



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:	13 May 2025
Centre ID:	OSV-0000381
Fieldwork ID:	MON-0046995

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:	23
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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 13 May 2025	08:35hrs to 15:40hrs	Marguerite Kelly	Lead

What residents told us and what inspectors observed

This was an unannounced inspection, carried out over one day. Feedback from residents and visitors indicated that the centre was a comfortable and supportive place to live. The inspector heard many positive comments and staff were described as 'caring' 'very kind' and 'super'.

The inspector spoke in detail with 5 residents and 3 visitors. All residents spoken with were very complimentary in their feedback and expressed satisfaction about the standard of care provided. Residents appeared to enjoy a good quality of life and had opportunities for social engagement and activities, and they were supported by a kind team of staff. Relatives stated that their loved ones were well looked after and that the staff were always available to assist with their care.

The inspector was met by the nurse in charge on arrival at the centre. Shortly afterwards the person in charge (PIC) arrived and walked around the centre with the inspector giving an opportunity to review the living environment and to meet with residents and staff. The inspector observed residents relaxing in their bedrooms and communal rooms, eating breakfast and mobilising in the corridors. There were 23 residents in the centre with no vacancies.

A number of residents were living with a cognitive impairment and were unable to express their opinions to the inspector. These residents appeared to be content, and comfortable in their environment.

Rushmore Nursing Home is a two-storey building which can accommodate up to 23 residents in 19 ensuite single bedrooms, one double ensuite bedroom and two single bedrooms. The residents' bedroom accommodation was located on both floors, with a lift and stairs available to support movement throughout the centre. A number of communal areas were located on the ground floor including day rooms, a quiet room and a visitors' room. Secure courtyard areas with tables and chairs were accessible from various parts of the building.

Bedrooms were personal to the resident's containing family photographs, art pieces and personal belongings. Pressure relieving specialist mattresses, falls prevention alert devices, and cushions were seen in residents' bedrooms.

All residents whom the inspector met were complimentary of the home-cooked food and the dining experience in the centre. The daily menu was displayed in the dining room. The inspector observed the main lunch time meal. The meal time experience was quiet and was not rushed. Staff were observed to be respectful and discreetly assisted the residents during the meal times. The inspector was informed by residents that drinks and snacks were available anytime outside of meal times. The main kitchen was clean and of adequate in size to cater for residents' needs. Toilets for catering staff were in addition to, and separate from, toilets for other staff.

The general environment of the centre was noted to be very clean, in a good state of repair and with an ongoing maintenance programme in place.

The centre provided a laundry service for residents. Residents whom inspectors spoke with were happy with the laundry service and there were no reports of items of clothing missing. The infrastructure of the on-site laundry supported the functional separation of the clean and dirty phases of the laundering process. There was however, inappropriate storage of gloves and wipes seen in this room, which may become contaminated whilst laundry procedures are taking place. Similarly, there was a sink unit in the laundry used for the preparation of cleaning trolleys, equipment and decanting of used cleaning water, as there was no dedicated housekeeping room in the centre. This posed a risk of cross-contamination to and from stored laundry items in this room.

There was a sluice room for the reprocessing of bedpans, urinals and commodes which was clean, well-maintained and contained a hand hygiene sink. The soap and alcohol gel dispensers in the centre were the top-up variety. These pose a risk of contamination due to the potential for bacterial growth and should be of the sealed, single use cartridge dispenser as per Infection prevention and Control (IPC) national guidelines. Alcohol hand gel dispensers was in place along the corridors but were not available at the point of care in resident bedrooms.

There was no dedicated clean utility or treatment room for the storage and preparation of medications, or the storage of clean and sterile supplies such as needles, syringes and dressings. These items were stored and prepared in a nurse's office with no dedicated hand-wash sink. There were hand-wash sinks available in the centre which were accessible to bedrooms, but these were not compliant as outlined in HBN 00-10 Part C Sanitary Assemblies which is the standard required for sanitary ware. There was also a hand-washing machine on the corridor, which similarly would not be compliant with national IPC standards.

Numerous storage rooms and areas were seen with items inappropriately stored on the floor, and where resident equipment and supplies were not segregated from cleaning chemicals, general supplies and maintenance equipment. This could lead to cross infection and contamination.

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. The areas identified as requiring improvement are discussed in the report under the relevant regulations.

Capacity and capability

This was an unannounced inspection to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the National Standards for infection prevention and control in community services (2018), with particular focus on the management of Infection prevention and control.

Overall, this was a well-managed centre with a clear commitment to providing good standards of care and support for the residents. However, a review of the premises and IPC management found that these areas were not in full compliance with the regulations.

The registered provider of Rushmore Nursing Home is Tí Rushmore Ltd. 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, health care assistants, housekeeping, catering, maintenance and activity staff.

There appeared sufficient nursing and care staff on the day of the inspection to meet the needs of the residents. Staff were observed to assist residents in a timely manner and were knowledgeable of their preferences.

The person in charge had completed the Infection prevention and control link nurse training with the Health Service Executive (HSE), helping to focus and structure compliance with infection prevention and antimicrobial stewardship practices within the centre. The infection control link practitioner demonstrated a commitment and enthusiasm for their role. For example, completing regular IPC audits and face-to-face hand hygiene training.

National Guidelines for IPC were available in the centre and accessible to staff. Efforts to integrate infection prevention and control guidelines into practice were underpinned by infection prevention and control education and training. Training was provided on site by the link practitioner using a blended learning approach that included face-to face-sessions and e-learning.

Infection prevention and control audits were undertaken very regularly and covered a range of topics including equipment and environment hygiene, waste management, hand hygiene and the use of personal protective equipment (PPE). Audit reports included time-bound action plans to address any issues identified. Surveillance of healthcare associated infection (HCAI) and multi-drug resistant bacteria colonisation was routinely undertaken and recorded.

The provider had a number of assurance processes in place in relation to the standard of environmental hygiene. These included cleaning specifications and checklists and colour-coded cloths and mops to reduce the chance of cross infection. Similarly, housekeeping staff spoken with had a good understanding of the cleaning and disinfection needs of the centre. There was one housekeeper on duty seven days per week, which was in accordance with the centre's statement of purpose (SOP) and the centre was seen to be very clean. Personal protective equipment (PPE) stations were available on corridors to store PPE.

There was an pro-active maintenance and refurbishment program in place and it was seen on the day of inspection where items were well maintained, cleaned and upgraded.

The provider ensured there was a structured effective communication system in place between staff and management that included daily handover meetings, clinical governance meetings and regular staff meetings. Information was shared appropriately with residents and staff. Meeting records seen included improvement actions and the responsible person.

Systems were in place to monitor the vaccination status of residents and staff and to encourage vaccination, to the greatest extent practical.

A review of notifications submitted to the Chief Inspector found that outbreaks were generally managed, controlled and reported in a timely and effective manner. Line listings were maintained and outbreak communication with local HSE teams was helped to oversee the management of the outbreaks. However, formal reviews of the management of these outbreaks had not been completed to assess how effectively the outbreaks were identified, managed and controlled.

An annual review of the quality and safety of care delivered to residents in 2024 was available in the centre for review.

The provider had implemented a number of *Legionella* controls in the centre's water supply. For example, unused outlets and showers were run weekly. However, documentation was not available to confirm that the hot and cold water supply was routinely tested for *Legionella* to monitor the effectiveness of controls.

Regulation 14: Persons in charge

The person in charge worked full-time in the centre and displayed appropriate knowledge of the residents' needs and effective oversight of the service. The person in charge was well known to residents and their families.

Judgment: Compliant

Regulation 15: Staffing

Through a review of staffing rosters and the observations of the inspector, it was evident that the registered provider had ensured that the number and skill-mix of staff was appropriate, having regard to the needs of residents and the size and layout of the centre.

Judgment: Compliant

Regulation 16: Training and staff development

There was an ongoing schedule of training in place to ensure that all staff had relevant and up-to-date training to enable them to perform their respective roles. There was a training matrix in place that set out when each staff member had completed training. Both local and national IPC policies were available to guide and support staff.

Judgment: Compliant

Regulation 23: Governance and management

Overall, the inspector found that the registered provider was committed to the provision of safe and high-quality service for the residents. The provider ensured that service delivery was safe and effective through ongoing infection prevention and control audit and surveillance.

Judgment: Compliant

Regulation 31: Notification of incidents

A review of notifications found that the person in charge of the designated centre notified the Chief Inspector of outbreaks of any notifiable infection as set out in paragraph 7(1)(e) of Schedule 4 of the regulations, within three working days of their occurrence.

Judgment: Compliant

Quality and safety

Overall, the inspector was assured that residents living in the centre enjoyed a good quality of life. There was a rights-based approach to care; both staff and management promoted and respected the rights and choices of residents living in the centre. Residents lived in an unrestricted manner according to their needs and capabilities. There was a focus on social interaction led by staff, and residents had

opportunities to participate in group or individual activities. These included arts and crafts, gardening and music therapy. Access to newspapers, internet, television and radio was available.

The centre had arrangements in place to ensure that visiting did not compromise residents' rights, and was not restrictive. Visitors confirmed that visits were encouraged and facilitated in the centre. Residents were able to meet with visitors in private or in the communal spaces throughout the centre. There was also a visitor policy that included details of the visiting procedures in the event of an infection outbreak.

Residents had access to appropriate medical and allied health care support to meet their needs. Residents had timely access to their general practitioners (GPs) and specialist services such as tissue viability and physiotherapy, as required. Residents also had access to other health and social care professionals such as speech and language therapy, dietitian and chiropody.

Resident care plans were accessible on a computer based system. Pre-admission assessments took place before the resident's admission. There was evidence that the care plans were reviewed by staff at intervals not exceeding four months. Care plans viewed by the inspector were generally person-centred.

The National Transfer Document and Health Profile for Residential Care Facilities was used when residents were transferred to hospital. This document contained details of health-care associated infections and colonisation to support sharing of and access to information within and between services.

Staff were observed to apply basic infection prevention and control measures known as standard precautions to minimise risk to residents, visitors and their co-workers, such as appropriate use of personal protective equipment, cleaning and safe handling of waste and used linen. However, the use of sharps, access to alcohol hand gel and single use items were not managed in line with best practice.

Various strategies were in place to ensure appropriate use of antimicrobial medications, aiming to mitigate the risk of antimicrobial resistance. These measures included monthly monitoring which was done retrospectively. However, there was little analysis of antibiotic usage in terms of volume, indication, and effectiveness. This information will help inform quality improvement plans to maximise the benefit of antimicrobial therapy.

Regulation 10: Communication difficulties

Residents' with communication difficulties were being facilitated to communicate freely. All residents had access to audiology, ophthalmology and speech and language services, as required.

Judgment: Compliant

Regulation 11: Visits

There were no visiting restrictions in place and visitors were observed coming and going to the centre on the day of inspection. Visitors confirmed that visits were encouraged and facilitated in the centre. Residents were able to meet with visitors in private or in the communal spaces throughout the centre.

Judgment: Compliant

Regulation 17: Premises

The premises was not maintained in line with regulations with regards to suitable storage. For example;

- There was no dedicated housekeeping room for storage of cleaning trolleys and equipment. Cleaning trolleys were stored within the laundry. This posed a risk of cross contamination.
- There was no dedicated clean utility or treatment room for the storage of medications, clean and sterile supplies such as needles, syringes, intravenous fluids and in-use sharps boxes. This can lead to a higher risk of contamination and cross-infection.
- Wipes and gloves were observed to be stored in the laundry, cleaning chemicals were stored in storeroom over continence wear and items were stored directly on the floor in the outside storage areas.

Judgment: Substantially compliant

Regulation 25: Temporary absence or discharge of residents

Where a resident was temporarily absent from the designated centre, relevant information about the resident was provided to the receiving designated centre or hospital. Upon a resident's return to the designated centre, the staff ensured that all relevant information was obtained from the discharge service, hospital and health and social care professionals.

Judgment: Compliant

Regulation 26: Risk management

There was a risk management policy and risk register in place which identified hazards and control measures for the specific risks outlined in the regulations. Arrangements for the investigation and learning from serious incidents were in place and outlined in the policy.

Judgment: Compliant

Regulation 27: Infection control

The provider was not in full compliance with Regulation 27 infection control and the National Standards for infection prevention and control in community services (2018). For example;

- The storage of opened single use items was observed. For example; opened and stored ready for re-use sterile dressings and sterile water. Single use items are intended to be used on an individual person during a single procedure and then discarded due to the risk of contamination.
- The provider had not substituted traditional unprotected sharps/needles with a safer sharps devices that incorporates a mechanism to prevent or minimise the risk of accidental injury.
- Alcohol hand rub was not available at the point of care for each resident. This meant that there was an increased risk of the spread of infection.
- Dispensers containing soap and alcohol gel were the top up and refill variety. Disposable single use cartridges or containers should be used to reduce the risk of contamination.
- Sharps bins were not placed in a secure position or mounted on the wall to prevent tipping.
- Sharps bins were not signed on assembly or when full which helps accountability and trackability.
- While some *Legionella* controls were in place, water samples were not routinely taken to assess the effectiveness of the *Legionella* control program.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

A review of care plans found that infection prevention and control information was recorded in the resident care plans to guide and direct the care of residents.

Judgment: Compliant

Regulation 6: Health care

Residents had access to a GP of their choice. Residents also had access to a range of health and social care professions such as physiotherapy, dietician and tissue viability nursing.

Various strategies were in place to ensure appropriate use of antimicrobial medications, aiming to mitigate the risk of antimicrobial resistance. These measures included monitoring. Prophylactic antibiotic usage in the facility was kept at a minimal level, aligning with best practices.

Judgment: Compliant

Regulation 9: Residents' rights

The registered provider had assured that residents were consulted about the management of the designated centre through participation in residents meetings. Residents had access to an independent advocacy service.

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 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 10: Communication difficulties	Compliant
Regulation 11: Visits	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 25: Temporary absence or discharge of residents	Compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Rushmore OSV-0000381

Inspection ID: MON-0046995

Date of inspection: 13/05/2025

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 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: A new dedicated room for housekeeping will be arranged shortly. Date for completion : Before 28/02/2026.</p> <p>A new trolley ordered for dressing .</p> <p>Date completed: 21/05/2025.</p> <p>A new locker or cupboard will be installed in the nurses station for safe storage of sterile supplies.</p> <p>Date for completion: before 28/02/2026.</p> <p>Wipes and gloves which were stacked or kept in the laundry is removed and kept in the storage room.</p> <p>Date completed: 13/05/2025.</p>	
Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control: Nurses will ensure single use items are discarded after use. Small sachets or bottles of sterile water will be used. Date completed : 13.06.25</p> <p>New safer sharp devices will be ordered once the current stock finishes.</p>	

Single use cartridges or dispensers will be used once the current stock is finished.

Date for completion: 31/10/2025.

Sharp bins are signed now and will be signed going forward on assembly and when full.

Date completed: 13/05/25

Sharp bins will be mounted on wall.

Date for completion: 03.07.25

Legionella checks for water sampling was done by a lab on 20.06.25. awaiting report

Date completed: 20.06.25

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(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.	Substantially Compliant	Yellow	28/02/2026
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	31/10/2025