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:	Blake Manor Nursing Home
Name of provider:	Rushmore Nursing Home Limited
Address of centre:	Ballinderreen, Kilcolgan, Galway
Type of inspection:	Unannounced
Date of inspection:	16 June 2026
Centre ID:	OSV-0000390
Fieldwork ID:	MON-0051048

About the designated centre

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

Blake Manor Nursing Home is a historic three-storey building which was refurbished by the provider in 2008. It is located in a rural area outside the village of Ballinderreen in County Galway. The centre is currently registered to provide care to 39 residents. The living and accommodation areas are spread over three floors. The floors are serviced by an accessible lift. The centre comprises of 27 single rooms and six twin rooms. The twin rooms are large and allow for free movements of residents and staff, hoists and other assistive equipment and with dividing curtains to ensure privacy for personal care. The top floor accommodates 18 residents, the ground floor 15 residents and the lower ground floor six residents. The centre caters for individuals who require long term, respite or convalescent care. The centre provides accommodation to both male and female residents. The service caters for the health and social care needs of residents with low to maximum dependency.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	37

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 16 June 2026	09:15hrs to 16:30hrs	Sharon Kane	Lead
Tuesday 16 June 2026	09:15hrs to 16:30hrs	Catherine Sweeney	Support

What residents told us and what inspectors observed

Inspectors found that residents living in the centre enjoyed a good quality of life and received person-centred care from a team of kind, attentive staff. Residents described feeling safe, well cared for, and supported within the centre.

Blake Manor Nursing Home is a three-storey designated centre registered to accommodate up to 39 residents. On the day of inspection, 37 residents were living in the centre. Bedroom accommodation was provided across all three floors, which were accessible by a lift. Residents also had access to a range of communal facilities, including day rooms, a visitors room, a library, a reception area, and a large, secure patio. There were sufficient toilet and bathroom facilities to meet residents' needs. Bedrooms were observed to be clean, tidy, and well-maintained. Many of the bedrooms observed had been personalised with residents' own artwork, photographs, and soft furnishings, creating a warm and homely environment.

On arrival, inspectors were welcomed by the person in charge of the centre and a clinical nurse manager. Following a brief introductory meeting, inspectors completed a tour of the premises. This provided an opportunity to observe the care environment and to meet residents and staff. Residents were observed enjoying breakfast in the dining room or relaxing in communal areas. A calm and unhurried atmosphere prevailed throughout the centre.

The premises were clean, well-maintained, and pleasantly decorated. Residents spoke positively about their surroundings, describing the centre as "marvellous" and commenting that it was kept "pristine". Inspectors also noted that a dedicated housekeeping room was now fully operational.

Inspectors observed the lunchtime dining experience. Most residents attended the dining room for lunch. Although the service was busy, it was organised efficiently and delivered in a calm manner. Residents were offered a choice of meals, and sufficient staff were available to provide assistance, where required. Mealtimes were observed to be enjoyable social occasions, with residents chatting with one another and engaging positively with staff. Residents were complimentary about both the quality of the food and the range of meal choices available.

Visitors attended the centre throughout the inspection and were warmly welcomed by staff. Residents and visitors confirmed that flexible visiting arrangements were in place and expressed satisfaction with these arrangements. Residents told inspectors that they could spend time with visitors either in communal areas or in the privacy of their own bedrooms.

Capacity and capability

This unannounced monitoring inspection was carried out by inspectors of social services to assess the centre's compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended). Inspectors also followed up on actions taken by the registered provider to address the areas of non-compliance identified during an inspection of the centre conducted in May 2025. In addition, inspectors reviewed the detail of unsolicited information submitted to the Office of the Chief Inspector in relation to the management of complaints. This information was found to be substantiated on this inspection.

Overall, inspectors found that the centre was well-resourced and provided person-centred care that supported residents to enjoy a good quality of life. Governance and management arrangements were well-organised, and the provider demonstrated a commitment to maintaining high standards of care. However, inspectors identified that management systems used to monitor the quality and safety of the service were not fully effective. For example, the systems in place did not ensure that the management of complaints was in line with the centre's own complaints policy, or the requirements of the regulations.

The registered provider is Rushmore Nursing Home Ltd. The company has two directors, one of whom works full-time within the centre and represents the registered provider in communications with the Chief Inspector. There was a clearly defined organisational structure with established lines of responsibility and accountability. The person in charge and the provider representative facilitated the inspection and demonstrated a clear understanding of their respective roles and responsibilities. Both maintained a visible presence throughout the centre and were well known to residents. The person in charge was supported by a clinical nurse manager, who deputised in their absence.

A review of the management of complaints found that, while some complaints had been documented within a complaints register, these complaints were not managed in line with the centre's complaints policy. The outcomes of any investigations into complaints, the actions taken on foot of a complaint, any reviews requested, and the outcomes of any reviews were not fully and properly documented.

The staffing in the centre included registered nurses, health care assistants, activities staff, catering staff, maintenance personnel, and housekeeping staff. There were adequate staffing levels to meet the needs of the residents on the days of the inspection.

A review of the training records for staff found that, with the exception of complaint management, appropriate training had been delivered to all staff, commensurate to their role.

A range of management systems was in place to oversee the quality and safety of the service, including governance meetings, risk management systems, and a schedule of clinical and environmental audits. Inspectors reviewed a sample of audits, including care plan and skin integrity audits. Where areas for improvement were identified, action plans had been developed and completed. However, the monitoring systems in place for the oversight of complaints, including a monthly review of all complaints, did not identify that complaints were not managed in line with the requirements of the regulations.

Inspectors reviewed a sample of staff personnel files. These contained the information required under Schedule 2 of the regulations, including evidence of National Vetting Bureau disclosures completed in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012. All nurses had an active Nursing and Midwifery Board of Ireland (NMBI) registration number available for review.

Regulation 15: Staffing

There was appropriate levels of staffing and skill mix to meet the assessed needs of the residents and for the size and layout of the centre.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had access to appropriate training, commensurate with their role.

Staff were appropriately supervised and supported by the senior management team.

Judgment: Compliant

Regulation 23: Governance and management

Inspectors found that the management systems in place to monitor the quality and safety of the service were not fully effective and did not consistently ensure compliance with the requirements of the regulations. This was evidence by:

- The complaints management system was not operating effectively. Records did not consistently demonstrate that complaints had been investigated, and in the absence of documented investigations, complaints could not be appropriately analysed to identify trends, inform quality improvement

initiatives, or facilitate organisational learning. This created a potential risk that opportunities to improve the quality of care and service delivery could be missed.
- Risk management systems were not fully effective. A review of the incident log in the centre identified two potential safeguarding incidents that had not been managed in accordance with the centre's safeguarding policy. As a result, it could not be demonstrated that appropriate preliminary screening had been completed to determine whether there were reasonable grounds for safeguarding concerns.

Judgment: Substantially compliant

Regulation 34: Complaints procedure

A review of the complaints management system found that complaints were not consistently managed in accordance with the centre's complaints policy or the requirements of the regulations.

Specifically, a number of complaints records contained no documented evidence that an investigation had been undertaken. Consequently, these complaints had not been formally concluded or analysed to identify opportunities for learning, service improvement, or quality assurance.

The personnel identified as being complaint officers had not completed training in the management of complaints, as required by the regulations.

Judgment: Not compliant

Quality and safety

Overall, inspectors found that residents received a high standard of evidence-based, person-centred care. Residents reported that they felt safe living in the centre, and interactions observed between staff and residents were consistently kind, respectful, patient, and responsive to individual needs.

The premises were designed and maintained to meet the assessed needs of residents. Throughout the inspection, the centre was observed to be clean, tidy, and well-maintained. A planned maintenance programme was in place to ensure the ongoing upkeep of the environment. Previous non-compliance relating to the premises had been addressed, and inspectors confirmed that a dedicated housekeeping room was now fully operational.

A review of nursing documentation found that comprehensive pre-admission assessments were completed before residents were admitted to the centre. On admission, a comprehensive assessments was completed for each resident using validated clinical assessment tools. These assessments informed the development of individualised, person-centred care plans that accurately reflected residents' assessed needs and personal preferences. Care plans reviewed during the inspection were comprehensive, and regularly updated to reflect changes in residents' needs.

Residents had timely access to medical care and were reviewed by their General Practitioner (GP), as required. Appropriate arrangements were also in place to facilitate access to a range of health and social care professionals, including physiotherapists, dietitians, and speech and language therapists, ensuring residents received specialist assessment and intervention, when necessary.

Residents who experienced responsive behaviours, including those living with dementia who were unable to verbalise discomfort or illness, received care that was appropriate to their individual needs. Person-centred care plans provided clear guidance to staff on supporting residents who were experiencing responsive behaviours. Training records confirmed that all staff had completed education in the management of responsive behaviours.

A safeguarding policy was in place to protect residents from the risk of abuse. Staff safeguarding training was up-to-date, and staff spoken with demonstrated a clear understanding of their responsibilities in recognising, responding to, and reporting suspected or confirmed abuse. However, inspectors found that two potential safeguarding incidents had not been managed in accordance with the centre's safeguarding policy or national safeguarding guidance. Consequently, a preliminary assessment had not been completed to determine whether there was cause for concern for each incident.

Residents' nutritional needs were appropriately assessed and monitored. Residents' weights were reviewed regularly, and staff demonstrated an understanding of residents' nutritional requirements and prescribed diets. Appropriate referral pathways were in place to ensure timely access to dietetic services where residents were identified as being at risk of malnutrition.

Visiting arrangements were observed throughout the inspection. Residents confirmed that they were able to receive visits from family and friends without unnecessary restriction. Visitors were welcomed by staff, and residents expressed satisfaction with the visiting arrangements available within the centre.

Regulation 17: Premises

The designated centre provided appropriate accommodation and facilities to meet the assessed needs of residents, in accordance with the statement of purpose and the requirements of Schedule 6 of the regulations. The premises were clean, well maintained, suitably furnished, and provided a comfortable and homely

environment. Previous areas of non-compliance relating to the premises had been satisfactorily addressed.

Judgment: Compliant

Regulation 18: Food and nutrition

Residents were provided with an adequate supply of nutritious food and fluids. A choice of meals was available each day, and residents' dietary preferences and assessed nutritional requirements were accommodated. Residents at risk of weight loss or malnutrition were appropriately monitored and referred for specialist dietetic assessment when required. Sufficient staff were available during mealtimes to provide assistance in a dignified and person-centred manner.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Residents had up-to-date assessments and care plans in place. There were arrangements in place to ensure that care plans were revised on a four monthly basis, or more frequently if required.

Judgment: Compliant

Regulation 6: Health care

Residents were provided with timely access to a medical practitioner. In addition, residents had access to health and social care professional services, in line with their assessed needs.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

There were policies and procedures in place to support the management of responsive behaviours.

There was a low number of restrictive practices in use in the centre. Appropriate risk assessments were completed prior to the implementation of restrictive practices, and these were reviewed regularly.

Judgment: Compliant

Regulation 8: Protection

The registered provider had not taken all reasonable measures to protect residents from the risk of abuse.

Inspectors reviewed resident records and identified two potential safeguarding incidents that had not been recognised or managed as safeguarding concerns. There was no documented evidence that appropriate preliminary screening or investigation had been undertaken in accordance with the centre's safeguarding policy or the requirements of the regulations. Consequently, the provider could not demonstrate that appropriate measures had been taken to determine whether residents were at risk of abuse.

Judgment: Substantially compliant

Regulation 9: Residents' rights

Staff demonstrated a clear understanding of residents' rights and actively supported residents to exercise choice and maintain independence. Residents' preferences were respected in all aspects of daily life, and they were supported to participate in meaningful social and recreational activities in accordance with their interests, abilities, and capabilities. Residents also had access to independent advocacy services, where required.

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	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 34: Complaints procedure	Not compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	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	Substantially compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Blake Manor Nursing Home OSV-0000390

Inspection ID: MON-0051048

Date of inspection: 16/06/2026

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 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: Preliminary Screening Form revised. Review of Safeguarding Policy & Audit tool in progress. Regular audits and reviews of safeguarding practices will be undertaken and corrective actions arising from audits will be completed and reviewed for effectiveness. Complaints, incidents, safeguarding concerns & audit results will be discussed at management meetings.	
Regulation 34: Complaints procedure	Not Compliant
Outline how you are going to come into compliance with Regulation 34: Complaints procedure: Complaints Policy has been revised. Complaint documentation has been revised to include investigation, actions, outcome and learning opportunities. Link to Safeguarding Preliminary Screening Assessment added to complaint form. Complaints Officer & Complaints Review Officer Personnel reviewed. All staff to complete Effective Complaints Handling (point of contact). Complaints Officer completed Effective Complaints Handling & Effective Complaints Investigation training. Complaints Review Officer to complete Effective Complaints Handling & Effective Complaints Investigation training. Monthly Complaint audit tool revised.	

Regulation 8: Protection	Substantially Compliant

Outline how you are going to come into compliance with Regulation 8: Protection:
Review of Safeguarding Policy & Audit tool will be completed.
Preliminary Assessment has been revised.
Link to Safeguarding Preliminary Assessment has been added to complaint form.
Management to complete the HIQA Safeguarding Self-Assessment for Designated Centres for Older People, review findings and complete any actions required.
Regular audits and reviews of safeguarding practices will be undertaken and corrective actions arising from audits will be completed and reviewed for effectiveness.
Training is monitored to ensure all staff have completed Safeguarding Adults at Risk of Abuse.

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 23(1)(d)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Substantially Compliant	Yellow	30/09/2026
Regulation 34(6)(a)	The registered provider shall ensure that all complaints received, the outcomes of any investigations into complaints, any actions taken on foot of a complaint, any reviews requested and the outcomes of any reviews are fully and properly recorded and that such records are in addition to and distinct from a resident's	Not Compliant	Orange	31/08/2026

	individual care plan.			
Regulation 34(7)(a)	The registered provider shall ensure that (a) nominated complaints officers and review officers receive suitable training to deal with complaints in accordance with the designated centre's complaints procedures.	Not Compliant	Orange	31/08/2026
Regulation 8(1)	The registered provider shall take all reasonable measures to protect residents from abuse.	Substantially Compliant	Yellow	30/09/2026