

# RIA

## Independent Inspection Report

<b>Centre:</b>	<b>RICHMOND COURT</b>
<b>Inspector:</b>	<b>Shane Mac Loughlin</b>
<b>Date of Inspection:</b>	<b>4/12/17</b>
<b>Time of Arrival &amp; Departure:</b>	<b>2.30-5pm</b>

**1. CENTRE DETAILS**

Name and address of Centre	<b>Richmond Court, Richmond Street, Longford Town, Co.Longford</b>
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Contractor	<b>Mint Horizon limited</b>
Manager	<b>Carmel Foley</b>
Who deputises for manager in his/her absence?	<b>Give Job Title only Assistant Manager</b>

Telephone Number	<b>043 3362051</b>
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Current Contracted Capacity	<b>80</b>
Current Occupancy (today)	<b>80</b>
Current Centre Profile (e.g., singles, families etc.)	<b>Single male only</b>

HSE Area	<b>Midlands - Longford / Westmeath</b>
Public Health Nurse	<b>TBD</b>
DSP / CWO name	<b>TBD</b>
Environmental Health Officer name	<b>No visits</b>
Local Fire Officer Name	<b>Declan Kilcloyne</b>
Local Fire Station	<b>Longford</b>

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	<b>x</b>
Menu Cycle	<b>x</b>
Staffing Lists as follows:	
1. Full list of staff employed at the centre (indicating Names, Titles, Roles, etc.,)	<b>x</b>
2. Indicate who is on duty at time of inspection (today)	
3. a separate list of Designated Liaison Persons (child protection)	

Any other relevant information:	
Is there a facility for storage of residents' valuables*? (Give details.) (* Storage is at resident's own risk)	<b>Each resident has their own locker in their bedroom</b>
What toiletries are provided to residents on arrival?	<b>Toothpaste, shampoo / soaps provided in shower rooms</b>
What arrangements are in place to replenish these items?	<b>Checked daily by Manager</b>

## 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>Office has day maintenance book</b>	

## 8 CHILD PROTECTION

Are measures in place to inform staff and visitors of RIA's Child Protection Policy? (Give details)	<b>Procedure is in place – however no children present in centre.</b>
Are visitors asked to sign a declaration agreeing to adhere to the child protection policy?	n/a
Where is declaration held?	n/a
Is there a sign in book for visitors? Where?	n/a
Are there notices on public display giving name and contact details of Designated Liaison Person? Where?	n/a
Have Designated Liaison Persons received HSE training?	n/a
Are notices prominently displayed regarding parental supervision of children? Where?	no

## 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
Date of last visit:	<b>Visited in April 2016 no report received - no issues found</b>

Is there a dedicated room provided? Where?	Yes <input type="checkbox"/> No <input type="checkbox"/>
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### 13 INDOOR FACILITIES

<b>Are the following available to residents?</b>	<b>Yes/No</b>
Computers with Internet access	Yes
WIFI	Yes
DVD player	Yes
Computer Games	No
Snooker Table	No
Pool Table	No
Table Tennis Table	No
Board Games	No
Newspapers	No
Books	Yes
Toys / games for children	No
Other	
Give details of any other arrangement or other comments:	

### 14 TRANSPORT ARRANGEMENTS

Is there a bus service provided? (Yes/No):	No
Where does the service go to?	
What is the frequency of the service? (List time table opposite)	

### 15 TV SYSTEM

Is there a specific TV system in place? (give details)	Yes x No <input type="checkbox"/>
An average, how many TV channels are provided to residents?	<b>Cable channels in each room , sky sports in lounge</b>
Are residents allowed to erect satellite dishes?	<b>No</b>

### 16 LAUNDRY FACILITIES (General Arrangements)

Are Laundry facilities available in the centre? (Y/N)	Yes x No <input type="checkbox"/>
If No, what service is provided?	
Who launders towels and bedlinen? (e.g., residents, staff, other, etc)	<b>Residents</b>
What procedures are in place for the exchange of towels and bed linen at the centre?	<b>Provided as needed and on request by Manager</b>
What procedures are in place for ironing boards and irons?	<b>Available in laundry</b>
How is washing powder / tablets supplied?	<b>Supplied at reception</b>

*PART 2*

*Room by Room Inspection*

Independent Inspection

*Centre: Richmond Court*

*Date of Inspection: 4/12/17*

**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
3/12/17	Security in-house	<b>x</b>	<b>n/a</b>	<b>n/a</b>	<b>Y</b>
2/12/17	Security in-house	<b>x</b>			

**19e FIRE DRILL PROCEDURE INSPECTION SCHEDULE**

Date & Time	Numbers of staff involved in drill	No. of residents present / evacuated **	Evacuation Time	Comments
<b>4/10/17 7pm</b>	<b>7staff</b>	<b>24/24</b>	<b>3 mins</b>	<b>all evacuated</b>
<b>24/7/17 4.30</b>	<b>ALL STAFF</b>	<b>29/29</b>	<b>4.5 mins</b>	<b>All evacuated</b>

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

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

Job Description	Course	Instructor	Duration	Date
<b>All staff</b>	<b>Fire Safety</b>	<b>aPEX</b>	<b>½ DAY</b>	<b>Oct 2017</b>

**19g FIRE ASSEMBLY POINTS**

Where are the Fire Assembly Points located?	<b>Outside on Richmond Street</b>
Are they marked?	<b>no</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 – outside dining room door in courtyard</b>
Comments: <b>certified by Sharp Group</b>	

## Administration Area:

### Reception:

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

### Have you seen the following?

		Location of display
Up to date House Rules	Yes	
Complaint Forms	No	
Accident/ Incident procedure	No	

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

IOM Voluntary Return Posters	Yes	main hall
Anti Human-Trafficking Posters	Yes	main hall
'NO to Violence & Harassment' Posters	yes	main hall

### Social Room / Tea Station (State Location): opposite main office

What facilities are provided? Kettle, microwave, toaster in dining room	
Is the area generally clean? <input type="checkbox"/>	Yes x 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 x
If yes please detail:	

### Pre-school Room:

Is the area generally clean?	Yes / No	n/a
If no please give details:		
<i>Visual Check:</i> 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 type="checkbox"/>
Other comments:		

## KITCHEN AREA: Food Safety Critical Requirements

### FOOD SAFETY

Has the premises been inspected by an Environmental Health Officer?	Yes
Date of Visit?	April 2016
Comments: Introductory courtesy visit no issues found	

Has a HACCP system been implemented?	Yes
Who designed the HACCP system?	Chef and Graham Carry
Who is responsible for reviewing the system?	Chef
How frequently is the system reviewed?	monthly

### HACCP Records:

<p>Pest Control: Very extensive pest control systems in the centre. There are a total of 20 internal and 7 external monitoring and bait points throughout the facility. Reviewed service book and PestGaurd have done service visits on 30/1, 21/3, 3/5,14/6, 15/8, 6/10, 28/11 and there has been no evidence of infestation.</p>
<p>Induction and Ongoing Staff Training: all in order</p>
<p>Time &amp; Temperature Records: all in order</p>
<p>Hygiene Audits: all in order</p>
<p>List of Approved Suppliers: all in order</p>
<p>Cleaning Schedules: all in order</p>
<p>Procedures for accepting deliveries: There is 100% traceability on all food delivered dating back to 2016. Samples of food receipts for each month of 2017 were requested as part of in depth audit of food traceability and food certification. When requested dockets from suppliers and corresponding food traceability packaging labels were retrieved from files. Suppliers such as Tesco, Asian Foods, Corrib Foods &amp; Musgraves are routinely used and support food tractability paperwork is held on file.</p> <p>System for food purchase, delivery and traceability is robust and also provides on going historic records of all food supplied to Richmond Court.</p>



Suitably equipped? <i>Shelving/containers etc</i>	Shelves on order for dry goods
Condition and suitability of facilities: excellent	
What evidence is there of stock rotation?	Yes – minimal amount of frozen and dry goods, all deliveries local and daily

**Refrigerated Storage:**

What type of refrigerated storage is provided?	Walk in cold storage & 1 chest freezer
Comment on the condition and suitability of the refrigerated storage: Brand new and in perfect condition	
Are thermostats provided and in working order?	Yes
Are food items date stamped?	Yes
Are samples of dishes being kept?	No

**Other:**

Is there appropriate storage for cleaning agents and chemicals?	Yes
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**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 kitchen fully refurbished and kitted out with necessary equipment
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Is the necessary holding equipment provided? <i>e.g. bain maries, refridgerated units.</i>	yes
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**General Comments on staff facilities:**

Kitchen is brand new and in excellent condition – very clean and well laid out

**23 PUBLIC TOILET (State Location): One large restrrom with toilet on ground floor**

	Number	Soap	Toilet Paper	Hand Towels / Dryers	Hot Water	Sanitary Bins
Unisex:	1	x	x	x	x	x
Ladies:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gents:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Is there a cleaning schedule displayed? Record the last time entry.					Yes <input type="checkbox"/>	No X
Is the area clean? (provide comment) yes						
Are all facilities working?					Yes x	No * <input type="checkbox"/>
<i>Visual Check:</i> Have you noticed any issues requiring attention?					Yes* <input type="checkbox"/>	No x
If No, give details:						

**24 COMMUNAL ROOM (State Location):**

**Storage area: No storage area plenty room in bedrooms**

Is the walkway through the area clear? Yes  No

Are the exit signs clearly marked? Yes  No

**General Seating Area**

Is the seating in good condition? Yes X No

What is the area generally used for? Yes X No

Residnets and visitors meetings, watching TV, general socialising

**Computer room:**

Is the area generally clean? Yes X No

*Visual Check:* Have you noticed any issues requiring attention? Yes  No X

If yes please detail:

## Bedrooms:

### **CLEANING (General Arrangements)**

How often are bedrooms inspected?	twice weekly <input checked="" type="checkbox"/> Weekly <input type="checkbox"/>
Who cleans the bedrooms?	Staff <input checked="" type="checkbox"/> Residents <input type="checkbox"/>
How often do staff clean the bedrooms?	Weekly <input checked="" type="checkbox"/> fortnightly <input type="checkbox"/> Monthly <input type="checkbox"/> Other <input 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?	Vacuums, sweeping brushes if required
What arrangements are in place if rooms are not cleaned sufficiently by residents?	Cleaning staff will clean rooms

### **Toilet/showers 401-407**

	Number	Soap	Toilet Paper	Hand Towels / Dryers	Hot Water	shower
Gents:	4	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	4
Is there a cleaning schedule displayed? Record the last time entry.						Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Is the area clean? (provide comment) yes – very clean all new installations						
Are all facilities working?						Yes <input checked="" type="checkbox"/> No * <input type="checkbox"/>
<i>Visual Check:</i> Have you noticed any issues requiring attention?						Yes* <input type="checkbox"/> No <input checked="" type="checkbox"/>
If No, give details:						

### **Toilet/Showers 301-307**

	Number	Soap	Toilet Paper	Hand Towels / Dryers	Hot Water	shower
Gents:	4	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	4
Is there a cleaning schedule displayed? Record the last time entry.						Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Is the area clean? (provide comment) yes – very clean all new installations						
Are all facilities working?						Yes <input checked="" type="checkbox"/> No * <input type="checkbox"/>
<i>Visual Check:</i> Have you noticed any issues requiring attention?						Yes* <input type="checkbox"/> No <input checked="" type="checkbox"/>
If No, give details:						

### **Toilet/Showers 201 - 209**

	Number	Soap	Toilet Paper	Hand Towels / Dryers	Hot Water	shower
Gents:	4	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	4
Is there a cleaning schedule displayed?						Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

<b>ROOM NUMBER 402</b>				
Room Profile:		Room Capacity:		Room Occupancy:
Single		3		3
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details:				

<b>ROOM NUMBER 403</b>				
Room Profile:		Room Capacity:		Room Occupancy:
Single		4		4
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details:				

<b>ROOM NUMBER 404</b>				
Room Profile:		Room Capacity:		Room Occupancy:
Single		3		3
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details:				

<b>ROOM NUMBER 405</b>				
Room Profile:		Room Capacity:		Room Occupancy:
Single		3		3
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice

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

<b>ROOM NUMBER 303</b>				
Room Profile:		Room Capacity:		Room Occupancy:
Single		3		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 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:				

<b>ROOM NUMBER 304</b>				
Room Profile:		Room Capacity:		Room Occupancy:
Single		3		3
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details:				

<b>ROOM NUMBER 305</b>				
Room Profile:		Room Capacity:		Room Occupancy:
Single		3		3
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details:				

<b>ROOM NUMBER 306</b>				
Room Profile:		Room Capacity:		Room Occupancy:
Single		3		3
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If *, please give details:				

If \*, please give details:

<b>ROOM NUMBER 204</b>				
Room Profile:		Room Capacity:		Room Occupancy:
Single		4		3
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details:				

<b>ROOM NUMBER 205</b>				
Room Profile:		Room Capacity:		Room Occupancy:
Single		4		3
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details:				

<b>ROOM NUMBER 206</b>				
Room Profile:		Room Capacity:		Room Occupancy:
Single		2		2
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input 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:				

<b>ROOM NUMBER 207</b>				
Room Profile:		Room Capacity:		Room Occupancy:
Single		4		4
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>

## General Representations

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

no

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

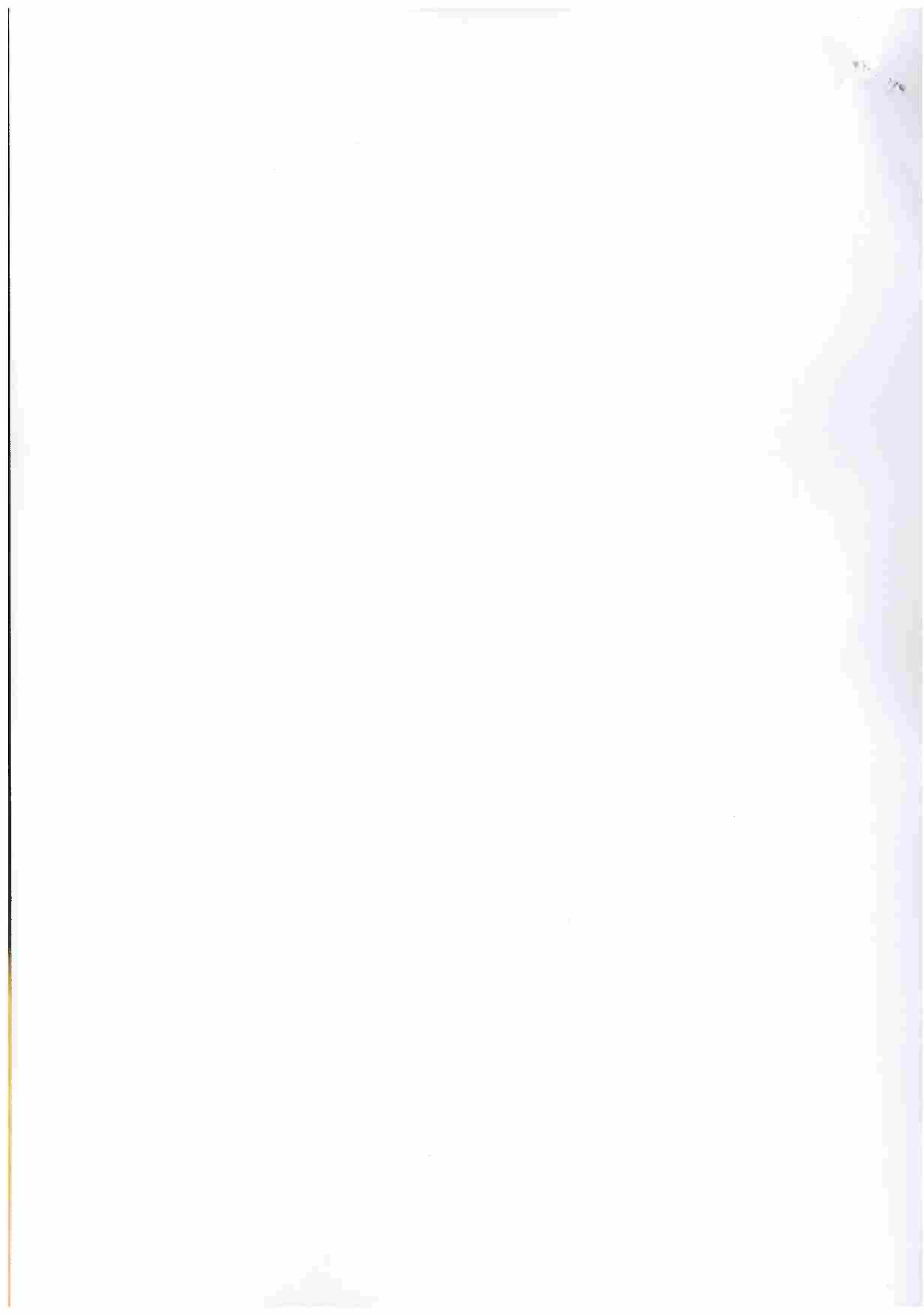
no

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

no

**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.**







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. Sean Lyons  
Mint Horizon Ltd.  
Clondalkin Towers,  
Ninth Lock Road,  
Clondalkin,  
Dublin 22.

4<sup>th</sup> January, 2018.

Dear Mr. Lyons

QTS Limited, on behalf of the Reception and Integration Agency carried out an inspection at the Richmond Court Hotel on *4<sup>th</sup> December, 2017*. A copy of the report is enclosed for your attention.

There are no issues highlighted on the report.

Yours sincerely,

Marie Walker  
Higher Executive Officer  
Reception and Integration Agency