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:	Rushmore
Name of provider:	Ti Rushmore Ltd
Address of centre:	Knocknacarra, Galway
Type of inspection:	Unannounced
Date of inspection:	12 May 2026
Centre ID:	OSV-0000381
Fieldwork ID:	MON-0050303

About the designated centre

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

Rushmore Nursing Home is a purpose-built facility located near Salthill, Co Galway. It can accommodate up to 23 residents. The centre admits and provides care for residents of varying degrees of dependency from low to maximum. The nursing home is constructed over two floors with lift access for residents. Resident bedrooms are single and double occupancy. 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:	22

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 12 May 2026	10:15hrs to 18:30hrs	Leanne Crowe	Lead

What residents told us and what inspectors observed

Residents living in Rushmore Nursing Home told the inspector that the service met their individual needs and they felt well-cared for.

The inspector was met by the person in charge on arrival at the centre. Following an introductory meeting, the inspector completed a walk around the centre. Many residents were observed sitting in the centre's large day room, while other residents were being assisted by staff in their bedrooms. The inspector spent time talking with residents during the walk around the centre. Overall, residents were complimentary of their experience of living in the centre.

Rushmore Nursing Home is a two-storey building which can accommodate up to 23 residents in 21 single bedrooms and one double bedroom. All but two of the single bedrooms contain ensuite facilities. A passenger lift supported residents to mobilise between the floors of the designated centre. A number of communal areas including a day room, visitor's room and quiet room were available on the ground floor. Secure courtyards were accessible from various parts of the building and it was evident that work had been completed on the external areas; large planters had been installed around the perimeter of a courtyard, which were full of colourful flowers and shrubs. Seating and tables were located in this courtyard, which could be accessed from the day room.

Residents had access to a range of media including newspapers and television. An activity schedule was displayed around the centre to ensure residents were aware of the programme. On the day of the inspection, the inspector observed residents partaking in mass, exercises games and discussions about local history. Residents spoke positively about the activity programme, saying that they enjoyed the various activities and looked forward to upcoming outings. There were a number of residents who preferred to spend time relaxing and watching television in their bedrooms, and staff told the inspector that this choice was respected.

Residents complimented the staff, who they described as "kind" and "very helpful". They felt that staff knew and respected their personal preferences and routines. Throughout the day of the inspection, staff were observed engaging with residents in a friendly and light-hearted manner as they attended to them.

Visitors attended the centre throughout the day of the inspection. They were welcomed by staff and were observed to spend time with residents in communal areas or in their bedrooms. Residents told the inspector that visiting arrangements were very flexible.

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

Residents living in this centre received a good standard of care and support which ensured that they were safe and that they could enjoy a good quality of life. While the registered provider had taken some action to ensure residents' safety in relation to infection prevention and control, the actions taken were not sufficient to bring the service into full regulatory compliance. Additionally, the systems in place to ensure that records were maintained in line with regulatory requirements were not fully effective.

This was a one day unannounced inspection, carried out to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended). The inspector followed up on the actions the provider had committed to take, which were submitted in a compliance plan response following the previous inspection in May 2025. The inspector found that a number of actions had not been fully completed, and remained outstanding at the time of the inspection.

The registered provider of Rushmore Nursing Home is Tí Rushmore Ltd. There was a clearly defined organisational structure in place, with identified lines of authority and accountability. Two company directors for the registered provider worked part-time in the centre, one of whom represented the provider. The centre's nursing management team included the person in charge and a clinical nurse manager (CNM). They were supported by a team of nurses, healthcare assistants, housekeeping, catering, maintenance and activity staff.

While the management team had worked to improve compliance with the regulations, the provider had not fully implemented a compliance plan following the last inspection in relation to premises and infection control. This inspection found that the provider had not developed a dedicated housekeeping room, therefore the centre's cleaning trolleys continued to be stored in the laundry room, which presented an infection control risk. Additionally, while the provider had installed appropriate storage space for sterile supplies, opened single-use items such as dressings were found to be stored within it.

There was a programme of audits in place to ensure oversight of the service and the quality of care provided to residents. The schedule of audits included care planning, environmental hygiene and restrictive practices. Quality improvement plans were developed in response to audit findings.

Meetings between the management team were held to review the service and to identify and monitor aspects of the service that required improvement. Records of these were available for review.

While there were management systems in place to ensure that the service was appropriately monitored, these were not always effective. For example, the inspector identified that a number of incidents had occurred which had not been documented in line with the centre's local policies on safeguarding or accidental injuries. Therefore it could not be ensured that these incidents were appropriately managed, investigated or responded to.

For the most part, there were sufficient staff on duty on the day of the inspection to meet the assessed health and social care needs of residents. However, on the morning of the inspection, the arrangements in place to ensure the safe supervision of residents was not appropriate, and was discussed with the person in charge. The rosters available for review reflected the configuration of staff on duty on the day of the inspection.

The inspector reviewed a sample of staff files and found that these contained all of the information required by the regulations, including evidence of nursing registration with the Nursing and Midwifery Board of Ireland (NMBI). An Garda Síochána vetting disclosures were in place for all staff, prior to commencing work in the designated centre.

A review of the staff training records found that there was a training schedule in place to ensure that all staff received training that was appropriate to their role.

The centre had a complaints policy and procedure which described the process of raising a complaint or a concern. A review of the record of all complaints maintained by the person in charge demonstrated that complaints were managed promptly and in line with the requirements of the regulations.

Regulation 15: Staffing

On the day of inspection, while the staffing numbers and skill-mix were appropriate to meet the care needs of residents, the arrangements for the supervision of residents in communal areas in the morning did not ensure the safety of residents.

Judgment: Substantially compliant

Regulation 16: Training and staff development

All staff were up-to-date with training in moving and handling procedures, fire safety and the safeguarding of residents from abuse. A range of other training was

available to staff to ensure their knowledge and skills were maintained or enhanced, as needed.

Judgment: Compliant

Regulation 19: Directory of residents

The registered provider maintained a directory of residents for the designated centre. This contained all of the information required by Schedule 3 of the regulations.

Judgment: Compliant

Regulation 22: Insurance

There was an up-to-date insurance policy in place which covered residents' belongings and injury to residents.

Judgment: Compliant

Regulation 23: Governance and management

Some management systems were not sufficiently robust to ensure the service provided was safe, appropriate and effectively monitored. For example:

- There were repeated findings in relation to premises and infection control, which the provider had failed to address in line with their compliance plan response and associated timelines from the previous inspection. For example; the provider had not created a dedicated housekeeping room. Consequently, the cleaning trolleys continued to be stored in the centre's laundry facilities, which posed an ongoing infection control risk. Additionally, the storage of single-use items were observed again on this inspection, such as sterile dressings.
- The management systems in place to ensure that the service was effectively monitored was not adequate. For example, a small number of incidents relating to residents had occurred which had not been comprehensively recorded or investigated, which was not in line with the centre's own policies.

Judgment: Not compliant

Regulation 24: Contract for the provision of services

The inspector reviewed a sample of residents' contracts of care. Each contract outlined the terms and conditions of the accommodation and the fees to be paid by the resident. All contracts had been signed by the resident and/or their representative.

Judgment: Compliant

Regulation 34: Complaints procedure

There was an effective complaints procedure in place which met the requirements of the regulations. A review of the centre's records found that complaints and concerns were managed and responded to in line with the regulatory requirements.

Judgment: Compliant

Regulation 4: Written policies and procedures

Policies and procedures as set out in Schedule 5 of the regulations, were available for inspection. All were updated within the time frame as set out by the regulations.

Judgment: Compliant

Quality and safety

Overall, the inspector found that the care and support that residents received from the staff team was of a good quality. There was a person-centred approach to care, and residents' wellbeing and independence was promoted.

The centre had an electronic resident care record system. A sample of assessments and care plans for residents were reviewed. These were found to be detailed and person-centred, and demonstrated that residents' health and social care needs were being assessed using validated tools.

Arrangements were in place for residents to access allied health and social care professionals such as dietetic services, speech and language therapy, physiotherapy and occupational therapy, through a system of referral. Residents were provided with appropriate access to their General Practitioner (GP).

Visiting was found to be unrestricted. Residents could receive visitors in their bedroom or communal area, if they so wished.

A restraint-free environment was promoted in the centre, in line with local and national policy. Any implementation of restraint was informed by appropriate assessments and was subject to regular review.

There were systems in place to protect residents from abuse. Staff completed regular training in the prevention, detection and response to abuse. The provider did not act as pension agent for any residents.

Residents were supported to exercise their civil, political and religious rights. For example, residents were facilitated to practice their respective religions and vote in an upcoming bye-election. Residents were free to choose how they spent their day.

Residents were provided with opportunities for social engagement and to participate in activities that were aligned to their capacities and capabilities. There was an activity schedule in place and activities were facilitated by dedicated activities staff. Many residents were observed to be encouraged and supported to partake in the activities that were taking place on the day of the inspection.

The fire alarm system, emergency lighting system and fire fighting equipment were serviced at the appropriate intervals. The registered provider maintained records of daily, weekly and monthly checks in relation to aspects of fire safety including means of escape and tests of the alarm system. Evacuation drills took place on a regular basis throughout the centre, which were documented and demonstrated that any areas of improvement were identified.

Regulation 11: Visits

There were flexible arrangements in place to support residents to receive visitors. Residents could meet with visitors in their bedroom, a dedicated visitors' room or in communal areas.

Judgment: Compliant

Regulation 28: Fire precautions

There were systems in place to protect residents from the risk of fire, including regular review and servicing of fire safety equipment. Staff completed training in fire safety on an annual basis.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Residents' needs were assessed within 48 hours of admission to the centre, and regularly thereafter. These informed the development of comprehensive care plans which were person-centred and reflected residents' individual needs.

Judgment: Compliant

Regulation 6: Health care

Residents had access to a general practitioner (GP) of their choice, who provided timely medical assessments and treatment as needed.

There were arrangements in place to ensure residents had access to appropriate health and social care professional support to meet their needs.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

The person in charge ensured that staff had adequate knowledge and skills to respond to and support residents presenting with responsive behaviours. Arrangements were in place to ensure residents were appropriately assessed prior to initiating the use of restrictive practices and that it was implemented in line with national policy.

Judgment: Compliant

Regulation 9: Residents' rights

Residents had opportunities to participate in meaningful activities, in line with their interests and capacities. Residents were supported to access advocacy services if they so wished. Residents' rights and choices were promoted and respected by staff. There were arrangements in place to ensure that their privacy and dignity was maintained at all times.
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	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Rushmore OSV-0000381

Inspection ID: MON-0050303

Date of inspection: 12/05/2026

Introduction and instruction
This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant -** A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.

- **Not compliant -** A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Regulation Heading	**Judgment**
Regulation 15: Staffing	Substantially Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: Day room is supervised when the residents are present. Staff members will ensure another staff member in the day room should they need to leave.	
Regulation 23: Governance and management	Not Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: The work for new housekeeping shed is actively progressing and hope to complete soon. Hope to finish by or before November 2026. Single use dressings discarded and will nlt be stored. Completed on 12.05.26 All skin peel or incidents noted on residents will be investigated, logged, and updated within the center's incident management policy. This includes any signs of bruises or skin tear irrespective of its nature and how it happened. It will be recorded in the incident book, investigated and will rule out any safe guarding concerns before its being entered in to the wound chart. Completed on 12.05.26	

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 15(1)	The registered provider shall ensure that the number and skill mix of staff is appropriate having regard to the needs of the residents, assessed in accordance with Regulation 5, and the size and layout of the designated centre concerned.	Substantially Compliant	Yellow	12/05/2026
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	01/11/2026