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:	Blackrocks Nursing Home
Name of provider:	Blackrocks Nursing Home Limited
Address of centre:	The Green Road, Foxford, Mayo
Type of inspection:	Unannounced
Date of inspection:	10 July 2026
Centre ID:	OSV-0000321
Fieldwork ID:	MON-0051042

About the designated centre

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

Blackrocks Nursing Home is a purpose-built premises. Residents are accommodated in single and twin bedrooms, all of which are en-suite with shower, toilet and wash basin facilities. A variety of communal rooms are provided for residents' use, including sitting, dining and recreational facilities. The centre is located on the outskirts of Foxford, Co. Mayo. The centre provides accommodation for a maximum of 48 male and female residents, over 18 years of age. Residents are admitted on a long-term residential, respite and convalescence care basis. The service provides care to residents with conditions that affect their physical and psychological function. Each resident's dependency needs are regularly assessed to ensure their care needs are met. The provider employs a staff team consisting of registered nurses, care assistants, housekeeping and catering staff.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	47

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
Friday 10 July 2026	09:00hrs to 17:00hrs	Sandra Rowland	Lead

What residents told us and what inspectors observed

There was a relaxed atmosphere in the centre on the day of the inspection. The inspector spoke with residents throughout the day to gain insight into the lived experience in the centre. Overall, residents were content and complimentary of the service they were receiving. Residents informed the inspector that 'It's like a holiday camp here', and 'I am very happy here, I have no complaints', while other residents informed the inspector that 'It's grand here, the food is good'. Residents were observed moving around the centre throughout the day as they wished.

Blackrocks Nursing Home is a purpose-built single-story building located on the outskirts of Foxford village. The proximity to the village ensures that local amenities are within an accessible distance for residents. The centre is registered for 48 beds. There were 47 residents living in the centre on the morning of the inspection. An internal unit called St Anne's accommodates up to 16 residents, and this is included in the total complement of registered beds. This part of the unit is utilised for residents living with dementia.

The inspector noted that communal bathrooms in the main centre had been re purposed as storage rooms and the bath was subsequently removed. These arrangements did not ensure that the centre was in compliance with the regulations, and the registered provider was in breach of Condition 1 of the centre's registration.

The inspector observed residents receiving visitors to the centre throughout the day. The centre did not have an allocated visitors' room; however, there were adequate smaller communal spaces for residents to receive their visitors if they wished. There was a large chapel available in the centre, where Mass was held regularly.

Residents were observed taking part in activities during the day. They chose if they wished to take part in group activities or individual activities. Some opted for a mixture of both. The inspector also observed that some residents opted to remain in their bedrooms, and they were observed watching television, reading or listening to the radio.

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

Capacity and capability

This inspection was carried out to monitor the provider's compliance with the Health Act (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 to 2025 (as amended), and to follow up on the actions taken to address the findings of the previous inspection in November 2025. This inspection found that there was not adequate oversight in relation to governance and management, the premises, infection prevention and control, and staff training and knowledge. This is discussed in detail under relevant regulations.

Blackrocks Nursing Home Limited is the registered provider of Blackrocks Nursing Home. The management structure identified clear lines of authority and accountability. The person in charge was supported by an assistant person in charge, who also deputises in their absence. The clinical team was supported by two clinical nurse managers and a team of registered nurses. Nursing and Midwifery Board of Ireland (NMBI) registration was available for all nurses employed at the centre on the day of the inspection. The remaining staff complement consists of a team of healthcare assistants, catering staff, housekeeping, maintenance and recreational therapists.

This inspection found that there were appropriate numbers of staff with the required skills to meet the needs of the residents who were currently accommodated in the centre. However, there were significant numbers of staff who were not up-to-date with mandatory training on infection prevention and control, manual handling and safeguarding of vulnerable adults. In addition, the inspector observed that some staff members did not have the required working knowledge of safeguarding. This may affect their ability to recognise safeguarding concerns and protect residents living in the centre. This is discussed under Regulation 16: Training and staff development.

The complaints log was made available to the inspector. On review, the centre followed the procedures as set out in their policy for managing complaints. There was evidence that complaints were investigated as required, including the appropriate follow-up to the complainant. The complaints procedure was displayed for residents and their representatives throughout the centre. In addition, guidance on advocacy supports and services that can assist with complaints was also displayed. Residents informed the inspector of the measures they would take if they had any complaints and were confident that they would be resolved.

Regulation 15: Staffing

There were appropriate numbers of staff with the required skills to meet the needs of residents who were currently accommodated in the centre.

Judgment: Compliant

Regulation 16: Training and staff development

Not all staff have received the mandatory training to support them in effective care for the residents. For example:

- Safeguarding, infection prevention and control, and manual handling training had expired for a number staff members.
- In addition, the registered provider did not ensure that the staff were knowledgeable and competent in recognising and managing safeguarding concerns.

Judgment: Not compliant

Regulation 19: Directory of residents

The directory of residents was made available for inspection and met all the requirements of the regulation as set out under Schedule 3 of the regulations.

Judgment: Compliant

Regulation 23: Governance and management

The management systems in place did not fully ensure that the service provided was effectively monitored, as evidenced by:

- Inadequate oversight of staff training and their knowledge of responsive behaviours and how to respond to safeguarding concerns.
- Effective monitoring systems were not in place to ensure compliance with the national standards on infection prevention and control and premises.
- The registered provider was in breach of a condition of the centre's registration, following the change of the function of a resident communal bathroom.

Judgment: Not compliant

Regulation 34: Complaints procedure

The complaints procedure was displayed for residents in an accessible format. Additional information on services that can assist with complaints and advocacy

services was also displayed. Complaints lodged in the centre were addressed as per the centre's policy.

Judgment: Compliant

Quality and safety

Residents indicated to the inspector that their rights were protected and upheld. They also stated that they had a choice in how they spent their days and were comfortable bringing their requests to staff. The inspector reviewed the minutes from recent residents' meetings. There was evidence of action plans to address items brought for discussion at these meetings.

Residents also had access to health and social care professionals to support their health and wellbeing needs in a timely manner. Some local general practitioners (GPs) attended the centre on a weekly basis. Residents often opted to remain with their registered general practitioner on transferring to the centre. In the event their general practitioner did not attend the centre weekly, they were available for review as required. In addition, residents were supported through access to a physiotherapist, an occupational therapist, speech and language services, a dietician, a palliative care team, psychiatry of later life, and a tissue viability nurse specialist.

The inspector reviewed a sample of care plans in the centre. Overall, care plans provided a comprehensive overview. In addition, the information provided was person-centred and reflected the residents' current requirements and preferences for care in ensuring their social wellbeing and health and welfare needs were met.

The inspector also reviewed care plans for residents who may display responsive behaviours (how residents living with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment). The behaviour support plans provided guidance to staff on the measures they were required to implement in the event the resident displayed behaviours of concern. This included de-escalation techniques for residents who displayed a significant risk of causing physical harm to staff or residents. However, some staff members were unaware of the contents of the behaviour support plans, including the interventions they were required to implement to protect themselves and other residents.

There was evidence that the centre was aiming to reduce the number of restrictive practices in use. Updated risk assessments and consent documents were available for residents who were using restrictive practices. There were details of alternative interventions that were explored for residents who were using side rails.

This inspection found that findings relating to Regulation 27: Infection control had not been fully addressed as per the registered provider's commitment given in the compliance plan following the most recent inspection in November 2025. This was evidenced by communal personal care items being stacked on a trolley, and inappropriate storage of products was observed across the centre.

Overall, the location, design and layout of the centre were suitable for its stated purpose and met residents' individual and collective needs. However, inspectors noted that the footprint of the centre was changed without the office of the Chief Inspector of Social services being notified, where the communal bathroom was converted to storage.

Regulation 17: Premises

The registered provider had not ensured that the centre provided conformed to the matters set out in Schedule 6 of the regulations and according to the centre's statement of purpose. This was evidenced by:

- The bath had been removed from the centre.
- A communal bathroom had been converted into a storage room.
- There was no dedicated smoking area for the main unit. Residents who were smokers were required to smoke outside without an overhead cover or shelter.

Judgment: Not compliant

Regulation 27: Infection control

Actions by the provider were necessary to ensure residents were protected from the risk of infection and that the centre was in compliance with Regulation 27. This was evidenced by the following findings;

- Shared personal care items were used by staff when supporting residents with personal care. A trolley was used to go from each room and carried items such as creams, deodorant, shaving foam and toothpaste. There was also an open packet of incontinence wear that was used communally on the trolley.
- Some en-suites also appeared to have shared personal care items. There was one set of personal care items that were not labelled.
- Open incontinence wear was stored on the floor in one storeroom in St Anne's unit.

This is a repeated finding from an inspection carried out in the centre in November 2025.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

Care plans reviewed during the inspection were comprehensive and person-centred.

Judgment: Compliant

Regulation 6: Health care

Health and social care professionals were available to review and support residents as required. Residents could also access their local general practitioner (GP) services as needed.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

Behaviour support plans were in place and contained information to guide staff in the correct techniques to support residents. However, staff who spoke with the inspector were not knowledgeable on the contents of the behaviour support plans or the interventions they were required to implement if a resident was displaying responsive behaviour.

Judgment: Substantially compliant

Regulation 9: Residents' rights

Residents had suitable facilities for occupation and recreation. Residents had access to a range of meaningful activities, suited to their capacities and interests. Residents were supported in exercising choice in their daily lives and had access to radio, television, newspapers and private phone facilities.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Not compliant
Regulation 19: Directory of residents	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 17: Premises	Not compliant
Regulation 27: Infection control	Substantially compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Substantially compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Blackrocks Nursing Home OSV-0000321

Inspection ID: MON-0051042

Date of inspection: 10/07/2026

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 16: Training and staff development	Not Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: It is acknowledged that certain staff had refresher training outstanding. In response for compliance, the Blackrocks Nursing Home Safeguarding Policy was promptly distributed digitally via the staff app library to all staff post inspection with mandatory training arranged to bring training dates into compliance as required. Safeguarding continues to be a key item for management at the Health Care Assistant staff meeting, Staff Nurse meeting and corporate governance meeting to ensure all risks in every area are managed as closely as possible.	
Regulation 23: Governance and management	Not Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: The non compliance under regulation 23 are acknowledged in addition to the compliance plan outlined under Regulation 16 there will now be: Responsive behavior and Safeguarding Themed Staff 'huddles' are now being implemented with regard for staff who may require further development and mentoring in these area to ensure any concern or abuse would be dealt with in the appropriate manner.	

There are two trained IPC Practitioners at CNM and Staff nurse level who are in the process of carrying out an assessment and update of monitoring systems as required.

The breach in regard to the lack of bathroom has been reversed with the bathroom now back in place.

Regulation 17: Premises	Not Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:
The breach in regard to the lack of bathroom was acknowledged and has been reversed with new bathroom furniture now in place.

The breach in regard to a smoking area has been corrected a large new outdoor smoking structure has been purchased and installed with a fully covered sitting area available also.

Regulation 27: Infection control	Substantially Compliant

Outline how you are going to come into compliance with Regulation 27: Infection control:
Following the inspection, the identified infection prevention and control issues were reviewed and corrective actions were implemented.

Shared personal care items have been removed from care trollies. Personal care items are allocated for individual resident use only and are clearly labelled where appropriate. In shared bedrooms, individual labelled storage boxes have been provided to ensure residents' personal care items are stored separately and to reduce the risk of cross-contamination. Continence wear products are now being stored in the individual resident rooms.

A weekly infection prevention and control audit has been introduced to monitor compliance with the correct storage, labelling and use of personal care items and continence products.

Regulation 7: Managing behaviour that is challenging	Substantially Compliant

Outline how you are going to come into compliance with Regulation 7: Managing behaviour that is challenging:
Following the inspection, the measures were reviewed for the management of responsive behaviors and the communication among the relevant staff members.

The behavior support plans were reviewed with relevant staff to reinforce the person-centered guidance already contained within them including known triggers, early signs of distress, preferred communication approaches, de-escalation strategies and appropriate interventions.

Staff have been reminded of their responsibility to familiarize themselves with the behavioral support plans of residents in their care. CNMs will monitor staff knowledge through supervision, spot checks and handovers and any identified knowledge gaps will be addressed promptly through further guidance and training.

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 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Not Compliant	Orange	30/10/2026
Regulation 17(1)	The registered provider shall ensure that the premises of a designated centre are appropriate to the number and needs of the residents of that centre and in accordance with the statement of purpose prepared under Regulation 3.	Not Compliant	Orange	02/10/2026
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.	Not Compliant	Orange	02/10/2026

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.	Not Compliant	Orange	30/09/2026
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	30/09/2026
Regulation 7(1)	The person in charge shall ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to and manage behaviour that is challenging.	Substantially Compliant	Yellow	30/10/2026