

RIA

Inspection Report

Centre:	Clonea Strand Hotel
RIA Inspector:	Marie Walker
Date of Inspection:	22nd June, 2016
Time of Arrival & Departure:	12.30 - 16.30

Part 1
General Information on Services

Centre: **Clonea Strand Hotel**
Date of Inspection: **22nd June, 2016**

1. CENTRE DETAILS

Name and address of Centre	Clonea Strand Hotel, Dungarvan, Co Waterford
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Contractor	Clonea Strand Hotel Ltd.
Manager	Mark Knowles
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)	27
Current Centre Profile (e.g., singles, families etc.)	Family

HSE Area	South East
Public Health Nurse	Nollaig McCarthy, Orla Barry
DSP / CWO name	Finnian Gallagher
Environmental Health Officer name	Laurence O'Connor
Local Fire Officer Name	Niall Curtain, 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	<input checked="" type="checkbox"/>
Staffing Lists as follows:	
1. Full list of staff employed at the centre (indicating Names, Titles, Roles, etc.,)	<input checked="" type="checkbox"/>
2. Indicate who is on duty at time of inspection (today)	<input checked="" type="checkbox"/>
3. a separate list of Designated Liaison Persons (child protection)	<input checked="" type="checkbox"/>

3 GENERAL SECURITY & EMERGENCY DETAILS

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

4 HEATING ARRANGEMENTS

What type of heating is used in the centre?	Smart Radiators – bedrooms OFCH – Ground Floor
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?	Seasonal Programming as required

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?	Yes

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 type="checkbox"/> No <input checked="" type="checkbox"/>
If no, give details	Keypad in operation
Are there procedures to allow residents to receive visitors? (Give details)	Yes
Outline visiting times :	10am – 10pm
In what areas are visitors allowed in the centre?	Main Reception, Foyer
Any other relevant information:	Guest sign in log
Is there a facility for storage of residents' valuables*? (Give details.) (* Storage is at resident's own risk)	Yes, three safes on site
What toiletries are provided to residents on arrival?	Shampoo, toothpaste, deodorant, toothbrush, soaps, handwash
What arrangements are in place to replenish these items?	As requested

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:	Report to Duty staff member logged and signoff.

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?	
Where is declaration held?	Front Desk
Is there a sign in book for visitors? Where?	Front Desk
Are there notices on public display giving name and contact details of Designated Liaison Person? Where?	Notice displayed at residents information point
Have Designated Liaison Persons received HSE training?	Yes
Are notices prominently displayed regarding parental supervision of children? Where?	Notices at residents information point. Laundry Room and residents kitchen.

9 FOOD SAFETY

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

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

Are residents consulted regarding menu / dietary requests? (Give details.)	Yes
Provide details opposite: Which of the following are provided for school children's packed lunches: <ul style="list-style-type: none"> ● Sandwich? What sandwich fillings are available: Cheese? Ham? Chicken? Tuna? Jam? Other? ● Drinks? Juice? Water? ● Yogurt? ● Fruit? ● Other 	All items provided.
Is infant formula kept out of public view?	Residents kitchen
What arrangements are in place for distribution of infant formula?	As requested

11 ARRANGEMENTS FOR REFRESHMENTS / MEALS OUTSIDE NORMAL MEAL TIMES

Are tea / coffee / drinking water / Snacks etc. available outside mealtimes?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
What food/snacks are available after hours or when kitchen is closed?	Bread, fruit, water, hot chocolate, preserves, biscuits, butter, olive oil, yoghurts
Where are the snacks located and how are they accessed?	Residents Kitchen
Are meals available for residents who arrive late? (Give details.)	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Are meals available for new arrivals? (Give details)	Yes
Are packed lunches available for residents travelling to Dublin on official business? (Give details)	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
If the inspection takes place during Ramadan this section must be completed. What arrangements are in place to facilitate residents observing a fast during Ramadan?	Chef/restaurant staff, 20.00 hours to 3.30hours 5 children not fasting Meals as normal

12 FACILITIES FOR FEEDING BABIES

Are the following available?	Yes/No –	
Access to drinking water (for breastfeeding mothers / for preparation of infant formula)	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Sterilisers	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Kettles	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Fridge (for bottles of EBM* / formula) *Expressed Breast Milk	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Bottle Warmer	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Microwave	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Are these facilities available 24 hours a day	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Is there a dedicated room provided? Where?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Residents kitchen		

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 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 checked="" type="checkbox"/>	No <input 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?	Dungarvan/local appointments	
What is the frequency of the service? (List time table opposite)	See attached	

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?	14 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?	
Who launders towels and bedlinen? (e.g., residents, staff, other, etc)	Staff
What procedures are in place for the exchange of towels and bed linen at the centre?	Weekly
What procedures are in place for ironing boards and irons?	Ironing Room
How is washing powder / tablets supplied?	From front desk
Are there specific arrangements for access to the laundry (give details):	08.00 – 20.00 hours daily No access to children

17 CLEANING (General Arrangements)

Are there cleaning materials and equipment provided by management for residents?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
What cleaning equipment is available to residents?	Anti bacterial spray. Cream Cleaner, Toilet duck, sponges/j cloths
What is the procedure for residents to access vacuum cleaners, brushes & other cleaning equipment?	From Front Office
What arrangements are in place if rooms are not cleaned sufficiently by residents?	Logged by Desk Manager and addressed by housekeeping staff

PART 2

Room by Room Focused Inspection

Centre: Clonea Strand Hotel Centre

Date of Inspection: 22nd June, 2016

Section A- Administration / Communal areas

Reception: Ground Floor

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"/>	Notice Board
Complaint Forms	<input checked="" type="checkbox"/>	Notice Board
Accident/ Incident procedure	<input checked="" type="checkbox"/>	Reception

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

Social Room / Tea Station (State Location): ground floor communal room/dining room

What facilities are provided?		
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:		

Staff Awareness

Did you see the RIA Code of Practice*?	<input 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?		

*A Code of Practice for persons working in accommodation centre

FIRE SAFETY

You should record the last 2 entries on the fire register for each of the following sections:

EMERGENCY LIGHTING INSPECTION SCHEDULE

<u>Date</u>	<u>Inspected By</u> (Company Name / Position)	<u>Comments</u>
04/12/2015	ECSSA	All fine
21/06/2016	Security Man	No issues

Checked and fire register updated daily by manager

FIRE ALARM & DETECTION SYSTEM INSPECTION SCHEDULE

Date	Inspected By (Company Name / Position)	OK	Defect	Remedial Action Taken (Y/N)	Sign Off Y/N
4/12/2015 – 16/3/2016	A-Tec	<input checked="" type="checkbox"/>	System Commissioned	N	Yes
20/06/2016 22/06/2016	A-Tec Manager	<input checked="" type="checkbox"/>	Ok Repairs to fire alarm fault in Zone 1	No	Yes

Checked daily by manager and alarm sounded monthly. Fire register updated

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
30/09/2015	Argos fire & Safety Limited	<input checked="" type="checkbox"/>	Check list of updates	Y	Yes
22/12/2015	Argos fire & Safety Limited	<input checked="" type="checkbox"/>	Check list of updates	Y	Yes

Checked and fire register updated daily by staff.

All the above are checked by management or security on a daily basis.

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
21/06/2016	Security	<input checked="" type="checkbox"/>	No	No	No
20/06/2016	Security	<input checked="" type="checkbox"/>	No	No	No

FIRE DRILL PROCEDURE INSPECTION SCHEDULE – To be arranged

Date & Time	Numbers of staff involved in drill	No. of residents present / evacuated **	Evacuation Time	Comments

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

STAFF INSTRUCTION AND TRAINING (Fire Safety)

Job Description	Course	Instructor	Duration	Date
All Staff	Safety Refresher Training	Pat Stuart Safety & Training Solutions Ltd	1 hour	29/01/2016

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:	

DINING AREA:

Please outline the meal times:

	From	To
Breakfast	7.30 - 8.30 Mon - Thurs	8.30 - 9.30 Fri - Sun
Lunch	1 - 2 except Fri - 12 - 1	
Dinner	5pm	6pm

Which is the main meal of the day:	Lunch <input checked="" type="checkbox"/>	Dinner <input checked="" type="checkbox"/>
Is menu cycle available? Photo file sent to RIA	Yes <input type="checkbox"/>	No <input type="checkbox"/>

If no, give details of all menu options on day of inspection:

Breakfast	
Lunch	
Dinner	

Is menu cycle on display? No	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Does menu cycle correspond with options available?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
If no, ask manager for explanation and provide details: Meals discussed with residents and provided photo file forwarded to RIA weekly with options provided.			
Which meal was sampled?	Breakfast <input type="checkbox"/>	Lunch <input type="checkbox"/>	Dinner <input type="checkbox"/>
Please describe the meal in detail (e.g. was it hot / cold, bland / spicy etc.) Ramadam – 5 children to be fed. Soup, hummas, pitta bread, garlic potatoes, rice and pan seared chicken strips and fruit cocktails.			
Was there a vegetarian option? (note salad and vegetables <u>alone</u> are not considered as vegetarian option)	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	
Give details of this option:	Garlic potato, hummas		
Were there ethnic dishes available?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	
Give details of this option: As per attached	Tahani, hummas, Syrian soups		
In your opinion, does the food on offer appear to provide a good variety?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	
Did inspection take place during Ramadan?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	
If yes, please outline arrangements for provision of meals outside of normal mealtimes, (medical or other appointments, etc.): Chef/restaurant staff, 20.00 hours to 3.30hours 5 children not fasting Meals as normal			
Is there any damaged seating or tables in dining room?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	
Is there enough seating for residents present to sit down and eat their lunch?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	
Comments:			

KITCHEN AREA: Food Safety Critical Requirements

Is there a dress code for kitchen and servery staff

Please outline: Apron, coat, trousers and hat

Has the manager shown you HACCP Certificates for chefs?	<input checked="" type="checkbox"/>
Was the fridge temperature showing as being between 1 and 5°C?	<input checked="" type="checkbox"/>
Did you see evidence that the fridge temperature is recorded daily?	<input checked="" type="checkbox"/>
Was the freezer temperature showing as being -18°C or below?	<input checked="" type="checkbox"/>
Did you see evidence that freezer temperature is recorded daily?	<input checked="" type="checkbox"/>
Are dry food stuffs stored on shelving? (all dry goods should be stored off the ground)	<input checked="" type="checkbox"/>
Has it been demonstrated to you that cooked food is at a temperature above 72°C?	<input checked="" type="checkbox"/>
Is the temperature recorded for all food services (lunch & dinner)	<input checked="" type="checkbox"/>
Is there a record of daily cleaning of kitchen, food service and dining areas?	<input checked="" type="checkbox"/>
Have you seen a record of periodic deep clean of all floors, under and behind cookers/fridges etc.?	<input checked="" type="checkbox"/>
Are bins with waste food covered/lidded ?	<input checked="" type="checkbox"/>
Are fly screens present on windows and doors into kitchen?	<input checked="" type="checkbox"/>

Where you have not checked boxes above, please provide further details, including any specific corrective actions you may have requested:

TOILET (State Location): Ground Floor

	Number	Soap	Toilet Paper	Hand Towels / Dryers	Hot Water	Sanitary Bins
Ladies:	2	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Yes
Gents:	2 urinal 1 toilet	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
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						
Are all facilities working?						Yes <input checked="" type="checkbox"/> No * <input type="checkbox"/>
Visual Check: Have you noticed any issues requiring attention?						Yes* <input type="checkbox"/> No <input checked="" type="checkbox"/>
If Yes, give details:						

24 COMMUNAL ROOM (State Location): Ground Floor

General Seating Area

Is the seating in good condition?

Yes No

Any other comments? If yes please detail:

Clean and tidy

OUTDOOR GROUNDS / FACILITIES

Please rate the following:

	Very Good	Adequate	Poor*	Needs urgent attention*
Condition of exterior of centre	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Paintwork of the centre	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maintenance standard of the grounds (e.g. grass cut, walkways clear etc.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cleanliness of the grounds (ie., evidence of rubbish etc.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Where you have rated * please provide details and comments:

Comments

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 checked="" type="checkbox"/>	No <input type="checkbox"/>
What cleaning equipment is available to residents?	Anti bacterial spray. Cream Cleaner, Toilet duck, sponges/j cloths	
What arrangements are in place if rooms are not cleaned sufficiently by residents?	Logged by Desk Manager and addressed by housekeeping staff	

CORRIDOR (State Location): Ground Floor

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

STAIRWAY (State Location): from ground floor to mezzanine floor

Is the area generally clean?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
If no please give details:		
<i>Visual Check:</i> Have you noticed any issues requiring attention? (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): from mezzanine floor to 1st floor

Is the area generally clean?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
If no please give details:		
<i>Visual Check:</i> Have you noticed any issues requiring attention? (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 101				
Room Profile:		Room Capacity:		Room Occupancy:
Family		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 108				
Room Profile:		Room Capacity:		Room Occupancy:
Family		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 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:				
Carpet needs to be cleaned.				
Bath – slight silicone needed around the bath.				
Management will deep clean this room. Residents just moved out.				

ROOM NUMBER 111				
Room Profile:		Room Capacity:		Room Occupancy:
Family		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 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:				
Ensuite: slight grouting.				

ROOM NUMBER 121 & 119				
Room Profile:		Room Capacity:		Room Occupancy:
Family		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 123 & 121				
Room Profile:		Room Capacity:		Room Occupancy:
Family		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: Spotless couldn't see 121 doors locked.				

ROOM NUMBER 202				
Room Profile:		Room Capacity:		Room Occupancy:
Family		4		0
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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: Room needs to be deep cleaned. Residents just moved out.				

ROOM NUMBER 205				
Room Profile:		Room Capacity:		Room Occupancy:
Family		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 type="checkbox"/>	No * <input type="checkbox"/>

If *, please give details:

ROOM NUMBER 208				
Room Profile:		Room Capacity:		Room Occupancy:
Family		3		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 219				
Room Profile:		Room Capacity:		Room Occupancy:
Family		4		0
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details: Carpet needs to be cleaned. Fire notice needs to be replaced.				

ROOM NUMBER 226/227				
Room Profile:		Room Capacity:		Room Occupancy:
Family		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 234				
Room Profile:		Room Capacity:		Room Occupancy:
Single		2		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 type="checkbox"/>	No * <input checked="" type="checkbox"/>
If *, please give details: Tiles need to be fixed above shower. Door handle needs to be fixed.				

ROOM NUMBER 211				
Room Profile:		Room Capacity:		Room Occupancy:
Family		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: Residents have just left accommodation. Room will be renovated.				

ROOM NUMBER 212				
Room Profile:		Room Capacity:		Room Occupancy:
Family		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:				

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: Mark Kinnear
Position: EROE Manager / Conductor
Date: 22nd June 2016

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: Mark Kinnear
Position: EROE Manager / Conductor
Date: 22nd June 2016



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

12th August 2016

Dear Mr. Knowles,

The Reception and Integration Agency carried out an inspection at Clonea Strand Hotel on 22nd June, 2016. A copy of the 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 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 26th August 2016 outlining the steps you have taken/propose to take to address each of the issues raised.

Yours sincerely,

Bernie Loughrey
Internal Inspection Unit
Reception and Integration Agency



Re RIA Inspection Report

Mark Knowles to: bmloughrey

Cc: Eugene Banks, Mark Lenihan, Kathleen Balfe

22/08/2016 10:45

Good Morning Bernie

It was good to speak with you earlier today, please see here with as promised.

Further to the RIA Inspection Report I note that in section "Fire Doors/ Mean of Escape" the sign off is marked "No". This is a possible typo as all fire doors are signed off on a nightly basis by the Security Officer on duty. *It was a typo - mwallah,*

I wish to confirm that the following outstanding issues have been addressed.

Rm 101 comments addressed

Rm 111 comments addressed

Rm 219 comments addressed

Rm 234 comments addressed

Note: Room 211 stated to be "renovated" I think this should have read repainted.

All bedrooms and ensuite have been inspected and all have been repainted as required after the departure of refugees from "Phase 1", this was completed week ending August 19th.

I trust that the above is in order and should you have any further queries please do not hesitate to contact me.