



**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:	Rivervale Nursing Home
Name of provider:	Blockstar Limited
Address of centre:	Rathnaleen, Nenagh, Tipperary
Type of inspection:	Unannounced
Date of inspection:	11 March 2025
Centre ID:	OSV-0005519
Fieldwork ID:	MON-0046373

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:	42
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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 11 March 2025	09:30hrs to 18:00hrs	John Greaney	Lead
Tuesday 11 March 2025	09:30hrs to 18:00hrs	Sarah Armstrong	Support

What residents told us and what inspectors observed

This was an unannounced inspection and was conducted over the course of a single day by two inspectors of social services. Based on their observations and conversations with the residents, it was noted that Rivervale Nursing Home is a pleasant place to live. The inspectors engaged with residents and discussed their experiences in depth to understand their quality of life. From inspectors' observations and in speaking with residents during the inspection it was evident that residents were living happy lives in the centre and were being supported by staff who were respectful and kind towards them. Residents spoken with were all complimentary of the care they received and of the staff in the centre. When asked about the staffing arrangements, residents told inspectors that they felt there was enough staff. One resident told the inspectors that they were "never left waiting" if they had to ring their call bell.

After an introductory meeting with the Director of Nursing (DON), inspectors went on a walk around of the centre. It was evident that there was an ongoing programme of refurbishment with other upgrades planned. On entering the centre, there was a bright and open atrium area with corridors leading off to bedroom accommodation, communal areas and ancillary facilities. This atrium contained a number of comfortable chairs, a large collection of plants and tasteful decor. There was a mural of a post office front and an information station for residents and relatives. This included details on the complaints process and a post box for welcoming comments, compliments and complaints from residents and relatives.

Rivervale Nursing Home is a single storey facility and residents are accommodated in a mixture of single and twin rooms, all of which are en suite with toilet, shower and wash hand basin. Residents' bedrooms are in three wings, namely the East Wing, the West Wing and the Respite Wing. The fourth wing contains a meeting room, laundry, kitchen and other ancillary facilities. The West Wing comprises thirteen single bedrooms, the East Wing has eight single and four twin bedrooms, and the Respite Wing has seven twin rooms.

Residents were observed to be spending time in the atrium area throughout the day, chatting with each other and with staff and visitors. Some residents were observed to be engaging in their own hobbies, such as knitting and reading, or enjoying the company of the nursing home's pet dog. Residents also had access to a conservatory, a large day room, a dining area and the 'oak room', which also housed a large communal table, a number of armchairs and a small oratory. Inspectors observed there to be sufficient private and communal space for residents to enjoy. The grounds outside the building were accessible by residents, and there was a small garden area outside the conservatory consisting of raised planters. Given the cold weather conditions on the day of inspection, no residents were utilising the outdoor spaces.

The majority of the activities in the centre were seen to take place in the large communal sitting room. Meal times were observed to be a nice and pleasant experience in the dining room. Residents were provided with choice of both food and drinks. Staff were observed providing discreet assistance. Residents that spoke with inspectors gave positive reports about the food and the choice they were offered. It was noted by inspectors that a number of residents spent their whole day in the main sitting room, as it is also where they receive their meals. Other, more independent residents, enjoyed their meals in the dining room.

In general, the environment was clean and tidy on the day of inspection. There was an ongoing programme of renovations since the previous inspection, and inspectors observed upgrades to some bedrooms and communal spaces in respect of painting, flooring and furnishings. Residents' bedrooms were observed to be personalised and were decorated with residents' own photographs, artwork and meaningful belongings. Inspectors reviewed the floor plans on their walk around of the centre and it was clear that there were some anomalies. A partition wall in the treatment room was not reflected in the plans. Two bedrooms that had prefabricated type extensions built on, a prayer area in the oak room and an external storage area were also not reflected in the plans.

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

Capacity and capability

This was an unannounced inspection conducted by inspectors of social services to monitor compliance with the Health Act 2007 (care and welfare of residents in designated centres for older people) Regulation 2023 (as amended). Inspectors found that systems were in place for the oversight of quality of care delivered to resident. During this inspection, inspectors reviewed the actions taken by the registered provider to address the issues of non-compliance with the regulations that were found on the previous inspection which took place in March 2024. Inspectors found that a number of commitments given by the provider following the previous inspection were not implemented. These are addressed in relevant sections of this report.

Blockstar Limited is the registered provider for Rivervale Nursing Home. There are three company directors, and Blockstar Limited is the registered provider of an additional two nursing homes. The person in charge and regional operations manager facilitated this inspection.

Inspectors found that there was a clear governance and management structure in place with clear lines of authority and accountability. Nursing management were supported in their role by a team of nurses, health care assistants, housekeeping

staff, activity staff, catering and maintenance staff. Through a review of the roster and the observations of inspectors it was evident that there were adequate numbers and skill mix of staff to meet the needs of the number of residents living in the centre on the day of the inspection.

There were management systems in place to monitor the quality of care and service provided. There was an audit schedule to support the management team to measure the quality of care provided to residents. Inspectors viewed a sample of clinical audits that included wound care management, call bell response times, nutritional status and management, hand hygiene, restraint and medication management. Accidents and incidents were analysed to support the identification of any trends. There was an annual review of the quality and safety of care delivered to residents in 2024 with associated action plans for areas requiring improvement.

During inspection conducted in March 2023 and March 2024, it was identified that floor plans did not accurately reflect the design and layout of the premises. despite giving commitments to address this, revised floor plans had not been submitted. Additionally, commitments given by the provider in relation to a fire safety risk assessment (FSRA) had not been implemented. These are outlined further under Regulation 23 of this report.

Inspectors reviewed records within the centre, such as staffing rosters. These records demonstrated that there were sufficient resources available to ensure that the care being delivered to residents was safe and effective. On the day of inspection, call-bells were observed to be responded to in a timely manner, and the general atmosphere in the centre was calm and unhurried.

Training provided to staff included manual handling, fire safety, safeguarding, responsive behaviours and restrictive practices. A review of staff training records found that all staff training was up-to-date. There was a clear induction and probation process in place for new staff, as well as a staff appraisals process, which demonstrated evidence of good supervision practices. A training needs analysis was conducted annually for each staff member, and this was achieved through the annual performance review.

It was found on the previous inspection, that records were not retained in line with legislation. The provider now has a system in place to ensure that, going forward, the records set out in Schedule 2, 3 and 4 are maintained in accordance with time frames set out in legislation.

The complaints procedure was on display in a prominent position in the centre. Inspectors reviewed the complaints policy in place, which was found to outline the complaints management process and clearly outlined who the complaints officer and review officer for the centre were. The complaints records were made available to inspectors, and a review of complaints received indicated that the complaints policy was being adhered to and that complaints were being managed and responded to appropriately and within the required timeframe.

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

Action was required to ensure that the floor plans accurately reflected the footprint of the centre. The extensions to Room 12 and 15 were not shown on the floor plans, and the layout of the laundry and treatment rooms were not accurately reflected in the drawings. Some external storage areas were also not included on the floor plans even though they were used for the day to day storage needs of the centre. This is a repeat finding over two inspections and has not been addressed in accordance with the provider's commitment following the both inspections.

Judgment: Not compliant

Regulation 14: Persons in charge

There is a person in charge who meets the requirements of the regulations. The person in charge works full-time in the designated centre and has autonomy for the day-to-day running of the service. The person in charge is supported in their role by the clinical nurse manager who deputises in their absence.

Judgment: Compliant

Regulation 15: Staffing

From a review of staffing rosters and inspectors observations on the day of inspection, it was found that the number and skill-mix of staff was appropriate to meet the needs of the residents living in the centre. The registered provider had also ensured that a registered nurse was on duty at all times.

Judgment: Compliant

Regulation 16: Training and staff development

The person in charge had ensured that staff had access to appropriate training. Training records for staff were maintained, and these records demonstrated that all staff had attended training in safeguarding, fire safety and manual handling.

Staff were appropriately supervised on the day of inspection.

Judgment: Compliant

Regulation 21: Records

A sample of four staff files was reviewed and one did not set out the staff member's employment history nor did it provide a satisfactory history of any gaps in employment.

While a system is now in place to comply with regulations in relation to the retention of records, this had not been done in the past and the provider does not currently have all Schedule 2, 3 and 4 records in accordance with regulatory requirements.

Judgment: Substantially compliant

Regulation 23: Governance and management

Action was required in relation to governance and management of the centre. Commitments given by the provider in the compliance plan following an inspection conducted on 12 March 2024 were not implemented. For example:

- the provider had committed to obtaining confirmation from a suitably qualified person that all works associated with a fire safety risk assessment (FSRA) conducted in February 2023 was completed, but this had not been done
- the provider had committed to submitting floor plans that accurately reflect the footprint of the centre, however, this has not been done. As a result, the provider is not operating in accordance with Condition 1 of their registration and an application to vary Condition 1 of the regulations is required.

Judgment: Not compliant

Regulation 34: Complaints procedure

There was an effective complaints procedure in place which met the requirements of the regulations. The procedure for making a complaint was displayed in a prominent position in the centre, and residents and their relatives were aware of the process in place.

A review of records found that complaints were promptly addressed and complainants had been responded to in line with the requirements of the regulations.

Both the complaints officer and review officer had up-to-date training in the management of complaints as per the regulatory requirements.

Judgment: Compliant

Quality and safety

Inspectors found that residents living in Rivervale Nursing Home enjoyed a good standard of care, and staff supported them to enjoy a reasonably good quality of life. Some improvements were required in relation to fire safety, residents' rights, the premises and infection control.

Inspectors reviewed a sample of records and saw that validated assessment tools were used to support the development of care plans for residents. Each resident had a care plan in place, that was developed following assessment of clinical risks to residents using validated tools. Residents care plans were updated at intervals in line with the regulations and with the changing needs of the resident.

Residents had timely access to general practitioners from a local practices. There was evidence of appropriate referral to and review by health and social care professionals where required. Each resident had a nutritional assessment completed using a validated assessment tool. Residents were weighed regularly and any weight changes were closely monitored.

The inspectors saw that staff were provided with training on how to respond and manage behaviour that is challenging and were observed to interact with residents in a person centred and respectful manner during the inspection. There were no bedrails in use in the centre and the provider promoted a restraint free environment in line with national policy.

Residents had access to adequate communal and private space within the centre. Resident's bedrooms were found to be spacious, clean and tidy and were decorated with photographs, ornaments and other personal items belonging to the residents. A number of bedrooms were observed to have benefitted from recent renovations, including the replacement of furniture and curtains. There was an onsite laundry facility that ensured prompt cleaning and return of residents' clothing. Equipment for use by residents was found to be appropriately maintained and in good working order. Generally, the premises was in a good state of repair but there remained some areas that required attention and these are outlined under Regulation 17 of this report.

The centre was observed to be clean on the day of inspection. Clinical hand washing sinks were located on corridors within close proximity of residents' bedrooms. In addition, alcohol hand gel dispensers were seen to be situated in convenient locations within the centre to support staff hand hygiene practices. Clinical waste bins were observed to be in place as required for the management of infections. Previous storage issues were found to have been addressed by the registered provider, with no items observed to be stored on the floors of the centre on the day of inspection. This promoted an environment which was easy to clean and reduced the risk of contamination and transmission of infection. Residents in shared bedrooms had their own wash basins, which were clearly labelled with their names. Some areas for improvement were identified; however, including the storage of residents' items in shared en-suite facilities and this is set out under Regulation 27.

The registered provider had facilitated a fire risk assessment in 2023 and while much of the work identified in the assessment, a review was required by a competent person actions identified in the assessment were completed. This was also identified at the last inspection and despite a commitment from the provider to address this it had not been done. Inspectors saw a robust system of fire drills, and testing and maintenance of fire equipment. Throughout the centre, the fire escapes were clear, with good signage and lighting for direction, and the fire evacuation procedure was on display. Staff were fully compliant with fire safety training and demonstrated a good knowledge of evacuation procedures. despite the positive focus on fire safety, some areas of improvement are required and these are outlined under Regulation 28 of this report.

Resident's rights were generally promoted supported in the centre. Dedicated activity staff implemented a varied and interesting schedule of activities. Residents were supported to engage in group and one-to-one activities. However, a review was required of the programme of activities to ensure that those residents that required a higher level of support were facilitated with activities in accordance with their preference and capacity. This is detailed further under Regulation 9 of this report.

Residents opinions were sought and respected through resident meetings and satisfaction surveys. Food and nutrition surveys conducted by the provider returned a high level of satisfaction. Any suggestions identified in the surveys were brought to the attention of catering staff.

Regulation 17: Premises

Despite the ongoing renovations, there were some areas of the premises that required attention. This included:

- the drawers and handles of a small number of bedside lockers were damaged and required repair
- there was a shower head missing from a shower in an en suite

Judgment: Substantially compliant

Regulation 27: Infection control

Action was required to support compliance with standards for infection prevention and control, including:

- there was incontinence wear being stored out of the packaging on open shelves in bathrooms that were being shared by residents. This presented a risk of infection cross-contamination
- jars of creams and ointments belonging to residents were found to be opened, and did not include a date of opening on them. This presents a potential risk to residents as these products could possibly be used after their specified period of opening has elapsed
- there were reusable towels observed on towel rails in shared en-suites, which could present a risk of cross-contamination between residents.
- there was a crash mat stored in the en suite of a shared bedroom.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Action was required by the provider to ensure that all staff working in the centre are aware of the procedure to be followed in the event of a fire. While fire drills were conducted regularly, some of the fire drill records reviewed by the inspector contained inadequate detail of the scenario simulated and it was therefore not possible to ascertain if the scenario reflected the needs of residents in the compartment evacuated.

Access to the emergency gas shut off valve within the laundry was obstructed by a trolley containing clothes.

While inspectors were informed that the lint trap in the tumble dryer was cleaned daily, a record was not maintained to confirm that it was done as scheduled. Inspectors noted that there was a large amount of lint in the trap on the morning of the inspection and staff were advised to review the frequency at which this is cleaned.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

A review of a sample of prescriptions found that transcription practice was not always done in accordance with the provider's own policy. For example, prescriptions were routinely transcribed by nursing staff. However, not all were co-signed by a second nurse to verify their accuracy and some were not signed by a medical officer or registered prescriber as required.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

A sample of residents' assessments and care plans reviewed were person-centered and reflected the residents whom the inspectors had met on the day. Each resident reviewed had a comprehensive assessment and risk assessments in place, and the care plans reflected the residents' care needs.

Judgment: Compliant

Regulation 6: Health care

Residents' health and well-being were promoted, and residents had timely access to general practitioners (GP), specialist services and health and social care professionals, such as physiotherapy, dietitians and speech and language, as required.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

Staff who spoke with the inspectors showed a clear commitment to respond to responsive behaviour (how people with dementia or other conditions may communicate or express their physical discomfort or discomfort with their social or physical environment) in a manner that is not restrictive. The centre was working towards a restraint-free environment. Care records indicated that appropriate assessments were carried out and alternatives had been trialled before recommending the use of restraints.

Judgment: Compliant

Regulation 8: Protection

The provider had systems in place to ensure that residents were safeguarded from risk of abuse. The procedures to be followed by staff were set out in the centre's policies and in individual residents' safeguarding plans. These measures included arrangements to ensure all incidents, allegations or suspicions of abuse were addressed and managed appropriately. All staff were facilitated to and had completed training on safeguarding residents from abuse, and staff who spoke with the inspectors demonstrated knowledge in appropriately responding to and managing safeguarding incidents.

Judgment: Compliant

Regulation 9: Residents' rights

While residents were seen to actively participate in activities on the day of the inspection, more focus was required on the social care needs of the more dependant residents. For example:

- residents with higher needs were seen to have limited opportunities to participate in the programme of activities, and many were seen to have limited stimulation over the course of the inspection
- residents with higher needs were seen to have their meals in the sitting room from bedside tables with the support of staff. The meal time experience could be enhanced by supporting these residents to have their meals in the dining room, should they so wish, in the company of other residents.

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	
Registration Regulation 7: Applications by registered providers for the variation or removal of conditions of registration	Not compliant
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	Not compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Rivervale Nursing Home OSV-0005519

Inspection ID: MON-0046373

Date of inspection: 11/03/2025

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
Registration Regulation 7: Applications by registered providers for the variation or removal of conditions of registration	Not Compliant
<p>Outline how you are going to come into compliance with Registration Regulation 7: Applications by registered providers for the variation or removal of conditions of registration:</p> <p>Applications by registered providers for the variation or removal of conditions of registration:</p> <p>The provider has engaged the services of a suitably qualified person to produce accurate floor plans which clearly demonstrate all areas involved in the workings of the designated centre. Floor plans will accurately reflected the footprint of the centre including the extensions to rooms 12 and 15. The newly drawn up floor plans will reflect the laundry and treatment rooms and will also reflect external storage areas which are used for the day to day storage needs of the centre.</p>	
Regulation 21: Records	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 21: Records:</p> <p>The staff member's file which did not set out the staff member's employment history or provide a satisfactory history of any gaps in employment has been rectified to comply with regulation. An audit of staff files has been completed to ensure compliance. A system is now in place to comply with regulations in relation to the retention of records. Schedule 2, 3 and 4 records are now stored in accordance with regulatory requirements.</p> <p>The Provider has retained Schedule 2, 3 and 4 records from 2019 to the current day.</p>	

Regulation 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>The Provider has appointed a suitably qualified person to conduct a new Fire Risk Assessment of the centre. The Provider awaits the outcome of the assessment, and this will inform works to comply with the regulation.</p> <p>The provider has engaged the services of a suitably qualified person to produce accurate floor plans which clearly demonstrate the footprint and all areas involved in the workings of the designated centre. The provider is committed to operating in accordance with Condition 1 of the centre's registration and the application to vary Condition 1 of the regulation.</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>Prior to Inspection, the PIC had completed an audit of bedroom furniture. Furniture in need of repair was earmarked for replacement and the RPR resourced this quality improvement initiative. 80% of the furniture was delivered to the centre on 4/4/2025 and allocated to residents' rooms. The remaining 20% was delivered on 11.4.25 and allocated accordingly. Additional furniture has since been delivered. The PIC will continue to audit premises in the context of wear and tear and the RPR will resource accordingly.</p> <p>On the day of inspection the missing shower head which was in the maintenance man's book for attention, was replaced. This was an immediate action. The staff will continue to report such matters to the maintenance person for immediate attention.</p>	
Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p>	

Incontinence wear is no longer stored out of the packaging on open shelves in shared en-suites. Such items are now stored in each resident's allocated space. This will decrease the risk of cross-contamination

Jars of creams and ointments belonging to residents will now contain a "when opened date." This will ensure that creams and ointments are not used past their best before and expiry dates and will ensure that best practice is followed.

Reusable towels, requested by residents will be distinctly labelled so that residents in shared rooms only use their own towels. This will be reflected in their care plan.

Otherwise, en-suites will only dispense paper towels which will ensure that there is no cross contamination when hand washing is performed.

Crash mats will be stored under the bed in shared bedrooms to ensure that en-suite facilities remain clear of such items.

Regulation 28: Fire precautions	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 28: Fire precautions:
The Provider now ensures that lint is removed from the dryer at least twice daily and that this initiative is reflected on the associated paperwork. The Gas shut off valve will not be obstructed by the trolley seen on the day of inspection.

Three members of staff have since received Fire Warden training. This training will ensure that fire drills are of a high quality, considering all scenarios and that the reports arising from the drills inform quality improvements and staff knowledge.

Regulation 29: Medicines and pharmaceutical services	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:

The Provider has instructed that Nurses receive education on their obligations in relation to Medication Management and in particular transcribing of prescriptions in the absence of the GP or prescribing professional. This will ensure that two nurses sign the transcribed prescription. The original prescription will be kept on file and at the point of dispensing until such time that the prescribing professional has signed the MAR sheet.

Regulation 9: Residents' rights	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights:</p> <p>A review of activities is underway in the Centre and this review will look at what activities are available to our more vulnerable residents who have more complex needs. Residents and their representatives will be consulted, and activities will be tailored to meet the needs of all residents. Care plans will be updated to reflect resident's choice, and the Provider will work towards a more inclusive and varied activities schedule.</p> <p>Mealtimes and the dining experience are being considered in the context of offering variety and choice to the more vulnerable residents at mealtimes. Residents will continue to be assisted by staff, but this will be done at an alternative sitting in the dining room.</p>	

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 7 (1)	A registered provider who wishes to apply under section 52 of the Act for the variation or removal of any condition or conditions of registration attached by the chief inspector under section 50 of the Act must make an application in the form determined by the chief inspector.	Not Compliant	Orange	23/07/2025
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	15/04/2025
Regulation 21(1)	The registered provider shall ensure that the	Substantially Compliant	Yellow	26/05/2025

	records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.			
Regulation 21(3)	Records kept in accordance with this section and set out in Schedule 3 shall be retained for a period of not less than 7 years after the resident has ceased to reside in the designated centre concerned.	Substantially Compliant	Yellow	26/05/2025
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	23/07/2025
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Substantially Compliant	Yellow	30/04/2025
Regulation 28(1)(c)(i)	The registered provider shall	Substantially Compliant	Yellow	30/03/2025

	make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.			
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	23/04/2025
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	31/10/2025
Regulation 29(5)	The person in charge shall ensure that all medicinal products are administered in accordance with the directions of the prescriber of the resident concerned and in accordance with any advice provided by that resident's pharmacist regarding the	Substantially Compliant	Yellow	31/03/2025

	appropriate use of the product.			
Regulation 9(2)(b)	The registered provider shall provide for residents opportunities to participate in activities in accordance with their interests and capacities.	Substantially Compliant	Yellow	31/05/2025