



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

Issued by the Chief Inspector

Name of designated centre:	Rivervale Nursing Home
Name of provider:	Blockstar Limited
Address of centre:	Rathnaleen, Nenagh, Tipperary
Type of inspection:	Unannounced
Date of inspection:	01 October 2025
Centre ID:	OSV-0005519
Fieldwork ID:	MON-0048355

About the designated centre

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

Rivervale Nursing Home is a purpose-built single storey nursing home that provides 24-hour nursing care. It is located in a rural area close to the town of Nenagh. It can accommodate up to 43 residents over the age of 18 years including persons with dementia. It is a mixed gender facility catering for low to maximum dependency needs. It provides short and long-term care, convalescence, respite and palliative care. There is a variety of communal day spaces provided including dining room, day room, smoking room, conservatories, hairdressing room and a landscaped secure garden area. Bedroom accommodation is offered in both single and twin rooms with en-suite bathroom facilities.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	43
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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
Wednesday 1 October 2025	10:00hrs to 18:00hrs	Rachel Seoighthe	Lead
Wednesday 1 October 2025	10:00hrs to 18:00hrs	Una Fitzgerald	Support

What residents told us and what inspectors observed

On the day of inspection, inspectors observed that residents living in Rivervale Nursing Home were supported to enjoy a good quality of life, by a team of staff who were caring and responsive to their needs. The overall feedback from residents was that they were happy with the care they received. Several residents told inspectors of the kindness of staff, and the consistent feedback was "you couldn't fault the staff".

Inspectors were greeted by a member of staff upon arrival to the centre. Following an introductory meeting with the management team, inspectors walked around the centre, giving an opportunity to meet with residents and staff.

Rivervale Nursing Home is a purpose built single-storey building, located on the outskirts of Nenagh, Co. Tipperary. The designated centre is registered to provide care to a maximum of 43 residents. The centre was fully occupied on the day of inspection.

Inspectors spent time walking through the centre and they observed that staff were busy attending to the morning care needs of residents. The atmosphere in the centre was relaxed and the centres' pet dog, added to the homely environment. Some residents were observed spending time in their private accommodation, which consisted of single and shared bedrooms. Inspectors noted that residents were supported to personalise their bedrooms and items of significance were displayed, such as photographs and ornaments. Inspectors observed that call bells were provided in all resident bedrooms, however due to the configuration of some resident bedrooms, call bells leads did not extend within resident reach. Furthermore, inspectors noted that the privacy screening in two shared resident bedrooms did not provide adequate coverage, to ensure that resident privacy needs could be fully met.

Inspectors observed that the premises was generally clean throughout, however, flooring along circulating corridors and in some resident bedrooms was marked and damaged, which was not amenable to cleaning. Inspectors noted that there was visible damage to several resident bedroom walls and along corridor walls.

Inspectors were informed that a programme of refurbishment was underway and they noted that flooring had been replaced in some resident bedrooms. The provider had purchased new furniture and inspectors observed that new television screens were being installed in resident bedrooms on the day of inspection. The enclosed garden had been refurbished enclosed garden and it provided a pleasant outdoor space for residents. The garden was spacious and contained a sheltered seating seating area, plants and decorative features. Access to the garden was unrestricted and inspectors spoke with several residents who spent time relaxing in this area during the inspection. A new external smoking facility was also provided for resident use.

Inspectors spoke with some residents who expressed that they preferred to spend time relaxing in their bedrooms, reading the newspapers and watching television. The majority of residents were seen spending time in a spacious communal sitting room, located beside the main reception. Residents appeared relaxed and comfortable and staff were present at all times, to provide assistance and support.

There was a schedule of activities displayed for resident information and the programme of activities on offer included arts and crafts, ball games and music. Inspectors heard mixed feedback from residents regarding the quality of the activities held within the centre. While many residents expressed that they enjoyed the activities on offer, one resident told inspectors that they would welcome a review of the choice of activities provided. On the afternoon of the inspection, 15 residents were observed sitting in the day room with the television on. Inspectors observed that a film was being shown and they noted that the volume of the television was very loud, which made it difficult to hold a conversation. Inspectors observed that the residents present in the sitting room were not watching the film. When this was queried with the staff in attendance, it was acknowledged that the one resident that had been watching television had left the room.

Inspectors observed a resident lunch-time meal service which appeared to be a relaxed experience. The majority of residents dined together in the main dining room. Inspectors noted that tables were set neatly and residents were offered a choice of menu. Assistance was available for residents who required it and staff were seen to support residents in an unhurried manner. Inspectors observed that residents were offered snacks and drinks throughout the day.

In conversation with a resident, inspectors were told that they often sat in the communal rooms and observed the interactions between staff and other residents. The resident told inspectors that they were always pleasantly surprised at how kind and patient the staff were towards the residents that required extra support. The resident expressed that this observation gave them comfort, as they may need additional support in the future. Residents told the inspectors that staff supported them to get up from bed at a time of their choosing, and that they could have a shower when they wished. Staff spoken with were familiar with the individual care needs of the residents. Residents who were unable to speak with the inspectors were observed to be content and comfortable in their surroundings. There were several residents who had complex care needs and required enhanced supervision. Inspectors observed that there were appropriate supervision arrangements were in place and residents were well supported at all times.

Visiting arrangements were flexible, with visitors being welcomed into the centre throughout the day of the inspection. Inspectors saw that residents could receive visitors in their bedrooms or in a number of communal rooms.

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 on the quality and safety of the service being delivered.

Capacity and capability

This was an unannounced inspection conducted over the course of one day to monitor the provider's compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 as amended. Inspectors also followed up on the provider's compliance plan response to the previous inspection in March 2025, in relation to residents rights, the premises, record management, governance and management and fire precautions.

Overall, this inspection found evidence of improvements in many aspects of the service and the management team demonstrated a commitment towards achieving compliance. Notwithstanding this positive finding, the inspectors found that records, contracts for the provision of care, fire precautions and governance and management, were not fully aligned with the requirements of the regulations. In addition, while there was an ongoing maintenance programme in place, the care environment, in relation to the premises did not meet regulatory requirements.

Blockstar Limited is the registered provider of Rivervale Nursing Home. A director of the company was actively involved in the day-to-day operations of the centre. The person in charge worked full-time in the centre and additional governance support was provided by a regional operations manager. Within the centre, the person in charge was supported by a clinical nurse manager, who deputised in their absence. A team of nurses, healthcare assistants, activity, catering, house-keeping and maintenance staff made up the staffing compliment. The person in charge facilitated this inspection and they were knowledgeable regarding the individual care needs of residents.

Inspectors found that the staffing number and skill mix, on the day of inspection, was appropriate to meet the care needs of the 43 residents who were living in the centre. Records showed that there was a minimum of two registered nurses on duty at all times, to oversee the clinical care of the residents.

Records reviewed by the inspectors confirmed that training was up-to-date. Training was provided through a combination of in-person and online formats. The majority of staff had completed role-specific training in safeguarding residents from abuse, manual handling, fire safety and the management of responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort or discomfort with their social or physical environment). Staff were appropriately supervised and supported to perform their respective roles within the centre.

There were communication systems in place, and regular meetings took place with staff and management, in relation to the operation of the service. There was a programme of auditing clinical care and environmental safety, to support the management team to measure the quality of care provided to residents. Key clinical performance indicators were monitored, including the use of restrictive practices,

resident nutritional scores and the prevalence of infection. Clinical audits included reviews of falls, environmental audits and night-time observational audits, undertaken by the person in charge. A review of clinical audits found that quality improvement plans were developed where required.

The management team were proactive in response to issues and concerns brought to them by residents and relatives. The person in charge held responsibility for the review and management of complaints. At the time of inspection all complaints had been resolved and closed.

An record of all accidents and incidents involving residents that occurred in the centre was maintained. The majority of notifications required to be submitted to the Chief Inspector were done so in accordance with regulatory requirements.

A review of a sample of the contract for the provision of services in place for residents found that several residents who were admitted to the centre on a short-stay basis did not have a contract of care in place. This is discussed under Regulation 24: Contracts for the provision of care.

A sample of staff files were reviewed and contained all of the requirements as listed in Schedule 2 of the regulations. Vetting disclosures in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012 were in place for all staff. Issues relating to the storage of records are addressed under Regulation 21: Records.

An annual report on the quality of the service had been completed in consultation with residents. The annual review set out the service's level of compliance with the regulations, as assessed by the management team. Areas for quality improvement were identified and an action plan was recorded.

Regulation 14: Persons in charge

The person in charge worked full time in the centre. They were a registered nurse with the necessary experience and qualifications required by the regulations. The person in charge was knowledgeable regarding the specific care needs of residents accommodated in the centre, and it was evident that they were involved in the day-to-day operation of the service.

Judgment: Compliant

Regulation 15: Staffing

The number and skill mix of staff was appropriate with regard to the needs of the current residents, and the size and layout of the designated centre

Judgment: Compliant

Regulation 16: Training and staff development

The provider was committed to providing ongoing training to staff. Staff were appropriately trained. Staff responses to questions asked were detailed and displayed a high level of knowledge. For example, staff responses on what action to take on the sounding of the fire alarm were clear and consistent.

Judgment: Compliant

Regulation 21: Records

On the day of inspection, some Schedule 2 and 3 records were stored in an external storage area. The door to the storage area was unlocked, some records were stored in open filing cabinets and boxes, and were easily accessible.

Judgment: Substantially compliant

Regulation 23: Governance and management

Some of the management systems in place did not ensure adequate oversight in areas such as record management and fire precautions, to ensure that the service was safe and consistent. For example,

- Notwithstanding the ongoing work to improve fire precautions in the centre, additional areas of non compliance were identified on this inspection, as evidenced under Regulation 28: Fire precautions.
- There were repeated findings in relation to record management.

Judgment: Substantially compliant

Regulation 24: Contract for the provision of services

The provider had not agreed in writing, with each resident, on the admission of that resident to the designated centre concerned, the terms, including terms relating to the bedroom to be provided to the resident. For example, residents admitted to the centre for a short-stay period had not been offered a contract care regarding the terms on which they would reside in the centre.

Judgment: Substantially compliant

Regulation 34: Complaints procedure

There was an up-to-date complaints procedure in place which met the requirements of the regulations. The complaints procedure was displayed for resident information.

Records demonstrated found that complaints were responded to, in line with the requirements of the regulations.

Judgment: Compliant

Quality and safety

Residents who spoke with the inspectors said that they felt safe and that they were well cared for by staff in the centre. The inspectors found that the interactions between residents and staff was kind and respectful throughout the inspection. Residents had good access to health care services, including general practitioners (GP), dietitian, speech and language and tissue viability services. Clinical risks such as nutrition, falls and wounds were well monitored. Residents spoke highly of the quality of the service provided and reported feeling safe living in the centre. However, fire precautions, premises and residents rights did not achieve full compliance with the regulations.

Inspectors observed that management and staff ensured that residents' rights were respected and upheld. Residents were free to exercise choice about how they spent their day. There was an activities schedule in place which provided residents with opportunities to participate in a choice of recreational activities throughout the day. A schedule of activities was in place, which included music, exercises and games. However, while there were opportunities for residents to participate in activities and the majority of residents were generally satisfied with the programme available, one resident expressed that they would welcome a broader range of activities. While residents dignity and privacy was generally upheld in the centre, the provider had not ensured that some residents could carry out personal activities in private. The privacy curtains in several shared bedrooms did not provide sufficient coverage, to

ensure the privacy and dignity of both residents occupying the bedroom. This is detailed further under Regulation 9: Residents rights.

Inspectors observed that, in the main, the premises was clean and resident bedrooms were very personalised. There was adequate communal spaces for residents to relax and the provider had made enhancements to the external garden which had a positive impact for residents. However, some areas of the centre, including resident bedrooms, did not fully align with the requirements of the regulations.

The management of fire safety was kept under review and there were arrangements in place for the testing and maintenance of the fire alarm system, emergency lighting and fire-fighting equipment. The provider had commissioned an external fire safety risk assessment by a competent person in September 2025 and works identified from the risk assessment were near completion at the time of inspection. These works included the repair and replacement of a number of fire doors throughout the centre. The provider had undertaken to replace the fire alarm system since the previous inspection and staff demonstrated good knowledge in relation to the new system. However, inspectors observed that adequate precautions were not in place in all areas. For example, several Personal Emergency Evacuation Plans (PEEP) did not reflect the current needs of residents and adequate fire detection was not provided in an external area, used for the storage of records. Further details are described under Regulation 28: Fire precautions.

A sample of seven residents' files were reviewed by the inspectors. Residents' care plans and daily nursing notes were recorded on an electronic system. A comprehensive assessment on admission ensured that residents' individual care and support needs were being identified. The inspectors found evidence that residents' care plans were developed within 48 hours following admission to the centre to guide the care to be provided to residents. Care plans developed were underpinned by validated assessment tools to identify potential risks to residents such as impaired skin integrity, malnutrition and to establish the resident's dependency needs.

Residents were reviewed by a medical practitioner, as required or requested. Referral systems were in place to ensure residents had timely access to health and social care professionals for additional professional expertise. There was evidence that recommendations made by professionals had been implemented to ensure the best outcome for residents. For example, residents that had been assessed as high risk of malnutrition had gained weight following the implementation of recommendations of external allied healthcare professionals. There were no residents with pressure injury wounds in the centre at the time of inspection.

Measures were in place to safeguard residents from abuse. Staff had completed up-to-date training in the prevention, detection and response to abuse. The provider acted as pension agent for six residents and, all pensions were paid into a separate resident bank account. A safeguarding policy and procedure was in place to safeguard residents from the risk of abuse.

Arrangements were in place to ensure there were no restrictions to residents' families and friends visiting them in the centre. Residents could meet their visitors in private outside of their bedrooms in the communal rooms available.

Regulation 17: Premises

There were areas of the premises that were not maintained in a satisfactory state of repair as required by Schedule 6 of the regulations. For example:

- Floor covering, that was continued to form skirting at the base of the walls in a number of bedrooms was peeling away from wall surfaces. Some flooring in some bedrooms was worn and damaged. This meant that these surfaces were not amenable to cleaning.
- Several resident bedroom wall surfaces were marked and paintwork was chipped.
- One resident bedroom had an open socket with wiring exposed.
- Call bells leads in some resident bedrooms did not extend fully within resident reach.

Judgment: Substantially compliant

Regulation 20: Information for residents

The inspector found that information on advocacy services were on display. Residents spoken with said that they knew how they could avail of services such as the hairdresser and various activities.

The main entrance had a table with information and leaflets on display for residents to access.

Judgment: Compliant

Regulation 28: Fire precautions

Inadequate fire precautions were observed on this inspection. For example:

- The fire doors leading from the treatment room to a resident communal area were fitted with a bolt lock, may pose a delay in evacuating residents or staff, in the event of a fire emergency in the centre.

- The detection available in the external records storage area was not connected to the centres fire alarm system, therefore staff may not be alerted in the event of a fire in this area.
- Personal evacuation plans (PEEPS), viewed for several residents, did not clearly describe the methods for evacuating residents from the centre, which may delay the direction of residents and staff, in the event of a fire.

The arrangements in place to ensure that the containment of fire in the event of an emergency was not adequate.

- Inspectors observed that several fire doors were wedged or held open, impeding the fire door closing mechanism.

The arrangements for staff of the designated centre to receive suitable training in fire prevention emergency procedures were inadequate. For example:

- Although fire drills were completed regularly and some records were very detailed, this was inconsistent, as other records viewed did not contain sufficient detail to provide assurances that residents could be evacuated in a timely manner.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

A review of resident care documentation found that each resident had a comprehensive assessment in place that guided the development of a care plan. Assessments were completed using validated assessment tools to identify residents clinical and social needs. In the main, care plans were effective in guiding staff to deliver person-centred care. Records demonstrated that care plans were reviewed at intervals not exceeding four months, and more frequently, if required.

Judgment: Compliant

Regulation 6: Health care

Residents had access to allied health and social care professionals and access to a general practitioner (GP), as required or requested. There was clear evidence that advice received was acted upon. For example, the inspectors reviewed a sample of wound care records in the centre and found that evidenced-based wound care was provided to residents. Wound prevention measures were in place and nursing staff had access to tissue viability expertise to support the management of residents wounds.

Judgment: Compliant

Regulation 9: Residents' rights

There were not adequate arrangements in place to ensure that all residents could carry out activities in private. For example:

- Privacy screening in several resident bedrooms did not provide adequate coverage to ensure that each resident could carry out personal activities in the privacy of their bed space.
- A bathroom lock had been removed from one resident ensuite toilet, which may compromise the privacy of the resident.

Judgment: Substantially 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	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Contract for the provision of services	Substantially compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 20: Information for residents	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Rivervale Nursing Home

OSV-0005519

Inspection ID: MON-0048355

Date of inspection: 01/10/2025

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 21: Records	Substantially Compliant
Outline how you are going to come into compliance with Regulation 21: Records: The storage area will in future remain locked, with key access held by management within the Centre. The Provider has since sourced new lockable cabinets to store all paperwork, and this is in place. Remedial work has been done on this building ensuring it is secure for the storage of records.	
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: The fire doors have been replaced in accordance with the fire engineer's recommendations. The bolt on the fire door leading from the treatment room to the residents' communal area has been removed. The external records storage area is fitted with a smoke detector and having conducted a detailed inspection, The provider has planned the following: The installation of a fully automatic wire-free / radio fire system that will alert key staff in the home. The relayed information will be clear and easy to understand "Fire Activation Remote Records Store". The system will also offer a manual activation backup. As an added precaution, the Provider will install a fully automatic ABC Dry Powder fire extinguisher. This device will automatically discharge the powder in a fire condition, and it will not in any way damage the records. This system is widely used in both the legal profession and banks. Personal Emergency Evacuation Plans (PEEPs) have been updated and now clearly describe the methods for evacuating residents from the centre.	

All staff were reminded that under no circumstances should fire doors be wedged open with anything other than a Dorgard device which responds to the sound of the fire alarm and automatically closes.

All staff have completed fire safety training.

The fire drills are conducted regularly. Fire drill records will be more consistently detailed and additional training has been given on how to write up Fire Drills. The most recent fire drill record was reviewed and found to be comprehensive and satisfactory. This action will be kept under review by the Provider.

Regulation 24: Contract for the provision of services	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 24: Contract for the provision of services:

The nursing home now has a formal short- term contract specifically designed for residents who require a short-term stay. This contract clearly outlines the terms and conditions, including the duration of stay, services provided, responsibilities of both the nursing home and the resident, and any associated fees, ensuring clarity and transparency for all parties involved. The contract was implemented following inspection.

Regulation 17: Premises	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 17: Premises:

The floor coverings that continued to form skirting at the base of the walls in bedrooms have been referred to the maintenance team. The repair of the floors has been sanctioned by Provider, who awaits a company to come in and make the necessary repairs.

Wall surfaces in resident bedrooms that were marked and had chipped paintwork have been repaired and repainted.

One resident's bedroom had a broken socket with exposed wiring. The issue had been identified and an electrician contacted before the inspection and he was due to attend the Centre to fix the socket. On the day of the inspection, the electrician attended and replaced the socket.

Call bell leads in all resident bedrooms have been fully extended to ensure they are within residents' reach.

Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: The fire doors have been replaced in accordance with the fire engineer's recommendations. The bolt on the fire door leading from the treatment room to the residents' communal area has been removed.</p> <p>The external records storage area is fitted with a smoke detector. The provider has planned the following:</p> <p>The installation of a fully automatic wire-free / radio fire system that will alert key staff in the home. The relayed information will be clear and easy to understand "Fire Activation Remote Records Store". The system will also offer a manual activation backup. As an added precaution, the Provider will install a fully automatic ABC Dry Powder fire extinguisher. This device will automatically discharge the powder in a fire condition, and it will not in any way damage the records. This system is widely used in both the legal profession and banks.</p> <p>Personal Emergency Evacuation Plans (PEEPs) have been updated and now clearly describe the methods for evacuating residents from the centre.</p> <p>Following inspection, staff were reminded that under no circumstances should fire doors be wedged open with anything other than a Dorgard device. This will be reviewed daily by management during environmental walk around audits.</p> <p>All staff have completed fire safety training.</p> <p>The fire drills are conducted regularly. Fire drill records will be more consistently detailed and additional training has been given on how to write up Fire Drills which demonstrate how residents can be evacuated safely in the event of a fire.. The most recent fire drill record was reviewed and found to be comprehensive and satisfactory. This action will be kept under review by the Provider.</p>	
Regulation 9: Residents' rights	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights: New privacy curtains have been purchased for a resident's room identified on the day of inspection and these curtains are provided in line with the resident's care plan. The Provider has engaged the services of a company to advise on the management of resident individual spaces so that residents in shared rooms can have distinct and private spaces within a shared space. The Provider is committed to her obligations in the areas of resident's rights, privacy and dignity</p>	

A bathroom lock from one resident's ensuite has been repaired.

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 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	20/12/2025
Regulation 21(6)	Records specified in paragraph (1) shall be kept in such manner as to be safe and accessible.	Substantially Compliant	Yellow	15/11/2025
Regulation 23(1)(d)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Substantially Compliant	Yellow	19/12/2025
Regulation 24(1)	The registered provider shall agree in writing	Substantially Compliant	Yellow	15/11/2025

	with each resident, on the admission of that resident to the designated centre concerned, the terms, including terms relating to the bedroom to be provided to the resident and the number of other occupants (if any) of that bedroom, on which that resident shall reside in that centre.			
Regulation 28(1)(a)	The registered provider shall take adequate precautions against the risk of fire, and shall provide suitable fire fighting equipment, suitable building services, and suitable bedding and furnishings.	Substantially Compliant	Yellow	19/12/2025
Regulation 28(1)(c)(i)	The registered provider shall make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.	Substantially Compliant	Yellow	19/12/2025
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	Substantially Compliant	Yellow	15/11/2025

	designated centre and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.			
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	19/12/2025
Regulation 9(3)(b)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may undertake personal activities in private.	Substantially Compliant	Yellow	20/12/2025