kitchen	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" 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?				
	Cooker	Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>	
	Fridge	Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>	
	Other appliances (toaster/microwave etc.)	Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>	
If *, please give details:				

Apartment 7 Abbeycourt

No of bedrooms 2				
profile		Capacity:		Occupancy:
Family		3		3
TV	Bathroom	kitchen	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" 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?				
	Cooker	Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>	
	Fridge	Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>	
	Other appliances (toaster/microwave etc.)	Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>	
If *, please give details:				

Apartment 8 Abbeycourt

No of bedrooms 2		
profile	Capacity:	Occupancy:
Family	3	2

profile		Capacity:		Occupancy:	
Family		4		4	
TV	Bathroom	kitchen	Smoke Alarm	Fire Notice	
<input checked="" type="checkbox"/>	<input checked="" 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?					
			Cooker	Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
			Fridge	Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
Other appliances (toaster/microwave etc.)			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>	
If *, please give details:					

Apartment 17

No of bedrooms 5					
profile		Capacity:		Occupancy:	
Family		6		6	
TV	Bathroom	kitchen	Smoke Alarm	Fire Notice	
<input checked="" type="checkbox"/>	<input checked="" 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?					
			Cooker	Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
			Fridge	Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
Other appliances (toaster/microwave etc.)			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>	
If *, please give details:					

General Representations

<p>If you were approached by any residents regarding general issues while in the centre please outline the details below:</p>
--

<p>If you were approached by any members of staff regarding general</p>
--

Summary Sheet

Name of Centre:	Old Convent
Address:	Ballyhaunis Co Mayo
Proprietor :	Bridgestock ltd
Manager:	John Nally
Contact Name:	John Nally
Capacity Per MOA (Current Occupancy):	267 (213)
Date of Inspection:	7/7/17

Fire Safety: No fire safety issues

Note: New Apartments fire panels are linked to main office.

Food Safety:
No issues.

Note: Hot food is still being prepared for some residents while new shop system is being bedded in all previous food safety arrangements are being maintained for now.

House / Apartment issues:

House 16 - Fridge compressor is leaking

House 17 – Upstairs shower not working

House 18 – Upstairs bathroom sink panel in need of repair

Annex 5 - Floor in bathroom lifting

Annex 10 – TV cables are loose behind child's bed

Other issues:

Swing in playground outside annex's needs repairing



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. Michael Gillen,
Bridgestock Ltd.,
2nd Floor,
RBK House,
Castle Street,
Roscommon.

14th August, 2017

Dear Mr. Gillen,

QTS Limited, on behalf of the Reception and Integration Agency, carried out an inspection at The Old Convent on *7th July, 2017*. A copy of their report is enclosed. Please read the report carefully and do not hesitate to contact me if it contains any discrepancies.

During the course of the inspection a number of issues were 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 *31st August, 2017* outlining the steps you have taken/propose to take to address each of the issues raised in the report.

Yours sincerely,

Marie Walker
Higher Executive Officer
Reception and Integration Agency

Ms Bernie Loughrey
Internal Inspection Unit
Reception & Integration Agency
Department of Justice, Equality & Law Reform

Old Convent
Accommodation Centre
Ballyhaunis
Co. Mayo

T: (094) 9632845
F: (094) 9632083
E: oldconvent@bridgestock.ie
W: www.bridgestock.ie

24 August, 2017

Re: QTS Inspection at the Old Convent on 7TH July 2017

Dear Ms Loughrey,

I refer to the inspection carried out by QTS at the Old Convent Ballyhaunis on the 7th July 2017.

I am pleased to note the overall outcome of the inspection which is very positive with only a handful of items being highlighted for attention. Please note that there are two inaccuracies in the report. Firstly, the Report indicates that our housing units are not connected to the main fire alarm system at Reception (see Section 19h) - for the record please note that all of the housing units and apartments on the campus are connected to our central fire alarm panel. Secondly, the report indicates that our last EIQA Certification was in 2015 – please note that this should read 2016.

The following are our comments in relation to the items highlighted:

Annex:

- Annex 5 – floor in the bathroom replaced (12/07/17)
- Annex 10 – TV cables were attached and fitted securely to the wall (10/07/17)

Housing Units:

- House 16 – fridge replaced (10/07/17)
- House 17 – shower repaired (10/07/17)
- House 18 - sink panel repaired (11/07/17)

Outside

- Playground swing repaired (10/07/17)

I trust that you will find the above to be in order and if I can be of any further assistance please let me know.

Yours Sincerely,

John Nally
Customer Care Manager