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:	05 March 2025
Centre ID:	OSV-0000219
Fieldwork ID:	MON-0046323

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:	68

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 5 March 2025	08:30hrs to 16:40hrs	Breeda Desmond	Lead
Wednesday 5 March 2025	08:30hrs to 16:40hrs	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. Overall, there was a pleasant atmosphere and residents were observed to be relaxed and comfortable in their surroundings. The inspectors met many of the residents on inspection and spoke with ten 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 and kindness of staff. Inspectors spoke with two visitors and they spoke very highly of the care and attention their relative received; one relative spoken with described excellent interaction during the pre-assessment stage prior to their relative coming into the centre, and how the person in charge explained everything and answered all their questions. It was evident that the team knew residents well and provided care in accordance with their wishes and preferences, and promoted their independence. However, on this inspection, inspectors continued to have concerns about the overall governance of the centre.

On arrival for this unannounced inspection, inspectors were guided through the centre's risk management procedures, which included a signing in process and hand hygiene. The regional manager attended the centre twice a week and was on site during the inspection.

Continuous upgrading and refurbishment of the building was ongoing with seven bedrooms and the main entrance newly painted, new fire doors at reception and dining room entrance, new flooring seen in some areas, redecoration of the prayer reflection room, and a new call-bell system for example. A programme of works was described by the person in charge regarding ongoing refurbishment with the upgrading of the premises with painting scheduled, and replacement of curtains throughout the building.

Reading material such as the statement of purpose, residents' guide, inspection reports, complaints' policy, annual quality report and a new initiative information leaflet titled the 'Visitors' Leaflet' were displayed by reception. The Visitors' Leaflet explained to readers about visiting, respecting mealtimes, and compassionate visiting for example. The certification of registration and main fire panel were also located by the reception.

Upon arrival to the centre, seven residents were seen to have their breakfast in the dining room. 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; some residents preferred to stay in their bedrooms. Bedrooms were decorated in accordance with the resident's preference, and were homely and personalised. While

twin bedrooms had privacy curtains, they did not completely surround the bedspace to ensure 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 and the dining experience. 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 room 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 were seen to be facilitated in the activities room where residents enjoyed painting and they reported to the inspectors how much they enjoyed this, that they found it very relaxing and showed some of their beautiful art work that was displayed. Other activities were facilitated in the day room. Residents told inspectors they made pancakes the day before the inspection, Shrove Tuesday.

The hairdresser was on site and residents were having their hair up styled as well as coloured. One resident explained that she had completed a course in her day services and the centre was having a graduation ceremony in the afternoon. Dressed in a graduation gown and cap, staff presented her with a framed certificate, bouquet of flowers and bottle of champagne, they played and sang 'congratulations' and staff and residents hugged and congratulated her and took photographs. The resident told inspectors she was thrilled with her day and inspectors saw that residents and staff were thrilled for her and joined in the celebrations.

The smoking area was accessible via the activities room. This was a sheltered area outside the door of the activities room with seating, fire retardant aprons, call bell and a fire blanket as part of their fire safety precautions. The garden area was accessible through the oratory and activities room. The room designated for storage near Skellig wing could accommodate a limited amount of equipment such as wheelchairs and hoists. There were designated rooms for storage of clean linen and incontinence wear.

The laundry was inspected and staff there were knowledgeable regarding work-flows and appropriate temperatures for laundering different items. In total, there were three washing machines, two industrial and one domestic one of which was newly replaced; there were two industrial dryers available. Laundry was seen to be segregated at source and alginate bags were available for soiled linen.

Medication trolleys were secured to walls; residents' records were securely maintained in designated presses on each unit. 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.

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 (as amended) as 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 raise concerns about their "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.

As recently as 11 February 2025, at a provider meeting, the registered provider was reminded of their legal obligations to comply with Regulation 6(4) of the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015, regarding notifying the regulator of a change to company directors. Despite this, within two weeks Whitethorn Lodge Care Home Ltd once again failed to comply with regulation 6(4), furthermore, Whitethorn Lodge Care Home Ltd allowed for the notification to be submitted by a former director, who had no legal authority to do so, as they had no role in the registered provider company, or in the operation of the designated centre.

Aligned to the above, Whitethorn Lodge Care Home Limited has failed to ensure that information notified to the Chief Inspector is accurate, to include the current company directors, company address, and email and contact information. Information in relation to Whitethorn Lodge Care Home Tralee Limited, submitted to the Chief Inspector, did not correspond with information available on the Companies Registration Office (CRO).

Whitethorn Lodge Care Home Ltd had previously advised inspectors that the registered provider required a significant injection of funds and that it was considering the sale of the business. In January concerns were raised regarding the funds available for the operation of the nursing home - these concerns were subsequently resolved but a review of banking records at that time confirmed delays in the receipt of "Fair Deal" monies.

In the weeks preceding this inspection, the decision to sell the business was communicate to the residents and their families and the staff in the centre. The registered provider provided information to be shared with residents, relatives and staff regarding the sale, but delegated this difficult task to the person in charge and the regional manager.

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 providers systems of governance and management.

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 regional clinical manager supports the service and is on site weekly to support the service. The sole director explained that weekly management meetings will be facilitated with the regional clinical manager and local management, and minutes of these meetings will be recorded. Currently the provider liaises on a daily basis with the centre regarding the operations of the centre including key performance indicators and other relevant information to provide oversight and guidance. Notwithstanding the appointment of a new director, a sole director for the service that has been in escalation since 2021, does not provide the necessary assurance regarding the governance and stability of the centre.

Incidents occurring in the centre were maintained and there was good oversight and monitoring of incidents by the person in charge. The complaints procedure had been updated in response to the changes in legislation, however, some further amendments were required to ensure that the procedure displayed was in an accessible format for residents and visitors. Nonetheless, the complaints log examined showed timely responses by management to issues raised with actions taken to mitigate recurrence, and to the satisfaction of the complainants. Staff had access to training in accordance with their role and responsibility and additional training was scheduled to ensure all training remained current.

The residents guide, statement of purpose and information to be retained relating to volunteers required updating, and these are further discussed under the relevant regulations.

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.

Judgment: Compliant

Regulation 15: Staffing

The staffing levels on the day of the inspection were appropriate to the size and layout of the centre and the current residents and their dependency needs.

The duty roster was reviewed and showed that the person in charge worked full time. There were two clinical nurse managers (CNMs) and they worked on alternate weekends to provide managerial support for the service; there was also an on-call rota on weekends providing additional support.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had access to mandatory and other training in accordance with their roles and responsibilities. Training was scheduled in the weeks following the inspection as part of ongoing training and development to ensure that staff training remained current. The CNM was undertaking a level 8 management course as part of ongoing professional development.

Judgment: Compliant

Regulation 21: Records

Four staff files were reviewed and were found to contain all the requirements of Schedule 2 as required by the regulations.

Records set out in Schedules 2,3 and 4 were seen to be securely stored and made readily available for review during the inspection.

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 ill-defined and 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,
- legally mandated registration notifications had not been submitted within required time lines to the office of the Chief Inspector. This has been an ongoing issue and despite provider engagement and assurances, this re-occurred as late as February 2025 where a notification of the appointment of a new director was submitted to the Chief Inspector in March 2025, despite the person being in position in February 2025. This has been a repeated breach of registration regulations
- 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
- the Chief Inspector was notified that the centre is to be put for sale but nobody from the provider informed the residents families and staff; this was left to the person in charge and regional manager to communicate to all.

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 that owns Whitethorn Lodge Care Home Tralee Limited
- the centre was not tax compliant in January 2025 which resulted in a delay in the fair deal payment. Although this issue was rectified, there is concern that this issue could be repeated putting the residents at risk.

Judgment: Not compliant

Regulation 3: Statement of purpose

The Statement of Purpose required updating as follows:

- the statement of purpose did not include the updated complaints procedure to reflect centre-specific procedures.

Judgment: Substantially 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

Registration Regulation 6: Changes to information supplied for registration purposes

The registered provider failed to give eight weeks notice in writing to the Chief Inspector in relation to change of company directors as required under paragraph 3 of Schedule 1: This is a repeat failing

- the provider did not inform the Chief Inspector of the change of directors in February 2025 after the departure of two directors and appointment of another director.
- current information in relation to Whitethorn Lodge Care Home Tralee Limited does not correspond with information publicly available on the Companies Registration Office (CRO). The registered provider is required to ensure the information notified to the Chief Inspector is accurate, and to include the current company directors, company address, and email and contact information as the Chief Inspector is legally obliged to maintain a register to reflect the registered provider.

Judgment: Not 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 being met through staff supervision, good access to healthcare services and opportunities for social engagement.

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. One resident visited their GP in the GP's surgery during the inspection. Multi-disciplinary team inputs were evident in the care documentation reviewed. Timely referrals were requested to specialist services and residents had access to psychiatry of old age, community psychiatric nurse, the integrated care programme for older people (ICPOP), dental, optician, tissue viability and palliative care for example.

Daily records was seen to be maintained regarding the care given to residents; this record included the personal care, the care environment and clinical information such as their intake and output and their current status. A daily narrative was maintained as part of the care documentation and this included episodes when residents refused personal care for example and reported that staff returned to residents later offering personal care at a later time. The inspector attended the safety pause; all staff contributed to this information sharing and a holistic approach was taken to this which demonstrated detailed knowledge of residents, their baseline status and any deviation from this.

A sample of care documentation was reviewed and these showed mixed findings. While there was some excellent individualised information with positive goal-setting to promote residents' independence and risk assessments were detailed to inform care planning, information within other assessments was limited and sometimes conflicting. Transfer letters were in place for times when residents were transferred to other care facilities, and upon their return to the centre.

Controlled drug medication management was viewed and practice and records showed that these were maintained in line with professional guidelines. The person in charge had ready knowledge of residents' with a history of MDROs and these were recorded as part of residents' care documentation.

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 once a month. Staff were allocated to the day room in the evening times for social activation and supervision.

Residents' meetings were facilitated regularly and their input was sought regarding the running of the centre; this included the colour schemes for the centre, menu changes and activities for example. Mass was facilitated on site on a monthly basis and the priest attended regularly. He was on site during the inspection offering blessed ashes for Ash Wednesday and residents reported they were delighted to get this blessing.

Daily fire safety checks were comprehensively completed. Weekly door-releasing inspections were completed and actions were immediately taken when issues were

identified. Fire equipment servicing records were available and up to date. Monthly fire safety checks were comprehensively completed. Fire training was up to date for all staff and fire drills were completed as part of fire safety training. Colour-coded emergency evacuation floor plans were displayed which included locations of fire fighting equipment and compartments, with a point of orientation, these were often displayed in the wrong location. This and other issues are further discussed under Regulation 28, Fire precautions.

Regulation 11: Visits

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.

Judgment: Compliant

Regulation 17: Premises

Action was required to ensure the premises complied with the requirements of Schedule 6 of the regulations as follows:

- while twin bedrooms had privacy curtains, these were inadequate to ensure the privacy of both residents as they did not completely surround the bedspace.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

Mealtime was seen to be a social occasion. Residents dined with their friends and social interaction was observed between residents and their friends and staff. There were adequate staff to provide assistance to resident during meal time. Meals were seen to be well presented and served appropriately. Residents were offered choice for all meals and snacks provided.

Judgment: Compliant

Regulation 27: Infection control

Action was necessary to ensure compliance with infection control procedures as follows:

- surfaces to doors, architraves and furniture were marked and scuffed so effective cleaning could not be assured
- service records to ensure the bedpan washer was operating at optimum levels were not available since 2021 so effective cleaning and disinfecting could not be assured.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Action was necessary regarding fire precautions as follows:

- reports of completed drills and simulated evacuations had the same narrative over several records so learning and improvement was not evidenced, this was a repeat finding,
- while there were floor plans displayed, the emergency evacuation routes were not detailed to inform evacuations routes available (this was a repeat finding)
- while there was a point of reference 'You are Here' as part of the emergency floor plans, these were often displayed in the wrong location.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

Action was required to ensure assessments and care planning documentation was in line with specified regulatory requirements as follows:

- one resident's assessment regarding their behaviours indicated that they never exhibited restlessness, anxiety or wandering behaviours, however, their care plan detailed that they were at moderate risk of elopement; their care plan further detailed possible actions that may help de-escalate the resident should they become anxious and agitated.

Judgment: Substantially 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 and good wound care practices were implemented.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

Observation on inspection demonstrated that staff were knowledgeable and had good insight into residents' behaviour and how to support them to be as independent as possible. Observation showed that support was given to residents in a respectful manner that ensured residents' dignity.

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. Staff training relating to safeguarding was up to date for all staff and observation on inspection showed that this was implemented into practice.

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. Residents reported they enjoyed the activities programme and

reported that activities were changed in accordance with the different festivals and holidays, for example, the day before the inspection, Shrove Tuesday, they enjoyed making pancakes. Information was displayed about the upcoming Cheltenham race meeting as well.
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	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Registration Regulation 6: Changes to information supplied for registration purposes	Not compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Whitethorn Lodge Care Home Tralee OSV-0000219

Inspection ID: MON-0046323

Date of inspection: 05/03/2025

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 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 the sale is completed. The anticipated date for a preferred buyer to be found is 30/06/2025 and for the new provider expected to be in place by October 2025.

• The present RPR commits to ensuring all the necessary notification periods are adhered to as required by legislation.

• The Statement of Purpose has been updated to reflect the current temporary governance structure.

• The registered provider representative is committed to ensuring 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 over this period of transition.

• The ongoing issue of tax compliance within the centre has been resolved to the satisfaction of the revenue commissioner.

The compliance plan response from the registered provider does not adequately assure the Chief Inspector that the action will result in compliance with the regulation.

Regulation 3: Statement of purpose	Substantially Compliant

Outline how you are going to come into compliance with Regulation 3: Statement of purpose:
• The statement of purpose has been updated to reflect the current updated complaints procedure. The updated version is now on display for all residents.
• The Statement of Purpose is being updated to reflect the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) (Amendment) Regulations 2025.

Registration Regulation 6: Changes to information supplied for registration purposes	Not Compliant

Outline how you are going to come into compliance with Registration Regulation 6: Changes to information supplied for registration purposes:
• The present RPR commits to ensuring all the necessary notification periods are adhered to as required by legislation.

Regulation 17: Premises	Substantially Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:
• In the twin rooms replacement privacy curtains were immediately purchased which now adequately ensure the privacy of both residents who share the room.

Regulation 27: Infection control	Substantially Compliant

Outline how you are going to come into compliance with Regulation 27: Infection control:
• An external painting company is currently employed to paint the interior of the home including the architraves around the doors.
• A refurbishment plan is in place to repair/replace the scuffed doors and furniture.
• Two new bedpan washers have been purchased and installed since this inspection and a service agreement is in place with this supplier.

Regulation 28: Fire precautions	Substantially Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: • The Evacuation Floor plans are in the process of being updated to ensure accuracy. • The current procedure for documenting fire drills and simulated evacuations is being updated to capture improvements in different scenarios over time and enhance the learning process. Records now clearly show learning for continuous improvement.	
Regulation 5: Individual assessment and care plan	Substantially Compliant
Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan: • The resident's care plan referred to in this inspection has been updated to reflect accurate person-centered care and information. • A new plan of auditing residents' care plans has been introduced to ensure all residents' assessments and care plans are reviewed and updated at a minimum of four monthly. To ensure there has been a transfer of learning audits on individual resident care plans are carried out in conjunction with the resident's named nurse.	

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
Registration Regulation 6 (4)	The registered provider shall give not less than 8 weeks notice in writing to the chief inspector if it is proposed to change any of the details previously supplied under paragraph 3 of Schedule 1 and shall supply full and satisfactory information in regard to the matters set out in Schedule 2 in respect of any new person proposed to be registered as a person carrying on the business of the designated centre for older people.	Not Compliant	Orange	05/03/2025
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular	Substantially Compliant	Yellow	06/03/2025

	designated centre, provide premises which conform to the matters set out in Schedule 6.			
Regulation 23(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	10/03/2025
Regulation 23(b)	The registered provider shall ensure that there is a clearly defined management structure that identifies the lines of authority and accountability, specifies roles, and details responsibilities for all areas of care provision.	Not Compliant	Orange	01/10/2025
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Not Compliant	Orange	01/10/2025
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the	Substantially Compliant	Yellow	01/10/2025

	prevention and control of healthcare associated infections published by the Authority are implemented by staff.			
Regulation 28(1)(c)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Substantially Compliant	Yellow	01/06/2025
Regulation 28(1)(e)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.	Substantially Compliant	Yellow	01/06/2025
Regulation 03(2)	The registered provider shall review and revise the statement of purpose at intervals of not less than one year.	Substantially Compliant	Yellow	23/02/2025
Regulation 5(2)	The person in charge shall arrange a comprehensive assessment, by an appropriate health care professional of the health, personal and social	Substantially Compliant	Yellow	23/04/2025

	care needs of a resident or a person who intends to be a resident immediately before or on the person's admission to a designated centre.			
Regulation 5(3)	The person in charge shall prepare a care plan, based on the assessment referred to in paragraph (2), for a resident no later than 48 hours after that resident's admission to the designated centre concerned.	Substantially Compliant	Yellow	23/04/2025