

# RIA

## Inspection Report

<b>Centre:</b>	<b>Watergate Accommodation Centre</b>
<b>RIA Inspector:</b>	<b>Killian Morgan</b>
<b>Date of Inspection:</b>	<b>21<sup>st</sup> December, 2016</b>
<b>Time of Arrival &amp; Departure:</b>	<b>11:45 – 15:00</b>

*Part 1*  
*General Information on Services*

*Centre: Watergate Accommodation Centre*  
*Date of Inspection : 21<sup>st</sup> December, 2016*

**1. CENTRE DETAILS**

Name and address of Centre	<b>Watergate House Accommodation Centre</b>
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Contractor	<b>Phil Monaghan &amp; Finian McDonnell</b>
Manager	<b>Mark Pollard</b>
Who deputises for manager in his/her absence?	<b>Give Job Title only Caretaker / Security</b>

Telephone Number	<b>086 8617758</b>
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Current Contracted Capacity	<b>68</b>
Current Occupancy (today)	<b>58</b>
Current Centre Profile (e.g., singles, families etc.)	<b>Families, single males &amp; single females</b>

HSE Area	<b>Eastern Health Board</b>
Public Health Nurse	<b>Barbara O' Rahallaigh</b>
DSP / CWO name	<b>Residents attend Gardiner Street Local Office</b>
Environmental Health Officer name	<b>N/A</b>
Local Fire Officer Name	<b>John Sweetman , Martin Gallagher, Tara Street</b>
Local Fire Station	<b>Tara Street</b>

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

**2. Please provide a copy of the following**

	Check List
Official Register	<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	<b>(8:00am – 5:00pm) Manager / after hours – Caretaker / Security</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 manager's office</b>
Who is responsible for first aid restocking?	Job title <u>only</u> (not name) of person responsible: <b>Manager</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>Electric storage 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?	

**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 sits down with new residents and goes through the house rules with them.</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 checked="" type="checkbox"/> No <input type="checkbox"/>
If no, give details	
Are there procedures to allow residents to receive visitors? (Give details)	<b>Yes</b>
Outline visiting times :	<b>8:00am to 11:00pm</b>
In what areas are visitors allowed in the centre?	<b>No designated areas as residents have their own apartments.</b>
Any other relevant information:	
Is there a facility for storage of residents' valuables*? (Give details.) (* Storage is at resident's own risk)	<b>No storage available other than the storage available in each apartment.</b>

**7 ARRANGEMENTS FOR MAINTENANCE**

Does the centre have a written procedure in place for residents to report maintenance issues? (Yes/No)	Yes <input type="checkbox"/> No <input checked="" 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>Residents can outline their maintenance concerns verbally or submit them in writing to the manager who will attend to their issues</b>

**8 CHILD PROTECTION**

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

**9 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?	<b>Washing machine in each apartment and also 2 machines and dryers in the Laundry room</b>

## PART 2

### *Room by Room Inspection*

*Centre: Watergate House*

*Date of Inspection: 21<sup>st</sup> December, 2016*

## Section A- Administration / Communal areas

### 17 Have you seen the following?

		Location of display
Up to date House Rules	<input checked="" type="checkbox"/>	Entrance hallway
Complaint Forms	<input checked="" type="checkbox"/>	Manager's office
Accident/ Incident procedure	<input checked="" type="checkbox"/>	Is recorded in a register in Manager's office

HSE Breastfeeding Posters (if applicable)	<input type="checkbox"/>	Not on display
Designated Liaison Person details (Child Protection)	<input checked="" type="checkbox"/>	Framed on display in entrance hallway and on each floor
Supervision of children notice	<input checked="" type="checkbox"/>	Entrance hallway
Gym Notices (Child Safety – if applicable)	<input type="checkbox"/>	N/A

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

### 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? <b>All staff read and sign off on this code after reading</b>	

\*A Code of Practice for persons working in accommodation centres

**19 FIRE SAFETY**

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

**19a EMERGENCY LIGHTING INSPECTION SCHEDULE**

<u>Date</u>	<u>Inspected By</u> (Company Name / Position)	<u>Comments</u>
07/11/16	Irish Fire Protection	Ok
23/08/16	Irish Fire Protection	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
07/11/16	Irish Fire Protection	<input checked="" type="checkbox"/>	N	Y	Y
23/08/16	Irish Fire Protection	<input checked="" type="checkbox"/>	N	Y	Y

**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
07/11/16	Irish Fire Protection	<input checked="" type="checkbox"/>	Service	Y	Y
23/08/16	Irish Fire Protection	<input checked="" type="checkbox"/>	Service	Y	Y

**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
19/12/16	Local Check	<input checked="" type="checkbox"/>	N	N	Y
30/11/16	Local Check	<input checked="" type="checkbox"/>	N	N	Y

**19e FIRE DRILL PROCEDURE INSPECTION SCHEDULE**

Date & Time	Numbers of staff involved in drill	No. of residents present / evacuated **	Evacuation Time	Comments
01/11/16 – no time recorded	1	14/14	2.5 mins	No problems
12/11/15 – no time recorded	1	16/16	3.5 mins	No problems

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

Please record time of next fire drill

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

Job Description	Course	Instructor	Duration	Date
Centre Manager	Fire Safety / Evacuation		Half day	April 2007



**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:		
<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:		

### LAUNDRY ROOM

	Washing Machines	Dryers
Number	2	2
Do they appear to be in working order? <b>Yes</b>		
Comments:		

## Bedrooms:

### CLEANING (General Arrangements)

How often are bedrooms inspected?	twice weekly <input type="checkbox"/> Weekly <input checked="" type="checkbox"/> x monthly
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?	Vacuum, mops, buckets, zif cleaner etc.
What arrangements are in place if rooms are not cleaned sufficiently by residents?	Manager will encourage resident to clean room – assistance will be provided, if necessary

<b>APT NUMBER 1</b>				
Room Profile:		Room Capacity:		Room Occupancy:
Family		4		3
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>APT NUMBER 2</b>				
Room Profile:		Room Capacity:		Room Occupancy:
Family		4		5 (incl new born baby)
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 to be painted. Socket in living room to be repaired. Family has status</b>				

<b>APT NUMBER 3</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 checked="" type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details:				

<b>APT NUMBER 4</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 checked="" type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details: <b>Lot of luggage in apartment</b>				

<b>APT NUMBER 5</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 checked="" type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details:				

<b>APT NUMBER 6</b>				
Room Profile:		Room Capacity:		Room Occupancy:
Family		4		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>Socket in living room to be repaired. Hole in wall in hallway to be repaired. Light in 1<sup>st</sup> bedroom to be repaired. Heater in 2<sup>nd</sup> bedroom to be repaired.</b>				

<b>APT NUMBER 7</b>				
Room Profile:		Room Capacity:		Room Occupancy:
Family		4		3
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"/>
<b>If *, please give details: Ensuite to be painted</b>				

<b>APT NUMBER 8</b>				
Room Profile:		Room Capacity:		Room Occupancy:
Family		4		6
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"/>
<b>If *, please give details: Hole in living room wall to be repaired. Handle on bedroom door to be repaired. Ensuite to be painted. The family has status.</b>				

<b>APT NUMBER 9</b>				
Room Profile:		Room Capacity:		Room Occupancy:
Vacant		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"/>
<b>If *, please give details: Apartment to be painted. 2 chairs in living room to be replaced. Cooker, hob and fridge to be installed.</b>				

<b>APT 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"/>
<b>If *, please give details: Grouting around bath needs replacing. Tiles in bathroom to be replaced.</b>				

<b>APT NUMBER 11</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 checked="" type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details:				

<b>APT NUMBER 12</b>				
Room Profile:		Room Capacity:		Room Occupancy:
Family		4		3
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 to be painted.</b>				

<b>APT NUMBER 13</b>				
Room Profile:		Room Capacity:		Room Occupancy:
Family		4		5
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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details: <b>Heater in bedroom to be repaired. Family has status</b>				

<b>APT NUMBER 14</b>				
Room Profile:		Room Capacity:		Room Occupancy:
Family		4		3
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>Toilet seat loose</b>				

<b>APT NUMBER 15</b>				
Room Profile:		Room Capacity:		Room Occupancy:
Family		2		3
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 in hallway to be painted. This apartment has a normal capacity of 2, however, the sitting room has been turned into a bedroom to create a capacity of 4 to facilitate a large family who also occupy Apt 20.</b>				

<b>APT NUMBER 16</b>				
Room Profile:		Room Capacity:		Room Occupancy:
Family		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>Bathroom to be painted. Cover for light fitting in kitchen.</b>				

<b>APT NUMBER 17</b>				
Room Profile:		Room Capacity:		Room Occupancy:
Staff room		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 checked="" type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details:				

<b>APT NUMBER 18</b>				
Room Profile:		Room Capacity:		Room Occupancy:
Family		4		5
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>Fire notice missing. Family has status</b>				

<b>APT NUMBER 19</b>				
Room Profile:		Room Capacity:		Room Occupancy:
<b>Family</b>		<b>4</b>		<b>4</b>
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"/>
<b>If *, please give details: Apartment to be painted. Sealant around bath to be replaced. Kitchen to be cleaned. Family has status</b>				

<b>APT NUMBER 20</b>				
Room Profile:		Room Capacity:		Room Occupancy:
<b>Family</b>		<b>4</b>		<b>4</b>
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"/>
<b>If *, please give details:</b>				

<b>APT NUMBER 21</b>				
Room Profile:		Room Capacity:		Room Occupancy:
<b>Single</b>		<b>2</b>		<b>1</b>
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"/>
<b>If *, please give details:</b>				

<b>APT NUMBER 22</b>				
Room Profile:		Room Capacity:		Room Occupancy:
<b>Family</b>		<b>4</b>		<b>0</b>
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"/>
<b>If *, please give details:</b>				



## General Representations

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

--

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

--

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

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Please ensure that no personal information or information that could lead to the identification of an individual is recorded in this section.

Personal representations should be recorded in Part 3.

**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 Pallard

Position: MANAGER

Date: 21/12/16

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**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 Pallard

Position: MANAGER

Date: 21/12/16



DEPARTMENT OF JUSTICE, EQUALITY AND LAW REFORM  
AN ROINN DLÍ AGUS CIRT, COMHIONANNAIS AGUS ATHCHÓIRITHE DLÍ

RECEPTION AND INTEGRATION AGENCY  
ÁISINEACHT FHÁILTE AGUS COMHTHÁITE

Maison Builders,  
Unit 1,  
Ballinteer Business Centre,  
Ballinteer Avenue,  
Dublin 16.

9<sup>th</sup> February, 2017.

Dear Mr. Monaghan,

The Reception and Integration Agency carried out an inspection at Watergate House on 21<sup>st</sup> December, 2016. A copy of the inspection report is enclosed for your attention 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.

A number of issues were identified as requiring attention during the course of the inspection and these are identified in the report. Please reply in writing, on or before Friday 3<sup>rd</sup> March, 2017, outlining the steps you have taken/propose to take to address the issues raised.

Yours sincerely,

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Bernie Loughrey  
Internal Inspection Unit  
Reception and Integration Agency.



Amendment to inspection report Watergate House  
MARK POLLARD

to:

kjmorgan

10/03/2017 09:51

Hide Details

From: MARK POLLARD <pollardmark007@gmail.com>

To: kjmorgan@justice.ie,

Apt 2 Walls in sitting room painted .NTL box repaired.

Apt 4 Spoke to the lady about the luggage.

Apt 6 Hole behind front door repaired and door stop fitted.Light,heater and socket repaired.

Apt 7 Ensuite painted.

Apt 8 Hole behind living door repaired and door stop fitted.Handles on bedroom door replaced.

Apt 9 Apt completely renovated and now occupied.

Apt 10 Tiles Repaired

Apt 12 Ensuite painted.

Apt 13 Heater fixed to wall.

Apt 15 Apt to undergo complete renovation in the next few weeks.

Apt 16 Ensuite painted,cover on light.

Apt 18 Fire Notice replaced

Apt 19 Apt completely renovated and now finished.

Kind Regards

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Mark