Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Report of an inspection of a Designated Centre for Older People.

Issued by the Chief Inspector

Name of designated centre:	Whitethorn Lodge Care Home Tralee
Name of provider:	Whitethorn Lodge Care Home Tralee Ltd
Address of centre:	Skahanagh, Tralee, Kerry
Type of inspection:	Unannounced
Date of inspection:	04 March 2026
Centre ID:	OSV-0000219
Fieldwork ID:	MON-0049252

About the designated centre

The following information has been submitted by the registered provider and describes the service they provide.

Whitethorn Lodge Care Home Tralee is a designated centre located on the outskirts of Tralee town. It is registered to accommodate a maximum of 68 residents. It is a two storey building with residents' accommodation on the ground floor. The centre is set out in four wings, namely, Beech, Oak, Torc and Dunloe; Mangerton is a unit with two single and one twin en suite bedrooms located by the main foyer. In total, bedroom accommodation comprises 50 single bedrooms and nine twin bedrooms; all with full en suite facilities. Communal areas comprise, two sitting rooms, Rose dining room, art room and oratory, and a quiet visitors' room. Aperee Living Tralee provides 24-hour nursing care to both male and female adult residents whose dependency range from low to maximum care needs; active elderly residents including those residents who have a diagnosis of dementia and cognitive decline, frailty, physical disability, psychiatry of old age, and residents requiring palliative care.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	66

How we inspect

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Wednesday 4 March 2026	09:15hrs to 16:30hrs	Breeda Desmond	Lead
Wednesday 4 March 2026	11:00hrs to 16:30hrs	Caroline Connelly	Support

What residents told us and what inspectors observed

This unannounced inspection took place over one day in Whitethorn Lodge Care Home Tralee. The purpose of which was to follow up on previous inspection findings and as part of ongoing regulatory monitoring of the service. Inspectors continued to have concerns about the overall governance of the centre and this is further detailed in the next section of the report.

There was a pleasant atmosphere and residents were observed to be relaxed and comfortable in their surroundings and mobilising freely about the centre. The inspectors met many of the residents on inspection and spoke with eleven residents in more detail to gain insight into their lived experience in the centre. Residents gave positive feedback about the centre and were complimentary about the care provided, the helpfulness and kindness of staff. It was evident that the team knew residents well and provided care in accordance with their wishes and preferences, and promoted their independence.

Reading material displayed at reception included the residents' guide, inspection reports, statement of purpose, complaints policy, residents' rights and comment and suggestion cards. Continuous upgrading and refurbishment of the building was ongoing with completion of painting of the centre, tiling in en suite bathrooms, replacement of all bedroom curtains and curtained measured for the main day room were awaited. Equipment procured since the last inspection included two new bedpan washers, and two new HPN-10 clinical handwash sinks which were about to be installed.

The entrance was very well maintained and spring bulbs were blooming. The outside of the building was being power-hosed when the inspector arrived early in the morning and further cleaning of the back garden was ongoing during the inspection. One of the resident's loves gardening and he was observed with a high-vis jacket outside with the maintenance staff helping with the gardening.

Upon arrival to the centre, 10 residents were seen to have their breakfast in the dining room. Staff were available to serve breakfast and residents were seen to have a choice in breakfast options. Other residents were relaxing in the main foyer and day room. The inspectors observed that morning care was delivered in a relaxed manner; staff were observed to knock on bedroom doors before entering and chat with residents. Following personal care, residents came to the day room or reception area to relax. Residents were seen to read the news papers and chat with their friends; a few residents preferred to stay in their bedrooms and this was respected. Bedrooms were decorated in accordance with the resident's preference, and were homely and personalised; some residents had brought in furniture from home as well. Privacy curtains in twin bedrooms were upgraded following the findings of the last inspection; which ensured the privacy of both residents.

Inspectors spoke with residents in the dining room at lunch time and observed the mealtime experience. Residents were very complimentary about the food. Tables were set prior to residents coming to the dining room for their meals. Menus were displayed on each table with pictures and written information on the daily menu choice. Residents requiring assistance were seen to be helped in a respectful manner, and there was sufficient staff in the dining rooms to provide assistance. Inspectors saw that morning and afternoon snacks and beverages were offered to residents in communal areas and then staff went around to residents in their bedrooms offering refreshments.

There was a varied activity schedule and the activities programme was displayed on each corridor reminding residents of the activities programme of the day. Also displayed on each unit were the staff on duty for their unit and team leaders. Activities during the inspection included poetry reading, bingo, a highly entertaining exercise workout, dog therapy with the visiting Bichon Frisé; the hairdresser was also on site during the inspection. Residents explained that some of the GAA Kerry County Board and Kerry team players were coming to the centre the day after the inspection with The Sam McGuire cup and were so disappointed that the inspectors would miss 'Sam'. Staff displayed a large picture of the cup at reception to remind residents of the visitors calling. Throughout the day residents were seen chatting with staff at reception, getting news and updates.

The nail bar paraphernalia was a mobile unit with movable tables within the unit. This was previously located in the hairdressers room but it was noted that residents were reluctant to go to the hairdressers room to have their nails manicured so they trialled the nail bar in the main dayroom and it works much better. New signage was displayed at the entrance to the day room advising of the nail bar and the staff to contact to have a manicure.

The smoking area was accessible via the oratory. This was a sheltered area outside the door of the oratory with seating, fire retardant aprons, safe receptacle for cigarette ends, call bell and a fire blanket as part of their fire safety precautions. The garden area was easily accessible through the oratory and activities room. There were designated rooms for storage of wheelchairs, clean linen and incontinence wear.

Medication trolleys were secured to walls. Doors to clinical and sluice rooms were secured to prevent unauthorised access in line with best practice as sharps bins were stored in these rooms. Both clinical rooms had infection prevention and control compliant hands-free clinical sinks, however, the outlet of one was seen to be quite unclean.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre, and how these arrangements impacted the quality and safety of the service being delivered.

Capacity and capability

This inspection was undertaken to monitor compliance with the Health Act 2007, Care and Welfare of Residents in Designated Centres for Older People, Regulations 2013. The centre is currently in escalation due to the ongoing instability of the governance arrangements and the uncertainty regarding the financial stability of the registered provider.

Regulatory escalation commenced in November 2021, and has continued since that date as a consequence of repeated failures of the registered provider, which raises concerns about the "fitness" as a registered provider responsible for the care and welfare of those who live in the nursing home.

Whitethorn Lodge Care Home Limited is the registered provider for Whitethorn Lodge Care Home. Since November 2021 the Chief Inspector has on ten occasions, received late notifications of changes to the directors of Whitethorn Lodge Care Home Ltd, some changes reflected the removal and reappointment of the same people. Overall there were fourteen notifications of changes in director or secretary since November 2021, with 20 role changes in total. In many cases the same people were repeatedly removed or added as directors, raising serious concerns about the stability of the company that is the registered provider. Currently there is only one director identified on the companys registration and notified to the Chief Inspector. In the context of a registered provider who has been issued with notices which proposed to cancel the registration of the centre and to refuse to renew the registration (following which the register provider submitted representation), these issues point to ongoing failures in the registered provider's systems of governance and management. The regulator was informed that Whitethorn Lodge Care Home Ltd is for sale, and has been for some time, with continual repeated assurances to the regulator that the sale was imminent, however, to date this has not reached fruition.

During this inspection the inspectors followed up on actions from the last inspection; some have been completed included the premises, infection prevention and control, and aspects of fire safety. As described heretofore, actions that remained outstanding were concerns relating to the registered provider in conjunction with just a sole director for the service that has been in escalation since 2021. This does not provide the necessary assurance regarding senior management governance structure and stability of the centre.

Within the centre, care is directed by a suitably qualified person in charge who is supported by a team of nursing, healthcare, domestic, activity, maintenance, administration and catering staff. The on-site management team includes an assistant director of nursing that deputises in the absence of the person in charge, and two clinical nurse managers (CNMs) that rotate on duty at weekends to ensure managerial support over weekends. The regional clinical manager supports the service and is on site two days per week. Monthly management meetings are facilitated with the provider representative, regional clinical manager and local management, and minutes of these meetings were recorded. These were updated

since the last inspection and set agenda items are now reported under regulations; these were examined and seen to be comprehensively reported on and discussed; associated quality improvement plans were detailed with responsibilities assigned along with review and completion dates. Currently, the provider representative continues to liaise regularly with the centre regarding the operations, including key performance indicators and other relevant information to provide oversight and guidance.

The statement of purpose was updated during the inspection to ensure regulatory compliance. Incidents occurring in the centre were maintained and there was good oversight and monitoring of incidents by the person in charge. The complaints procedure was updated during the inspection to include an easy access complaints procedure which was displayed at reception. Complaints log examined showed timely responses by management to issues raised with actions taken to mitigate recurrence, however, the outcome of complaints was not routinely recorded.

Regulation 14: Persons in charge

The person in charge was a registered nurse with the required experience and qualifications as specified in the regulations. She was full time in post and was actively involved in the governance and management of the centre. She positively engaged with the regulator and was knowledgeable regarding legislation pertaining to running a designated centre. She was well know to residents and knew the care needs of all the residents.

Judgment: Compliant

Regulation 15: Staffing

The inspectors were not assured that evening time staffing were sufficient to ensure adequate supervision could be facilitated, cognisant of the size and layout of the centre, and the assessed dependency levels of residents, as there was two nurses and three healthcare assistance on duty from 8pm-8am for 68 residents over four wings. In the evening the nurses administer the night time medications from which they should not be disturbed, one care staff was required to supervise the day room, which this left two care staff to provide care on four wings.

Judgment: Substantially compliant

Regulation 22: Insurance

A valid insurance certificate was displayed at reception which was complaint with regulatory requirements.

Judgment: Compliant

Regulation 23: Governance and management

Significant concerns remained with regard to the governance and management of the service and the registered provider's ability to ensure that the service provided was safe. This was evidenced by the following:

- the management structure of the provider remained unstable regarding the lines of authority and accountability, and to specified roles and detailed responsibilities for all areas of care provision. Senior management roles within the organisation that were submitted on the organisational structure to the Chief Inspector in November 2023 remained vacant, such as a Director of Quality and Human Resource manager, and there were also a number of changes to the directors of the company since that submission
- the management structure of the provider remained a significant concern with just one director appointed for a service that is in escalation, with a notice of proposed decision to cancel registration and a notice of proposed decision to refuse renewal of registration in place.

There has been concerns for the financial security of the service:

- the office of the Chief Inspector has been advised that a liquidator was appointed to the parent company which owns Whitethorn Lodge Care Home Tralee Limited.

Judgment: Not compliant

Regulation 3: Statement of purpose

The Statement of Purpose was updated on inspection to ensure regulatory compliance as follows:

- to include the registered provider
- person named as the review officer regarding complaints
- information relating to Patient Advocacy Services (PAS)
- acknowledge that training regarding complaints had been completed by the person in charge and the regional manager in accordance with regulatory requirements.

Judgment: Compliant

Regulation 31: Notification of incidents

The incident and accident log was examined and notifications submitted to the Chief Inspector correlated with these. Care and Welfare notifications were timely submitted and in accordance with the specified regulatory requirements.

Judgment: Compliant

Regulation 34: Complaints procedure

Action was required to ensure complaints records were maintained in accordance with legislation:

- while complaints were recorded, the outcome of the complaint was not routinely recorded, in line with regulatory requirements.

Judgment: Substantially compliant

Quality and safety

Residents were supported and encouraged by on-site management and staff to have a good quality of life in Whitethorn Lodge Care Home. There was evidence of residents needs were being met through staff supervision, good access to healthcare services and opportunities for social engagement with an extensive activities programme over seven-days a week.

Inspectors were assured that residents' health care needs were met to a good standard and that staff were responsive to residents care needs, and this was observed on inspection. Residents had good access to GP services and medical notes showed regular reviews by their GPs, including quarterly reviews of medications to ensure best outcomes for residents. Multi-disciplinary team inputs were evident in the care documentation reviewed. Timely referrals were requested to specialist services and reports from these services informed the care planning process. Where there were delays in accessing recommendations such as specialist food supplements for example, this was recorded as part of the care records.

A safety pause is facilitated twice a day, mornings and afternoons to ensure staff have current information to enable effective care delivery. Daily records were seen to be maintained regarding the care given to residents; this record also included the care environment and clinical information such as their intake, output and their current status. A personal emergency evacuation plan was available for each residents detailing their supports for day and night times. A daily narrative was maintained as part of the care documentation.

A sample of care documentation was reviewed. MDROs were seen to be recorded as part of residents' care documentation. In general, assessments and care plans had individualised information with positive goal-setting to promote residents' independence, and risk assessments were detailed to inform care planning.

Controlled drugs and medications were maintained in accordance with professional guidelines. It was noted on inspection that 16 residents received their morning medications routinely at 7am. This was discussed during the inspection, and immediately following the inspection a full review of medication times was completed by the person in charge, and the number of residents receiving early morning medication was reduced to seven residents. Following discussion with residents, five chose to have an early breakfast, and two residents' medical condition warrant early morning medication administration.

Residents had access to a meaningful activation programme over seven days per week. This included one-to-one activation in communal areas as well as residents' bedrooms, group activities, music and mass on-site once a month. Staff were allocated to the day room in the evening times for social activation and supervision. A clothes shop is organised every two months whereby a member of staff displays clothing and accessories as part of afternoon tea where residents can browse the clothes on display and enjoy a shopping experience.

Visitors were seen coming and going to the centre throughout the day. Visitors were welcomed to the centre by staff who knew them by name and actively engaged with them. There was ample space for residents to receive their residents in communal areas such as the large day room to the left of reception.

A new suppression system was just installed in the kitchen as part of fire precautions. Colour-coded emergency evacuation floor plans were displayed which included locations of fire fighting equipment and compartments, with a point of orientation and exit points, they did not include emergency evacuation routes.

The risk management policy was examined and it had the specified risks as detailed under Regulation 26: Risk management.

Regulation 17: Premises

Many aspects of the centre were upgrade since the last inspection. Painting of the centre was completed, and ongoing upgrades were planned such as equipment replacement and upgrading some flooring.

Judgment: Compliant

Regulation 26: Risk management

The risk management policy was examined and this included the specified risks detailed under this regulation. While this policy included information pertaining to COVID-19, a separate infection control policy was updated to include all infections following the change to legislation.

Judgment: Compliant

Regulation 27: Infection control

Action was required to ensure compliance with infection control procedures as follows and prevent cross contamination.:

- mops and brushes were stowed on the floor in the housekeepers room which impeded effective cleaning
- the water outlet of one clinical handwash sink was quite unclean
- some flooring was showing signs of wear and tear and one crash mat was seen to be torn which impeded effective cleaning.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Action was necessary regarding fire precautions as follows:

- while there were floor plans displayed, the emergency evacuation routes were not detailed to inform evacuations routes available (this was a repeat finding).

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

Controlled drug records were examined and these were seen to be maintained in accordance with professional guidelines. There were separate medication and specimen fridges and both had associated daily temperature checks maintained. Medication stored in fridges were seen to be dated when opened in line with professional guidelines.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

In the sample of care records reviewed, improvement was noted regarding assessments and care planning. These had individualised information to inform personalised care. Records wee updated in accordance with routine regulatory requirements as well as with the changing needs of the resident. Pre-admission assessments were completed by the person in charge to ensure the service could provide the necessary care for the person being admitted to the centre.

Judgment: Compliant

Regulation 6: Health care

Residents had access to a general practitioner (GP) of their choice and medical notes reflected good oversight of medication and responses to changes in medication to enable best outcomes for residents. Advanced care directives were discussed with residents and their decisions recorded to ensure they were cared for in accordance with their preferences. Records reflected good pain management, oversight of catheter changing and maintenance, records of episodes such as seizure activity, and antibiotic rationale usage as part of medication management. There were arrangements in place for residents to access allied health and social care professionals such as dietetic services, speech and language, and community palliative care services.

There was a low incidence of pressure ulcer development in the centre; a sample of wound care management was reviewed and these records were seen to be comprehensive and included status updates with photographic evidence.

Residents had access to psychiatry of old age, community psychiatric nurse, dental, optician, tissue viability, palliative care, and the integrated care programme for older people (ICPOP), for example to enable best outcomes for residents.

Judgment: Compliant

Regulation 8: Protection

Good oversight was in place regarding residents' finances, and residents' monies were maintained in a separate resident bank account in line with best practice guidelines. Residents have access to secure spaces within their bedrooms to enable safe-keeping of their valuables if they wish.

Safeguarding concerns were comprehensively addressed and additional supports were implemented to safeguard all residents.

Judgment: Compliant

Regulation 9: Residents' rights

Residents had access to an activities programme over seven days. The activities programme was varied and included entertainment from the community as well as in-house activation. Decorating for St Patrick's day had commenced and residents and staff were chatting about the upcoming Cheltenham race festival, nonetheless, the highlight of the week of inspection was the upcoming visit of 'The Sam McGuire' to the centre.

The person in charge had accessed personal assistants (PAs) and advocacy for relevant residents to enable them be more independent. The person in charge was in the process of trying to upgrade one resident's IT systems to integrated them all with Alexa to enable the resident to be more independent with their technology to operate it independently.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Substantially compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Whitethorn Lodge Care Home Tralee OSV-0000219

Inspection ID: MON-0049252

Date of inspection: 04/03/2026

Introduction and instruction
This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant -** A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.

- **Not compliant -** A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Regulation Heading	**Judgment**
Regulation 15: Staffing	Substantially Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: • A full review of staffing levels and skill mix has been undertaken, with particular focus on the evening and night-time period (20:00–08:00), in line with the number of residents, dependency levels, staff duties at these times and the layout of the centre. • Staffing levels will be increased to ensure adequate supervision and care provision across all four wings. This includes the allocation of additional healthcare assistant hours during peak evening periods. • The deployment of staff has been revised to ensure appropriate supervision in communal areas, while maintaining sufficient staff presence across each wing to meet residents' needs. • Medication administration practices have been reviewed to minimise the impact on supervision. • The DON/ADON will closely monitor staffing effectiveness through audits, staff feedback, and review of incidents/near misses. • Ongoing review of rosters will be conducted to ensure sustained compliance with Regulation 15.	
Regulation 23: Governance and management	Not Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: The center is in the process of being sold and the current Registered Provider and	

Regional Manager will remain in place until a New Registration is complete. An application Process has commenced with a new provider to become the new Registered Provider for the center.
• The present RPR commits to ensuring all the necessary notification periods are adhered to as required by legislation.

• The registered provider representative has ensured the financial viability of the center along with the liquidator of the parent company that owns Whitethorn Lodge Care Home and supports the person in charge with the running of the Centre. The current registered provider has provided the regulator with financial statements to show the stability of the company . There has been continuous investment in Whitethorn over the last 18 months with all own funds and the Home continues to in better financial health than 18 months ago.
• All issues within the Centre that have arise on in the Centre have been dealt with efficiently and expediently .

Regulation 34: Complaints procedure	Substantially Compliant

Outline how you are going to come into compliance with Regulation 34: Complaints procedure:

• The complaints recording system has been revised to ensure mandatory documenting the outcome of each complaint, including details of the investigation, findings, and whether the complainant was satisfied with the resolution.
• A review of recent complaints has been undertaken to ensure outcomes are retrospectively documented where required.
• Ongoing monitoring and auditing of complaints records will be carried out on a regular basis to ensure compliance is maintained.
• This will be incorporated into the centre's governance and quality assurance systems.

Regulation 27: Infection control	Substantially Compliant

Outline how you are going to come into compliance with Regulation 27: Infection control:

• All cleaning equipment, including mops and brushes, have been removed from the floor and are now stored appropriately on designated wall-mounted racks to facilitate effective

cleaning of the housekeeping room and prevent cross contamination.
• The clinical handwash sink identified has been thoroughly cleaned, and a schedule has been reinforced to ensure all sinks, including water outlets, are cleaned and checked regularly as part of routine cleaning procedures.
• A refurbishment plan to replace all damaged flooring has been commenced.
• The torn crash mat has been removed from use and replaced to ensure all equipment supports effective cleaning and infection control standards.
• Staff have been reminded of infection prevention and control procedures, including appropriate storage of cleaning equipment and maintaining a clean environment.
• Environmental audits are implemented to monitor compliance with infection control standards on an ongoing basis.

Regulation 28: Fire precautions	Substantially Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:

• All floor plans throughout the centre are being reviewed and will be updated to clearly and accurately display emergency evacuation routes, including primary and secondary escape routes from each area.
• These updated evacuation maps will be prominently displayed in all relevant locations to ensure they are easily visible and accessible to staff, residents, and visitors.
• Staff have been informed of the updated evacuation route at daily huddles, and these updates will be reinforced through ongoing fire training and drills.

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 15(1)	The registered provider shall ensure that the number and skill mix of staff is appropriate having regard to the needs of the residents, assessed in accordance with Regulation 5, and the size and layout of the designated centre concerned.	Substantially Compliant	Yellow	15/06/2026
Regulation 23(1)(a)	The registered provider shall ensure that the designated centre has sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose.	Not Compliant	Orange	31/10/2026
Regulation 23(1)(b)	The registered provider shall ensure that there is a clearly defined management structure that	Not Compliant	Orange	30/11/2026

	identifies the lines of authority and accountability, specifies roles, and details responsibilities for all areas of care provision.			
Regulation 27(a)	The registered provider shall ensure that infection prevention and control procedures consistent with the standards published by the Authority are in place and are implemented by staff.	Substantially Compliant	Yellow	31/12/2026
Regulation 28(1)(d)	The registered provider shall make arrangements for staff of the designated centre to receive suitable training in fire prevention and emergency procedures, including evacuation procedures, building layout and escape routes, location of fire alarm call points, first aid, fire fighting equipment, fire control techniques and the procedures to be followed should the clothes of a resident catch fire.	Substantially Compliant	Yellow	30/05/2026

Regulation 34(6)(a)	The registered provider shall ensure that all complaints received, the outcomes of any investigations into complaints, any actions taken on foot of a complaint, any reviews requested and the outcomes of any reviews are fully and properly recorded and that such records are in addition to and distinct from a resident's individual care plan.	Substantially Compliant	Yellow	11/05/2026