

# RIA

## Inspection Report

<b>Centre:</b>	<b>Staircase</b>
<b>RIA Inspector:</b>	<b>Marie Walker</b>
<b>Date of Inspection:</b>	<b>1<sup>st</sup> July, 2016</b>
<b>Time of Arrival &amp; Departure:</b>	<b>13.00 - 15.45</b>



*Part 1*  
*General Information on Services*

*Centre:* **Staircase**  
*Date of Inspection:* **1<sup>st</sup> July, 2016**

**1. CENTRE DETAILS**

Name and address of Centre	Staircase Hostel, 21 Aungier Street, Dublin 2.
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Contractor	Mo Bhaile Ltd
Manager	Orla Humphreys
Who deputises for manager in his/her absence?	Give Job Title only Assistant Manager

Telephone Number	01-4759759
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Current Contracted Capacity	33
Current Occupancy (today)	18
Current Centre Profile (e.g., singles, families etc.)	Single Adult Males

HSE Area	HSE East
Public Health Nurse	Mercer Clinic
DSP / CWO name	Stephen Swords
Environmental Health Officer name	Margaret O'Carroll
Local Fire Officer Name	
Local Fire Station	Tara Street, Fire Station

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)	N/A

**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	<b>6:00pm - 08:00am Monday to Sunday</b>
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?	<b>1 x kitchen and 2 x manager's station</b>
Who is responsible for first aid restocking?	Job title <b><u>only</u></b> (not name) of person responsible: <b>Manager/Securityr</b>
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?	<b>Gas Central Heating</b>
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?	<b>N/A</b>

**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?	<b>Manager explains rules verbally to new arrivals</b>

**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	<b>Camera on front door, residents are buzzed in front door</b>
Are there procedures to allow residents to receive visitors? (Give details)	<b>Each visitor is signed into a visitors book</b>

Outline visiting times :	11:00am – 11:00pm
In what areas are visitors allowed in the centre?	Dining area/common room
Any other relevant information:	
Is there a facility for storage of residents' valuables*? (Give details.) (* Storage is at resident's own risk)	There is a safe available for valuables and a store room for other items
What toiletries are provided to residents on arrival?	Shower gel, toothbrush/toothpaste, toilet roll.
What arrangements are in place to replenish these items?	As required

## 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: <b>Resident reports issue to housekeeper or manager and it is entered into the maintenance book.</b>	

## 8 CHILD PROTECTION

Are measures in place to inform staff and visitors of RIA's Child Protection Policy? (Give details)	N/A
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?	N/A

## 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:	

## 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>
19/02/2015	Sharp	Service – all ok
28/08/2015	Sharp	Service – all ok

**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
01/06/2016	Manager	<input checked="" type="checkbox"/>	None	No	Yes
13/06/2016	Manager	<input checked="" type="checkbox"/>	None	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
01/06/2016	Manager	<input checked="" type="checkbox"/>	None	No	Yes
13/06/2016	Manager	<input checked="" type="checkbox"/>	None	No	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
29/06/2016	Security/manager	<input checked="" type="checkbox"/>	none	No	Yes
30/06/2016	Security/manager	<input checked="" type="checkbox"/>	none	No	Yes

### FIRE DRILL PROCEDURE INSPECTION SCHEDULE

Date & Time	Numbers of staff involved in drill	No. of residents present / evacuated **	Evacuation Time	Comments
<b>15/09/15 @ 10 am</b>	<b>5 staff</b>	<b>8 / 12</b>	<b>3 mins</b>	<b>4 residents issued with warning letters</b>
<b>06/02/15 @ 11:20 am</b>	<b>3</b>	<b>6/17</b>	<b>8 mins</b>	<b>Warning letters issued to residents who would not leave.</b>

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

### STAFF INSTRUCTION AND TRAINING (Fire Safety)

Job Description	Course	Instructor	Duration	Date
<b>7 staff</b>	<b>Fire Safety Awareness</b>	<b>Chartered Safety &amp; Health Practioner</b>	<b>1 hour 30 minutes</b>	<b>27/02/2015</b>
<b>3 staff</b>	<b>Fire Safety Awareness</b>	<b>Chartered Safety &amp; Health Practioner</b>	<b>45 minutes</b>	<b>15/09/2015</b>

### FIRE EXITS, EMERGENCY LIGHTING, SMOKE ALARMS, FIRE NOTICES

(in corridors & common areas)

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



**DINING AREA:**

Please outline the meal times:

	From	To
<b>Breakfast</b>	07:30	10:00
<b>Lunch</b>	12:00	15.00
<b>Dinner</b>	17:00	21.00

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

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

<b>Breakfast</b>	
<b>Lunch</b>	
<b>Dinner</b>	

Is menu cycle on display?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Does menu cycle correspond with options available?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

If no, ask manager for explanation and provide details:

Which meal was sampled?	Breakfast <input type="checkbox"/>	Lunch <input checked="" type="checkbox"/>	Dinner <input type="checkbox"/>
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Please describe the meal in detail (e.g. was it hot / cold, bland / spicy etc.)

Samosa, Meatballs, onion bajis, chips - tasty

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"/>
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Give details of this option:	<b>Samosa, onion bajis</b>
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Were there ethnic dishes available?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
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Give details of this option:	<b>There are regular ethnic dishes eg, chicken masala, spicy stews, samosas, etc/</b>
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In your opinion, does the food on offer appear to provide a good variety?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
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Did inspection take place during Ramadan?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
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If yes, please outline arrangements for provision of meals outside of normal mealtimes, (medical or other appointments, etc.):

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Is there any damaged seating or tables in dining room?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
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Is there enough seating for residents present to sit down and eat their lunch?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
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Comments: **Area was clean and tidy**

**KITCHEN AREA: Food Safety Critical Requirements**

Is there a dress code for kitchen and servery staff Yes  
 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:	<b>2 (Staff)</b>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<b>Yes</b>
Gents:	<b>1</b>	<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 checked="" type="checkbox"/> No <input type="checkbox"/>
Is the area clean? (provide comment) Toilets are clean and tidy						
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 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: There is no dedicated computer room, residents have their own computers (wi-fi in all rooms). The area is used for watching TV(Sky TV available), socialising and having meals.**

**OUTDOOR GROUNDS / FACILITIES**

Please rate the following:

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

Where you have rated \* please provide details and comments:

Comments This centre is in Dublin City Centre and is on a main street.

## 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 checked="" 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?	Hoover, mop, brush, sprays, gloves, bleach, and any other cleaning products the resident may require.	
What arrangements are in place if rooms are not cleaned sufficiently by residents?	Staff will clean the room and the manager will speak to the resident about keeping the room clean and tidy.	

### **CORRIDOR (State Location): Ground Floor**

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

### **STAIRWAY (State Location): 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:		
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:	<b>Walls need to be painted. Manager stated that all corridors and stairways will be painted.</b>	

### **STAIRWAY (State Location): from mezzanine floor to 1<sup>st</sup> floor**

Is the area generally clean?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
If no please give details:		
Visual Check: Have you noticed any issues requiring attention? (e.g., fire exit signs, hazards, lighting, notices, décor, etc.)	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
If yes please detail:	<b>Walls need to be painted. Manager stated that all corridors and stairways will be painted.</b>	

<b>ROOM NUMBER 4</b>				
Room Profile:		Room Capacity:		Room Occupancy:
Shared		3		1
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input 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: <b>Ceiling needs painting in the ensuite. Shower needs to be cleaned.</b>				

<b>ROOM NUMBER 3</b>				
Room Profile:		Room Capacity:		Room Occupancy:
Shared		3		2
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input 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: <b>Walls need to be painted.</b> <b>Ensuite: ceiling needs to be painted. Manager informed me that ensuite will be renovated.</b>				

<b>ROOM NUMBER 2. Used as a gym and pool room</b>				
Room Profile:		Room Capacity:		Room Occupancy:
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: <b>This room is use as a gym and pool room.</b>				

<b>CORRIDOR (State Location):</b>		<b>on landing of room 2 and 3</b>		
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:				

<b>ROOM NUMBER 1</b>				
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 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: <b>Room has just been vacated and will be renovated.</b>				

**STAIRWAY (State Location): between 1<sup>st</sup> and 2<sup>nd</sup> floor**

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

<b>ROOM NUMBER 5</b>				
Room Profile:		Room Capacity:		Room Occupancy:
Single		1		1
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details:				

<b>ROOM NUMBER 6</b>				
Room Profile:		Room Capacity:		Room Occupancy:
Shared		3		1
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input 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: <b>Walls need to be painted. The ceiling in the ensuite needs to be painted.</b>				

**STAIRWAY (State Location): Between room 6 and 7**

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:		

<b>ROOM NUMBER 7</b>				
Room Profile:		Room Capacity:		Room Occupancy:
Shared		3		1
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input 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: <b>Ceiling needs to be painted. Wooden shelf under sink needs to be fixed.</b>				

**CORRIDOR (State Location):**

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:		

<b>ROOM NUMBER 8</b>				
Room Profile:		Room Capacity:		Room Occupancy:
Shared		3		2
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input 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: <b>Room needs to be painted.</b> <b>Ensuite needs to be painted. Base of shower is leaking needs to be fixed.</b>				

<b>ROOM NUMBER 9</b>				
Room Profile:		Room Capacity:		Room Occupancy:
Shared		3		2
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input 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: <b>Light fixture needs to be fixed. Room needs to be painted. Ensuite needs to be painted. Base of shower needs to be fixed. Some tiles need to be replaced.</b>				

**STAIRWAY (State Location): Between room 9 and 10**

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:			

<b>ROOM NUMBER 10</b>				
Room Profile:		Room Capacity:		Room Occupancy:
Single		2		1
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input 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: <b>Bedroom and ensuite need to be painted. Tiles need to be cleaned.</b>				

<b>ROOM NUMBER 11 – no number on door</b>				
Room Profile:		Room Capacity:		Room Occupancy:
Single		1		1
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input 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: <b>Bedroom and ensuite need to be painted.</b>				



<b>ROOM NUMBER 12</b>				
Room Profile:		Room Capacity:		Room Occupancy:
Shared		2		2
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input 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: <b>Ensuite needs to be painted.</b> <b>Room needs to be cleaned.</b>				

<b>ROOM NUMBER 14</b>				
Room Profile:		Room Capacity:		Room Occupancy:
Shared		3		1
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input 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: <b>Resident is in the process of leaving the centre. Room will be renovated.</b>				

<b>ROOM NUMBER 15</b>				
Room Profile:		Room Capacity:		Room Occupancy:
Shared		3		2
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input 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: <b>Walls need to be painted.</b> <b>Ensuite needs to be painted. Silicone at the base of shower needs to be replaced.</b>				

<b>ROOM NUMBER 16</b>				
Room Profile:		Room Capacity:		Room Occupancy:
Shared		2		1
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input type="checkbox"/>	No * <input checked="" type="checkbox"/>
If *, please give details: <b>Ceiling needs to be painted.</b> <b>Ensuite needs to be painted. Silicone at the base of shower needs to be replaced.</b>				

**STAIRWAY (State Location): to laundry room**

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:		

**LAUNDRY ROOM**

	Washing Machines	Dryers
Number	2	2
Do they appear to be in working order? Yes		
Comments: Industrial washing machines and dryer		

**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: Oliver Humphreys

Position: Manager

Date: 3 1/7/16

\*\*\*\*\*

**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: Oliver Humphreys

Position: Manager

Date: 1/7/16



Mr Hugh McGivern,  
Mo Bhaile Ltd,  
36 Lad Lane,  
Dublin 2

2<sup>nd</sup> August, 2016.

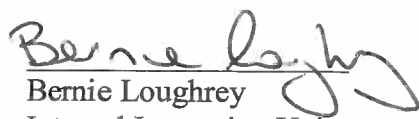
Dear Mr. McGivern,

The Reception and Integration Agency carried out an inspection at the **Staircase** on *1<sup>st</sup> July, 2016*. A copy of their report is enclosed and I apologise for the delay in forwarding this report to you. 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 Friday 18<sup>th</sup> August 2016 outlining the steps you have taken/propose to take to address the issues raised.

Yours sincerely,

  
Bernie Loughrey  
Internal Inspection Unit  
Reception and Integration Agency





**Mo Bhaile Ltd.,  
36 Lad Lane,  
Dublin 2.**

**Phone (+353 1) 6321 321  
Fax: (+353 1) 6321 322**

Ms. Bernie Loughrey,  
Internal Inspection Unit,  
Reception and Integration Agency  
P.O. Box 11487  
Dublin 2

10<sup>th</sup> August 2016

**Re: Inspection 1<sup>st</sup> July 2016 – The Staircase, 21 Aungier Street, Dublin 2.**

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Dear Ms. Loughrey,

Further to your letter of the 2<sup>nd</sup> August, and the issues raised therein, I would now respond as follows:-

**BEDROOMS**

- Room No. 1: Room was needed immediately for short-stay Resident, it will be painted upon his departure.
- Room No. 3: Awaiting insurance go ahead and bathroom will be renovated.
- Room No. 4: Shower cleaned weekly, ceiling on list for painting during next routine maintenance.
- Room 5: New shower-head fitted.
- Room No. 6: Ensuite ceiling to be painted during next routine maintenance.
- Room No. 7: Ceiling on list for painting. There is no wooden shelf under sink.
- Room No. 8: This Room is to be painted on the 17<sup>th</sup> Aug. Base of shower is fixed and ensuite listed for painting also.
- Room No. 9: Light fixture has been fixed. Room and ensuite due to be painted on 17<sup>th</sup> Aug and shower tiles will be replaced during this maintenance.
- Room No. 10: Tiles cleaned, room on list to be painted when Resident vacates.
- Room No. 11: Number on door replaced. This Bedroom was recently painted. A slight touch-up is required and will be carried out on 17<sup>th</sup> Aug.
- Room No. 12: Room cleaned. Ensuite cleaned and recently painted due to slight mould problem. This ensuite is regularly wiped down and deep cleaned once a month to help keep this problem at bay.
- Room No. 14: Room occupied immediately after Resident vacated and deep cleaned. It is due to be painted / touch-ups and will be on list for end of August.
- Room No. 15: Silicone in shower replaced and ceiling is due to be painted, again due to slight mould build up, a deep-clean is carried out monthly which includes ceiling and walls being washed down.
- Room 16- Ceiling to be painted, silicone in shower replaced.







- 2 -

I trust that the above is in order and deals with all the issues raised in the report, however, should you require any further clarification on any of the above issues, please let me know.

Kind regards,

Yours sincerely,

A handwritten signature in blue ink, appearing to read 'Hugh McGivern', written over a horizontal line.

**HUGH MCGIVERN**

