

RIA

Inspection Report

Centre:	Carroll Village Accommodation Centre
RIA Inspector:	Marie Walker
Date of Inspection:	22nd September, 2017
Time of Arrival & Departure:	11.15 – 13.30

Part 1
General Information on Services

Centre: **Carroll Village Accommodation
Centre**

Date of Inspection: **22th September, 2017**

1. CENTRE DETAILS

Name and address of Centre	Carroll Village Apartments, Clonbrassil Street, Dundalk, Co. Louth.
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Contractor	East Coast Catering
Manager	Robert Hyslop
Who deputises for manager in his/her absence?	Give Job Title only Area Manager

Telephone Number	042-9386351
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Current Contracted Capacity	60
Current Occupancy (today)	50
Current Centre Profile (e.g., singles, families etc.)	Families/singles

HSE Area	NEHB
Public Health Nurse	Julie McEvoy
DSP / CWO name	Anne Mathews
Environmental Health Officer name	N/A
Local Fire Officer Name	Inspector Woolfe
Local Fire Station	Dundalk Fire Station

Is the Centre certified by any Quality Management System (i.e. Q Mark, ISO)?:	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
If yes, please give details:	EIQA
What was the date of the last certification?	2014
Have you a copy of the Certification	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

2. Please provide a copy of the following

	Check List
Official Register	<input checked="" type="checkbox"/>
Staffing Lists as follows:	
1. Full list of staff employed at the centre (indicating Names, Titles, Roles, etc.,)	<input 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) The manager, who lives on site, is the sole member of staff and is the Designated Liaison Person	<input checked="" type="checkbox"/>

3 GENERAL SECURITY & EMERGENCY DETAILS

Is 24 hour supervision provided? (Y/N)	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Give details of roster hours	Manager lives on site
Is security provided by external company? (Y/N)	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
If yes, give name of company:	
Does the centre have CCTV? (Y/N)	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Is a list of emergency numbers available in the Manager's office?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Does the list include the following numbers? (Y/N) Local Garda station 24 hr number Local hospital Local fire station Duty Social Work Team Out of hours GP Service RIA out of hours number	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If no, give details:
Are first aid kits available? (Y/N)	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Where and how many?	Two in manager's office
Who is responsible for first aid restocking?	Job title only (not name) of person responsible: Manager
Is there a defibrillator in the centre? How many staff been trained to use it?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> 1 - Manager

4 HEATING ARRANGEMENTS

What type of heating is used in the centre?	Electric storage heating. 8 Apartments have gas central heating
Do residents have control of the heating in their own bedroom?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
If no, what arrangements are in place?	
What are the heating 'ON' times?	

5 HOUSE RULES

Are residents provided with a copy of the House Rules on arrival?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
How does centre management explain house rules to residents on arrival?	Manager explains the House Rules to new arrivals

6 ARRANGEMENTS FOR RESIDENTS & VISITORS (keys / storage / toiletries)

Are residents issued with key for their bedroom?(Yes/No)	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Are residents issued with key for main door? (Yes/No)	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
If no, give details	

Are there procedures to allow residents to receive visitors? (Give details)	Visitors generally allowed between 8:00am and 11:00pm – residents notify the manager of guests arrival
Outline visiting times :	08:00am – 11:00pm
In what areas are visitors allowed in the centre?	No designated areas as residents have their own apartments
Any other relevant information:	
Is there a facility for storage of residents' valuables*? (Give details.) (* Storage is at resident's own risk)	No storage available other than the storage available in each apartment

7 ARRANGEMENTS FOR MAINTENANCE

Does the centre have a written procedure in place for residents to report maintenance issues? (Yes/No)	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Is there a maintenance day book? (Yes/No)	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Describe the maintenance procedure at the centre: Residents can outline their maintenance concerns verbally, or submit them in writing to the manager, who will attend to the issues as soon as practicable	

8 CHILD PROTECTION

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

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?	Washing machines in all apartments

PART 2

Room by Room Inspection

*Centre: Carroll Village Accommodation
Centre*

Date of Inspection: 22nd September, 2017

Section A- Administration / Communal areas

17 Have you seen the following?

		Location of display
Up to date House Rules	<input checked="" type="checkbox"/>	On notice board outside manager's office.
Complaint Forms	<input checked="" type="checkbox"/>	In manager's apartment
Accident/ Incident procedure	<input checked="" type="checkbox"/>	In manager's apartment

HSE Breastfeeding Posters (if applicable)	<input checked="" type="checkbox"/>	On notice board outside manager's office.
Designated Liaison Person details (Child Protection)	<input checked="" type="checkbox"/>	Yes, on notice board outside manager's office
Supervision of children notice	<input checked="" type="checkbox"/>	On notice board outside manager's office.
Human trafficking awareness poster		Copy of poster send to manager for display in centre
IOM Voluntary Return Posters	<input type="checkbox"/>	Copy of poster send to manager for display in centre

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 instruction on the Rules and sign off on them.	

*A Code of Practice for persons working in accommodation centres

19 FIRE SAFETY

19a EMERGENCY LIGHTING INSPECTION SCHEDULE

Date	Inspected By (Company Name / Position)	Comments
07/09/2017	Manager	Ok
15/09/2017	Manager	OK

19b FIRE ALARM & DETECTION SYSTEM INSPECTION SCHEDULE

Date	Inspected By (Company Name / Position)	OK	Defect	Remedial Action Taken (Y/N)	Sign Off Y/N
11/09/2017	Manager	<input checked="" type="checkbox"/>	None.	No	Yes
18/09/2017	Manager	<input checked="" type="checkbox"/>	None	No	Yes

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
12/09/2017	Manager	<input checked="" type="checkbox"/>	None	No	Yes
19/09/2017	Manager	<input checked="" type="checkbox"/>	None	No	Yes

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
12/09/2017	Manager	<input checked="" type="checkbox"/>	None	No	Yes
19/09/2017	Manager	<input checked="" type="checkbox"/>	None	No	Yes

19e FIRE DRILL PROCEDURE INSPECTION SCHEDULE

Date & Time	Numbers of staff involved in drill	No. of residents present / evacuated **	Evacuation Time	Comments
22/10/2016@ 13.00	4 (including 3 from management company)	Drill held in conjunction with the centre management company – 11 RIA residents present and all 11 evacuated	15 mins	All ok
15/06/2017 @14.00	3 (including 2 from management company)	Drill held in conjunction with the centre management company – 55 present (inc 15 children)	15 Mins	All ok

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

Manager will talk to management company and arrange fire drill in the next week.

19f STAFF INSTRUCTION AND TRAINING (Fire Safety)

Job Description	Course	Instructor	Duration	Date
Centre Manager	Fire Safety training, alarm & evacuation training	Brian Byrne, Regional Manager	2 hours	23/5/2016
Dundalk Fire Brigade	Fire Safety on site	Dundalk Fire Brigade	2 hours	15/06/2017

19g FIRE EXITS, EMERGENCY LIGHTING, SMOKE ALARMS, FIRE NOTICES

(in corridors & common areas)

Are fire exits clear from obstruction?	Yes
Are they unlocked?	Yes
Are fire exits clearly posted throughout the building?	Yes
Are all fire doors kept closed?	Yes
Comments:	

Administration Area:

Reception:

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

Bedrooms:

CLEANING (General Arrangements)

How often are bedrooms inspected?	twice weekly <input type="checkbox"/>	Weekly <input checked="" type="checkbox"/>
Who cleans the bedrooms?	Staff <input type="checkbox"/>	Residents <input checked="" type="checkbox"/>
How often do staff clean the bedrooms?	Weekly <input type="checkbox"/>	fortnightly <input type="checkbox"/>
	Monthly <input type="checkbox"/>	Other <input checked="" type="checkbox"/>
Are there cleaning materials and equipment provided by management for residents?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
What cleaning equipment is available to residents?	Residents purchase their own cleaning equipment	
What arrangements are in place if rooms are not cleaned sufficiently by residents?	Manager will encourage residents to clean their apartments, if they are untidy.	

APT NUMBER 12				
Room Profile:		Room Capacity:		Room Occupancy:
Family		5		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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
If *, please give details : Kitchen – Ceiling needs to be painted.				
APT NUMBER: 41				
Room Profile:		Room Capacity:		Room Occupancy:
Family		3		1
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order? Yes <input type="checkbox"/> No * <input checked="" type="checkbox"/>				
If *, please give details: Bathroom – Walls need painting. Lino needs to be replaced.				

APT NUMBER 40				
Room Profile:		Room Capacity:		Room Occupancy:
Family		5		4
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order? Yes <input type="checkbox"/> No * <input checked="" type="checkbox"/>				
If *, please give details: Sitting Room – Carpet needs to be cleaned. Curtain rail needs to be fixed. Bathroom: Tiles need to be grouted. Walls and ceiling need to be painted.				

APT NUMBER 42				
Room Profile:		Room Capacity:		Room Occupancy:
Family		5		0
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input 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: Apartment being renovated.				

APT NUMBER 57				
Room Profile:		Room Capacity:		Room Occupancy:
Single		6		5
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order? Yes <input type="checkbox"/> No * <input checked="" type="checkbox"/>				
If *, please give details: Sitting Room: Kitchen table needs to be repaired/replaced. Bedroom: Needs to be painted. Hall: Needs to be painted. Bathroom: Fan needs to be repaired Walls need to be painted. Grouting needed around sink and bath.				

APT NUMBER 52				
Room Profile:		Room Capacity:		Room Occupancy:
Family		5		5
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input type="checkbox"/>	No * <input checked="" type="checkbox"/>
If *, please give details: Bedroom: Walls need to be painted. Bathroom: Ceiling needs to be painted.				

APT NUMBER 58				
Room Profile:		Room Capacity:		Room Occupancy:
Family		7		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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input type="checkbox"/>	No * <input checked="" type="checkbox"/>
If *, please give details: Kitchen: Door needs to be fixed. Sitting Room: Walls need to be painted. Main Bedroom: Needs to be painted. Bedroom: Walls need to be painted. Bathroom: Side of bath needs to be fixed. Walls need to be painted.				

APT NUMBER 60				
Room Profile:		Room Capacity:		Room Occupancy:
Family		6		5
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input type="checkbox"/>	No * <input checked="" type="checkbox"/>
If *, please give details: Number on front door needs to be replaced. Bedroom: Walls needs to be painted.				

APT NUMBER 59				
Room Profile:		Room Capacity:		Room Occupancy:
Family		7		0
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details:				

APT NUMBER 25				
Room Profile:		Room Capacity:		Room Occupancy:
Family		5		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 type="checkbox"/>	No * <input checked="" type="checkbox"/>
If *, please give details: Bedroom: Walls need to be painted.				

APT NUMBER 28				
Room Profile:		Room Capacity:		Room Occupancy:
Family		6		6
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input 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 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: Bathroom: Toilet seat required. Around bath needs new silicone.				

APT NUMBER 61				
Room Profile:		Room Capacity:		Room Occupancy:
Family		2		1
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details:				

APT NUMBER 62				
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 checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details:				

APT NUMBER 63				
Room Profile:		Room Capacity:		Room Occupancy:
Single		4		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 type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details:				

APT NUMBER 64				
Room Profile:		Room Capacity:		Room Occupancy:
Family		2		1
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details:				

APT NUMBER 68				
Room Profile:		Room Capacity:		Room Occupancy:
Family		2		1
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details:				

APT NUMBER 67				
Room Profile:		Room Capacity:		Room Occupancy:
Family		4		VACANT
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details:				

APT NUMBER 66				
Room Profile:		Room Capacity:		Room Occupancy:
Family		5		5
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input type="checkbox"/>	No * <input checked="" type="checkbox"/>
If *, please give details:				
Sitting Room: Walls need to be painted.				
Hallway: Walls need to be painted.				
Main bedroom: Carpet needs to be cleaned.				
Bathroom: Needs to be painted				
Kitchen: Needs to be painted.				

APT NUMBER 65				
Room Profile:		Room Capacity:		Room Occupancy:
Family		2		2
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details:				

Manager should be asked to sign this declaration.

This inspection, by a RIA official, is primarily to examine how the terms of the Contract are being complied with in the centre.

The manager accepts that the person carrying out the inspection is not charged with certifying the centre is in compliance with all fire safety regulations. The manager agrees that the information provided above is correct.

Signed: Robert Sharp

Position: Manager

Date: 22/9/17.

Manager should be asked to sign this declaration.

This inspection, by a RIA official, is primarily to examine how the terms of the Contract are being complied with in the centre.

The manager accepts that the person carrying out the inspection is not certifying that the centre is in compliance with all food safety regulations. The manager agrees that the information provided above is correct.

Signed: _____

Position: _____

Date: _____

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

26th October, 2017

Dear Mr Byrne,

The Reception and Integration Agency carried out an inspection at Carroll Village on 22nd September, 2017. A copy of the inspection report is enclosed for your attention and I apologise for the delay in forwarding this to you. Please read this report carefully and do not hesitate to contact me if it contains any discrepancies.

During the course of the inspection some issues were highlighted and you are required to deal with any hazards or risks detailed in this report.

Please reply in writing on or before Friday 17th November 2017 outlining the steps you have taken/propose to take to address each of the issues raised.

Yours sincerely,



Bernie Loughrey
Internal Inspection Unit
RIA

ECC EAST COAST CATERING (IRELAND) LIMITED

Carroll Village Apartments
Clanbrassil Street
Dundalk
Co Louth

Ms Marie Walker
Internal Inspection Unit
Reception and Integration
PO Box 11487
Dublin 2

16th November 2017

Re: RIA Inspection - Carroll Village

Dear Ms Walker

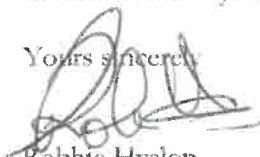
Further to the inspection by RIA at Carroll Village on 22nd September 2017, please find attached list of issues raised, actions undertaken to rectify and explanation of outstanding items.

We have a detailed maintenance programme in place with periodic inspections and all apartments are in pristine condition prior to occupancy. Also, it was agreed that the resident would be responsible for cleaning and incidental repairs and/or replacement of any items damaged or broken. This is referred to in the repair list.

We were very pleased with the findings of the audit as it is always satisfying to find that the "systems in place" are actually working. Also, we would like to thank the RIA Auditor, Marie Walker for the courtesy she showed and the helpful comments they made during the audit.

Again, we would re-iterate our aim to maintain our Centres to the highest standard possible and to have this monitored by both internal and external audits.

Yours sincerely


Robbie Hyslop
Centre Manager


Brian W Byrne
General Manager

Items in Carroll Village

No.	Room No.	Issues	Outcome
1	Apt 12	Kitchen ceiling to be painted	Completed 28/09/11
2	Apt 41	Bathroom A – Walls need painting B – Lino to be replaced	To be completed 18/11. The lino was considered worn.
3	Apt 40	Sitting room A – Carpet to be cleaned B – Curtain Rail Bathroom - A – Tiles to be grouted B – Paint walls and ceiling	Resident advised to clean Repaired 28/09/11 When vacated.
4	Apt 57	Sitting Room – Replace kitchen table Bathroom/Hall – To be painted Bathroom - Fan to be repaired	Completed 23/09/17 When vacated New fan fitted 28/09/17
5	Apt 52	Bedroom - Walls to be painted Bathroom - Ceiling to be painted	When vacated
6	Apt 58	Kitchen - Door to be fixed Sitting Room, Main Bedroom, Bedroom/Bathroom – to be painted Side of bath to be fixed	Completion 28/09/17 When vacated Repaired 28/09/17
7	Apt 60	Number on front door to be replaced Walls to be painted	Replaced 10/10/17 When vacated.
8	Apt 25	Bedroom Walls to be painted	When vacated.
9	Apt 28	Bathroom – Toilet seat to be replaced Silicone around bath	Replaced 28/09/17 Completed
10	Apt 66	Sitting Room, Hallway, Bedrooms. Kitchen – to be painted	When vacated.