

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

Issued by the Chief Inspector

Name of designated centre:	Ocean View Care Home
Name of provider:	Riada Care (Munster) Limited
Address of centre:	Knockglassmore, Camp, Tralee, Kerry
Type of inspection:	Announced
Date of inspection:	16 June 2026
Centre ID:	OSV-0005406
Fieldwork ID:	MON-0050816

About the designated centre

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

Ocean View Care Home is situated in a scenic location on the outskirts of Camp village overlooking Tralee Bay, Fenit lighthouse and the Maharees. It is a two-storey building with resident accommodation on the ground floor. Resident accommodation comprises 22 single bedrooms and 6 twin bedrooms. There are additional toilet, shower and bathroom facilities. Communal accommodation consists of a large dining room and smaller dining room, a large conservatory sitting room, quiet room and prayer room. Residents have access to a secure outdoor space. This centre provides residential care to people predominantly over the age of 65yrs. The centre provides 24 hour nursing care.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	0
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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
Tuesday 16 June 2026	09:30hrs to 15:00hrs	Breeda Desmond	Lead
Tuesday 16 June 2026	09:30hrs to 15:00hrs	Frank Barrett	Support

What residents told us and what inspectors observed

This was a short-term announced inspection of Ocean View Care home, undertaken following the application by the registered provider to vary two conditions of registration. As the nursing home was closed for some time while remedial fire safety works and refurbishment were being completed, it was necessary to liaise with the provider to ensure personnel were on site to facilitate the inspection.

Personnel on site for the inspection included three of the directors of Riada Care (Munster) Limited, the incumbent person in charge and assistant director of nursing.

While there were no residents living in the centre, Ocean View Care Home is currently registered to accommodate 15 residents. The applications to vary conditions included the request to increase this number to enable 34 residents to be accommodated in the centre.

Ocean View Care Home is a two-storey building set on a mature coastal site with panoramic views of Tralee bay and Fenit Harbour. Resident accommodation is confined to the ground floor; offices and staff changing facilities are upstairs, and this area is securely maintained. Extensive refurbishment and redecoration was evident throughout the building; the entire building was re-painted, some areas had new flooring, and some new furnishings such as chairs, beds, bedside tables and lockers and wardrobes for example. Art work was displayed along corridors which added to the overall appearance of the building.

Bedroom accommodation comprises 22 single and six twin bedrooms. Of the 28 bedrooms, 26 have en suites with shower, toilet and wash hand basin; one has an en suite with toilet and wash hand basin; and one twin bedroom has a hand wash sink. There are additional bath, shower and toilet facilities in close proximity to these bedrooms. En suite facilities in twin bedrooms did not have provision to enable residents to individually store their toiletries. Beds were profiling and had low-low capability. Nonetheless, the protective surfaces of some furniture such as bed frames, hand-rails on corridors, some window sills and shelving in en suite bathrooms, were seen to be worn.

There is a variety of communal day spaces available for residents use, including one smaller dining room at the main entrance, a newly appointed quiet room for resident to relax, a larger room with conservatory to the front with views of the ocean, the main day room comprises a larger conservatory with beautiful views of Tralee bay and Fenit lighthouse; there is a prayer room, and the hair-dressers is located to the rear of the building.

The internal secure garden area is accessible along one corridor. There was garden furniture for residents to sit out and enjoy; raised flower beds were located around the garden for residents who enjoy gardening. While there was a designated

smoking shelter with call-bell and fire apron, this required further review to ensure it was fit for its stated purpose, and protect residents during inclement weather.

There was an array of new hoists available. There was a new call-bell system installed and call bells were seen in all communal areas, bedrooms and en suites, and other bathrooms throughout the centre. Touch-screen devices were available and were awaiting to be wall-mounted to enable staff record care given contemporaneously. Advisory signage will be displayed at junctions throughout the centre directing residents to rooms such as the dining room, day rooms and bedrooms to ally confusion and disorientation.

There was a visitors' sign-in book at reception. Information relating to advocacy services and the complaints procedure was displayed. There was a large notice board near reception with resident information displayed.

Rooms requiring security had coded locks such as clinical and sluice rooms. There were some compliant hand-wash sinks available to staff such as in the nurses' station, clinical room and a hand-wash hub at the 'cross-roads' junction in the centre of the building; the clinical hand-wash sink in the sluice room was stainless steel. Wall-mounted hand sanitisers were displayed throughout the centre and most required advisory signage to inform people of appropriate use; hand-wash soap dispensers and hand-wash sinks also required signage advising of their purpose and function.

The laundry was re-located to an external building; this was a much larger room enabling better work-flows in accordance with infection control practices. Work-flow signage was due to be applied to highlight to staff the flow from dirty-to-clean laundry. A new industrial ironing table was installed and a mobile unit with individual storage units for residents clothes was seen. There was a laundry sink and separate hand-wash sink, however, the hand-wash sink was currently inaccessible to users. The provider representative assured that this would be addressed.

There were two large containers to the side of the building; one facilitated the storage of incontinence wear and the second had new equipment such as bedside lockers and shower chairs for example.

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 will impact the quality and safety of the service being delivered.

Capacity and capability

This inspection was undertaken by inspectors of social services in accordance with the Health Act 2007.

An application to remove Condition 4 of the registration of Ocean View Care Home had been progressed prior to the inspection; two further applications were made to vary Conditions 1 and 3 of the registration, that is, to increase the bed occupancy from 15 to 34, and to register the centre in accordance with the updated statement of purpose with associated floor plans.

Riada Care (Munster) Limited is part of the Riada Care Limited group, with three other designated centres as part of the group. Riada Care (Munster) Limited has a board of three directors.

As part of the applications to vary conditions of registration, appropriate fees were paid and prescribed documentation was submitted to the regulator. The statement of purpose was reviewed and this required amendments; these are detailed under Regulation 3: Statement of Purpose. Floor plans also required re-submission to enable legibility, fire safety compartments and fire doors.

The provider outlined some of the proposed supports they planned to have in place to ensure Ocean View Care Home would be appropriately supported with weekly on-site meetings with the one of the directors and monthly clinical focused meetings as part of Riada group persons in charge to enable collegial support and learning, and on-site clinical governance meetings with all directors as part of clinical governance. However, a further governance structure detailing and quantifying the clinical and managerial structure to support the service above the role of the person in charge was required.

Regarding staff training, the person in charge assured that staff currently recruited had completed their mandatory training including safeguarding, fire including drills and evacuations, manual handling, and food preparation. A training matrix was in place and the person in charge was very familiar with staff training needs.

Regarding staff levels and skill mix, while there was a draft staff rota available, this did not include the ratio of residents to staff to be assured that there would be adequate staff to care for residents in accordance with their assessed needs.

Other documentation reviewed included the complaints' procedure. This required further review as it was not in an accessible format for all; this is further detailed under Regulation 34: Complaints Procedures.

The provider had completed a significant amount of upgrade works to ensure that the future residents would be protected from the risk of fire. Upgrades to compartment to contain potential fires were extensive and included works to walls, floor ceilings, and services voids within the building. Further upgrades were also completed to emergency lighting both internally and externally, as well as a new category L1 fire detection and alarm system. This fire detection system category ensures that fires would be detected at the earliest moment and the alarm raised. This alarm system was also linked to a newly installed gas detection and shut off system within the boiler rooms, laundry and kitchen. The auditing and ongoing monitoring schedules of all fire safety and building systems was being worked on and required input from the providers' assigned certifier as the audit system was linked to the fire certification for the building. There were systems in place to ensure

that staff were trained and new staff were made aware of the systems and their role in the case of an emergency and subsequent evacuation.

Registration Regulation 7: Applications by registered providers for the variation or removal of conditions of registration

The registered provider had applied to vary Conditions 1 and 3 of the registration. Appropriate fees were paid to the regulator and prescribed documentation submitted in accordance with specified regulatory requirements.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge was full-time in post. She had the necessary qualifications and experience as specified in the regulations.

Judgment: Compliant

Regulation 15: Staffing

While there was a proposed duty roster in place, it could not be determined whether the number of rostered staff would be adequate as it did not reflect the number of residents that would be accommodated. Inspectors requested an updated roster correlating staffing levels with the number of residents being admitted to the centre, and this was awaited.

Judgment: Substantially compliant

Regulation 16: Training and staff development

The registered provider had fulfilled their obligation to provide appropriate training for staff. Staff currently recruited had completed their mandatory training; other training proposed included wound care and palliative care. The person in charge would provide infection control (IPC) and hand hygiene training. The person in charge had completed the link practitioner course relating to IPC and it was proposed that the ADON would do this course in September.

Judgment: Compliant

Regulation 23: Governance and management

The registered provider was requested to review the staffing numbers and skill mix to ensure there were adequate resources to ensure effective delivery of a social model of care for 34 residents, throughout the day, night and twilight hours.

The audit and checking schedule for all environmental and fire safety systems throughout the building required review to ensure that it was in line with the requirements of the fire safety certificate.

A clear governance structure was not in place that identified and quantified the clinical and managerial oversight of the centre above the role of the person in charge.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The statement of purpose required updating to enable compliance with specified regulatory requirements as detailed under Schedule 1, as follows:

- the proposed number of residents to be accommodated in the centre
- contact detailed of the registered provider
- the quantified clinical and managerial supports to the centre to be included in the WTEs
- information regarding the facilities available as part of bedroom en suites
- the complaints procedure to ensure it was accessible to all residents
- the frequency of arrangements made for consultation with, and participation of, residents in the operation of the centre
- the use of two container units to the rear of the centre required review as they were used as storage for the use of the centre, but were not on the floor plans.

Judgment: Substantially compliant

Regulation 34: Complaints procedure

The complaints' procedure differentiated between informal and formal written complaints which may not be accessible to some; the complaints procedure display was not in an accessible format for residents.

Judgment: Substantially compliant

Quality and safety

Overall, inspectors were assured that residents would be supported and encouraged to have a good quality of life in Ocean View Care Home where a social model of care would be promoted.

The programme of activity was in draft form and the person in charge assured that this would be updated when staff are in place and their strengths and interests identified regarding activities, as well as discussion with residents and their preferences and choices. The local community was very active and the person in charge assured that they would access information to ensure residents had access to local social engagement.

The person in charge outlined that two local GPs would attend the centre; in addition, where residents preferred to stay under the care of their own GP, that would be facilitated by the centre. Other services that have been organised include access to speech and language and dietician; community palliative, advocacy services and pharmacy. The centre was just 20kms from Tralee town, enabling easy access to services such as acute hospital and the integrated care programme for older persons [ICPOP].

The building had been totally refurbished as described heretofore, and was bright and homely with a warm atmosphere. Nonetheless, a few areas for improvement were identified including layout of bedrooms, fittings and light switches. These are detailed under Regulation 17: Premises.

While significant works had been completed to upgrade fire safety, further assurance was required in relation to the level of compartmentation to ceilings in one room. The upgraded fire safety systems throughout the centre included fire alarm panels with digital read-outs at each wing. These panels would identify the location of the fire in the event of an alarm, and were configured to ensure that each room was accurately identified on the panels. Minor amendments were required to the detail on these panels as identified under regulation 28: Fire Precautions

Regulation 11: Visits

Resident will have access to a separate quite room to host their visitors should they choose private quite space. This room was newly refurbished and had comfortable seating. The statement of purpose outlined visiting, which would be facilitated in accordance with the residents will and preference. Provision for compassionate visiting was also detailed.

Judgment: Compliant

Regulation 17: Premises

Considerable refurbishment and upgrading was undertaken to the premises, nonetheless, further works were required to ensure the premises would comply with requirements as specified in Schedule 6:

- the current layout of the premises could only facilitate approximately 16 residents to dine in a dining space
- while many TVs in bedrooms were large, others were small and may be difficult to view
- some bedroom layouts did not ensure residents had easy access to their call bell, bedside locker, plug sockets, over-bed light and TV for example
- some of the external walls required repair following installation of new exit-doors
- some of the support rails were loose and would not provide adequate assurance that they would support resident usage
- some en suites had one small support rail alongside the toilet – inspectors requested that this be reviewed to ensure residents had access to adequate supportive equipment as part of their en suite facilities
- some of the shower drainage covers were not sitting correctly on the base in a number of en suites and posed a risk to residents. Tiles were also seen to cracked or broken around the base of the showers,
- the position of some toilet-roll holders partially obstructed access to the toilet.

Judgment: Substantially compliant

Regulation 27: Infection control

Action was required to ensure compliance with regulatory requirements associated with infection control, as follows:

- shared en suite facilities did not have provision to enable residents to individually store their toiletries

- the protective surfaces of some furniture such as bed frames and hand-rails on corridors, some window sills and shelving in en suite bathrooms, were seen to be worn and impeded effective cleaning
- wall-mounted hand sanitisers were displayed throughout the centre and most did not have advisory signage to inform people of appropriate use; hand-wash soap dispensers and hand-wash sinks also did not have signage advising of their purpose and function,
- while there were two sinks in the hairdressers room neither were designated as a handwash sink even though there was a soap and towel dispenser by one of the sinks
- there was no defined area assigned to safely store domestic and clinical waste.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The provider had made significant progress to ensure that residents living at the centre were protected from the risk of fire. However, some further action was required of the registered provider including:

- while there was a designated smoking shelter, this was not fit for its stated purpose, as it did not have appropriate fire control devices in close proximity including fire extinguishers, and it did not protect residents during inclement weather
- the cigarette disposal unit outside one entrance required to be removed as this was not a designated smoking area
- assurance was required that the ceiling of the comms (communications equipment) room, would provide adequate containment of fire as it had been modified during renovations work. Some equipment was also stored within this high fire-risk room, which the provider committed to removing on the day of inspection
- while the gas supply system was fitted with automatic detection and shut off, the back-up manual shut off points were not labelled within the rooms where gas was used as a fuel.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

The person in charge outlined that pharmacy services would be supplied by a local pharmacy. The pharmacist had committed to providing services in compliance with regulatory requirements. There were two drug trolleys to facilitate medication

rounds; the controlled drug press was installed in a secure press in the nurses' station. The medication fridge was installed in the secure clinical room; a samples fridge was also available.

Judgment: Compliant

Regulation 6: Health care

The person in charge had secured the services of two local GPs; residents will also have the option of remaining with their own GP if that GP practice can accommodate care of the resident in the centre. Other services secured included access to a dietician, speech and language allied health professions. Palliative care would be provided as part of access to the near-by acute hospital.

Judgment: Compliant

Regulation 8: Protection

The training matrix included training relating to safeguarding, dementia care and restrictive practice to ensure all staff will have up to date knowledge and skills to protect residents. Each resident had a secure drawer in their bedside locker to safely keep their belongings.

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	
Registration Regulation 7: Applications by registered providers for the variation or removal of conditions of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 34: Complaints procedure	Substantially compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Ocean View Care Home OSV-0005406

Inspection ID: MON-0050816

Date of inspection: 16/06/2026

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: The Registered Provider has provided an updated roster accompanying this updated compliance plan to align staffing levels with resident admissions to The Centre, in line with best practice admission guidelines and feedback given by the Chief Inspector. The Registered Provider will ensure ongoing compliance with Regulation 15 through the admission process, whereby the Person In Charge will review staffing levels and skill mix against resident numbers and individual needs prior to each admission to ensure safe and effective care delivery to all 34 residents. These reviews will be recorded and monitored daily through the admissions process. [Complete, ongoing]	
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: As Per Regulation 15, The Registered Provider will ensure ongoing compliance with Regulation 15 through the admission process, whereby the Person In Charge will review staffing levels and skill mix against resident numbers and individual needs prior to each admission to ensure safe and effective care delivery to all 34 residents. These reviews will be recorded and monitored daily through the admissions process. Ongoing reviews of systems of work will be maintained through the normal course of Governance & Management within The Centre. [Complete, ongoing].	

The Registered Provider has reviewed the audit and checking schedule for all environmental and fire safety systems throughout the building. A handover has been received from the competent persons who installed the systems and has informed the this schedule. The condition stated on the updated fire safety certificate is being progressed by The Centre's Fire Safety Engineer with the Local Authority.

The Registered Provider has proposed a clinical Governance & Management structure that identifies and quantifies the provider level support available to the Person In Charge. This has been accepted by the Chief Inspector. This structure sets out the following;

- Clinical support to include the Riada Care Group Clinical Director + AN OTHER Clinical Compliance resource available to the group. One of each will present in the Centre each week.
- The operational support available to the group through centralised resources to include the group Financial controller, who will be present in The Centre monthly, and the group Operations Director who will be present in The Centre weekly.

[Expected completion, subject to Chief Inspector approval.]

Regulation 3: Statement of purpose	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 3: Statement of purpose:

The Registered Provider has reviewed and revised The Centre's Statement Of Purpose to ensure it accurately reflects the service and contains all information required by Schedule 1. Specifically, the revised Statement Of Purpose has been updated to include

- The correct proposed number of residents to be accommodated in The Centre (34)
- The current contact details of The Registered Provider
- Updated information on the facilities available in bedrooms and en-suites
- A revised complaints procedure presented to include accessibility considerations for all residents
- The frequency of resident consultation and participation in the operation of The Centre; and
- An updated floor plan and room schedule to include the two container units to the rear of the Centre for storage
- The above list has been submitted [complete]

The information regarding the quantified clinical and managerial supports to The Centre is subject to approval by The Chief Inspector as outlined above under Governance & Management [Expected completion, subject to Chief Inspector approval.]

Regulation 34: Complaints procedure	Substantially Compliant
Outline how you are going to come into compliance with Regulation 34: Complaints procedure: The Registered Provider has arranged, through The Centre's Person In Charge, for a review of the complaints procedure. This has been rewritten in a more accessible format, to reflect the ability of complainants to raise a formal complaint through a medium other than writing and inclusive of their needs. [Complete]	
Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: The Registered Provider has taken the following action to ensure compliance with Regulation 17 and the requirements as specified in Schedule 6: Dining Capacity The dining arrangements have been reviewed to ensure that all residents can dine in the dining spaces within The Centre [Complete]. Dining tables and chairs, to ensure capacity for all Residents will be available at The Centre by July 20th 2026. Bedroom Televisions: Undersized television have been identified and replaced with appropriately sized units to ensure comfortable viewing [Completion date July 10th] Bedroom layouts: Bedroom layouts have been reviewed and are undergoing reconfiguration to maximise ease of access to call bells, lockers, sockets, light and television [Target Completion date July 10th] External walls: The external 'reveals' affected by installation doors have been assessed by a competent person and will be repaired [Target completion date, July 31st] En-suite support equipment: Support rails in the identified bathrooms have been inspected. Drop down grab rails, with supporting legs, have been purchased for each identified bathroom to ensure adequate supportive equipment in these en-suites [Ongoing, target completion date July 17th] Shower draining and tiling: The ill-fitting shower drainage cover has been adjusted to fit correctly. The identified cracked tiles will be repaired [Ongoing, target completion date July 17th] Toilet-roll holders: A review has been completed of the toilet roll holders, and those that may obstruct access are being repositioned [Ongoing, target completion date July 17th]	

Regulation 27: Infection control	Substantially Compliant
Outline how you are going to come into compliance with Regulation 27: Infection control: The Registered Provider has reviewed infection prevention and control arrangements throughout The Centre, and has completed/ scheduled the following: Individual toiletry storage: Individual, enclosed storage units have been installed in shared en-suite facilities to enable each resident to store their toiletries individually, separately and safely to reduce cross contamination risk [Complete] Worn Surfaces and enabling effective cleaning : - Window sills and identified shelves are being sanded and re-varnished [Ongoing, target completion July 17th] - Wall mounted sanitisers and hand wash sinks now have advisory signage advising of their purpose and function [Complete] - The hairdressers room is being fitted for a hand wash sink [Target completion, July 24th] - A defined area has been identified to safely store domestic and clinical waste [Target completion July 24th]	
Regulation 28: Fire precautions	Substantially Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: The Registered Provider has taken the following actions to address Fire Precautions: Smoking Shelter A manufacturer has been engaged to design a smoking shelter specific to the smoking area and its layout, so to ensure full coverage from above and the impact from inclement weather at the side. This area includes a fire blanket and the appropriate fire extinguisher has been installed [Target completion date August 14th] Cigarette disposal unit This has been relocated [Complete] Comms room ceiling The Registered Provider has included with this compliance plan, a copy of the Fire Safety Certificate application report from the 2010 Fire Certificate to provide assurance of the fire rating of the separating floor. The fire stopping that was required within this room is visible. Additionally, assurance is provided from the electrical contractor [who undertook	

works at the time] to attest that these incisions in the plaster were done for the purposes of drawing cable within this room and did not penetrate the dividing floor.

Gas Shut Off Points

The back-up manual gas shut-off points have been clearly labelled within all rooms where gas is used as a fuel [Complete]

Fire Zone Floor Plan

There is a fire zone floor plan located beside the main fire panel and each repeater panel, clearly indicating the fire detection zones for that relevant floor to provide a visual aid for locating the source of a fire in an emergency. Additionally, there is a Fire Zone chart referencing all zones within the building to include the other floor. [Complete]

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	09/07/2026
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Substantially Compliant	Yellow	31/07/2026
Regulation 23(1)(a)	The registered provider shall ensure that the designated centre has sufficient resources to ensure the	Substantially Compliant	Yellow	09/07/2026

	effective delivery of care in accordance with the statement of purpose.			
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	24/07/2026
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	14/08/2026
Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose relating to the designated centre concerned and containing the information set out in Schedule 1.	Substantially Compliant	Yellow	09/07/2026
Regulation 34(1)(a)	The registered provider shall provide an accessible and effective procedure for dealing with complaints, which includes a review process, and shall make each resident aware of the complaints procedure as soon as is practicable	Substantially Compliant	Yellow	09/07/2026

	after the admission of the resident to the designated centre concerned.			
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