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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:	28 May 2025
Centre ID:	OSV-0000390
Fieldwork ID:	MON-0047058

## 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:	39
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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
Wednesday 28 May 2025	09:00hrs to 17:15hrs	Fiona Cawley	Lead

## What residents told us and what inspectors observed

On the day of inspection, the inspector found that residents living in this centre were well cared for in a supportive environment by a team of staff who knew them well. Residents reported feeling safe and comfortable in the care of staff, who they described as attentive and caring. Staff were observed to deliver care and support to residents which was kind and respectful and in line with their assessed needs.

Blake Manor Nursing Home is a three-storey Georgian house providing accommodation for 39 residents. The centre is located outside the village of Ballinderreen in County Galway. This unannounced monitoring inspection took place over one day. There were 39 residents in the centre and no vacancies on the day of the inspection.

Following an opening meeting with the general manager, the inspector completed a tour of the premises. Residents' living and bedroom areas were located on all three floors of the building, which were serviced by an accessible lift. Bedroom accommodation comprised of single and twin-occupancy rooms, all of which had access to toilet facilities. Bedrooms were of a suitable size to cater for the assessed needs of residents, taking into account their privacy and dignity. There was sufficient space available in bedrooms to store residents' personal belongings, including lockable storage. Residents were supported to decorate their bedrooms with items of personal significance, such as ornaments, photographs and furniture. There were a number of communal areas available to residents throughout the centre for rest and recreation including day rooms, dining rooms and a library area. These rooms were observed to be bright and spacious and, styled to create a homely living environment for residents. There was adequate space available for residents to spend quiet time on their own or to meet with friends and family members in private should they wish to.

There were a number of outdoor spaces available which provided residents with access to fresh air, nature and opportunities to participate in gardening activities. These areas included a variety of suitable garden furnishings, seating areas and colourful, seasonal flowers beds and vegetable planters.

The design and layout of the premises was appropriate for the number and the needs of the residents living in the centre. The centre was bright, warm and well-ventilated throughout. Corridors were wide and there were appropriately placed hand rails to support residents to walk independently. There was a sufficient number of toilets and bathroom facilities available to residents. Call-bells were available in all areas and were responded to in a timely manner. The centre was clean and tidy and well-maintained. The inspector observed that new furnishings were in place and a number of areas had been redecorated since the previous inspection.

The centre provided an onsite laundry service for residents' personal clothing and bed linen which was appropriate for the size of the centre. However, one area of

this facility was also used to prepare cleaning products and to store housekeeping equipment as there was no dedicated housekeeping room in the centre.

There was a designated outdoor smoking area which was adequate in size, well ventilated and with access to suitable firefighting equipment.

As the inspector walked through the centre, it was evident that residents' choices and preferences in their daily routines were respected. The majority of residents were up and about, many relaxing in the sitting rooms and dining areas, or mobilising freely through the centre. Other residents chose to remain in the privacy of their own bedrooms. Residents were observed to be content as they went about their daily lives, and were comfortable and familiar with one another and staff. Familiar, respectful conversations were overheard between residents and staff, and there was a relaxed, convivial atmosphere in the centre. As the day progressed, residents were observed watching TV, reading, chatting to one another and staff or participating in activities.

While staff were busy assisting residents with their needs throughout the day, care delivery was observed to be unhurried and respectful. The inspector observed that personal care was attended to in line with residents' wishes and preferences. Staff supervised communal areas appropriately, and those residents who chose to remain in their rooms, or who were unable to join the communal areas were supported by staff. A number of residents told the inspector that staff 'regularly popped in to their room to check if they needed anything throughout the day'. It was evident from talking with staff that they knew the residents and their individual needs. Notwithstanding the positive practice observed, the inspector observed some poor practice in relation to how a small number of residents were assisted to mobilise.

Visitors were observed coming and going throughout the day. The inspector spoke with a number of visitors who were satisfied with the care provided to their loved ones.

Residents' feedback provided an insight of their lived experience in the centre. The inspector spoke in detail with a total of nine residents. Those residents who spoke with the inspector said that they were satisfied with life in the centre. One resident said 'life is good here, it is a good home', while another resident told the inspector that 'everything is perfect'. Residents said that they were well cared for by staff. 'Staff are great', 'they are exceptional, couldn't be kinder', and 'everyone here is wonderful' were among the comments made by residents. There were a number of residents who were unable to speak with the inspector and were therefore not able to give their views of the centre. However, these residents were observed to be comfortable in their environment.

Residents told the inspector that they had choice in how they spent their day and that there were opportunities to take in recreational activities should they wish to. There was an activities schedule in place seven days a week which provided residents with opportunities to participate in a choice of activities throughout the day. The centre employed two activities co-ordinators who facilitated group and one-to-one activities. The inspector observed residents enjoying a variety of

activities on the day of the inspection including music, singing and exercise. Staff were available to support residents and to facilitate residents to be as actively involved in activities as they wished.

The centre provided residents with consistent access to adequate quantities and choices of food and drink and residents were complimentary about the quality of food. One resident described the food as '100%, the nearest thing to home cooking'. Residents had a choice of when and where to have their meals and residents were observed having meals and snacks at various times of the day, depending on their preference. Residents were supported during mealtimes, and residents who required help were provided with assistance in a respectful and dignified manner.

In summary, residents were receiving a good service from a responsive team of staff delivering safe and appropriate person-centred care and support to residents.

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. The levels of compliance are detailed under the individual regulations.

## Capacity and capability

This was an unannounced monitoring inspection carried out by an inspector of social services 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 taken by the provider to address areas of non-compliance found on the inspection in August 2024 in respect of Regulation 17: Premises, Regulation 21: Records and Regulation 23: Governance and Management. The findings of this inspection were that the provider had not fully implemented a compliance plan following the last inspection. Furthermore assessment and care planning and, training and supervision were found not to be in full compliance with the regulations.

The registered provider of this designated centre is Rushmore Nursing Home Ltd, a company that consists of two directors. One of the directors worked in the centre as a general manager. The provider had a clear governance structure in place with identified lines of responsibility and accountability at individual, team and organisational level. There was an established management team within the centre which consisted of a person in charge and a general manager. The general manager was present throughout the inspection, and was observed to be a strong presence in the centre. The person in charge was supported by a clinical nurse manager. The management of the centre was further supported by a full complement of staff, including nursing and care staff, housekeeping, catering, administrative, activity and maintenance staff. There were systems in place to ensure appropriate deputising

arrangements, in the absence of the person in charge.

A review of the staffing rosters found that staffing levels and skill-mix were appropriate to meet the assessed health and social care needs of the residents, given the size and layout of the building. The team providing direct care to residents consisted of at least one registered nurse on duty at all times, and a team of health care assistants. Teamwork was evident throughout the day.

There were a number of management systems in place to monitor and review the quality and safety of the service. Key information relating to aspects of the service, including the quality of resident care, were collected and reviewed by the clinical management team on monthly basis. A range of clinical and environmental audits had been completed which evaluated practices such as complaints managements, falls management, infection prevention and control and care planning. Where areas for improvement were identified, action plans were developed and completed. There were systems in place to monitor and respond to risks that may impact on the safety and welfare of residents. The centre had a risk register which identified clinical and environmental risks, and the controls required to mitigate those risks. However, the systems in place to identify and manage risk did not capture some of the known risks in the centre, such as the lack of facilities for the housekeeping equipment, and therefore, no improvement plan was put in place.

An annual review of the quality and safety of the services had been completed for 2024, and included a quality improvement plan for 2025.

Staff were facilitated to attend and complete training, appropriate to their role. This included fire safety, manual handling, safeguarding, and infection prevention and control training. However, the inspector observed that staff were not always appropriately supervised, to ensure that they carried out their work to the required standards. For example, the inspector observed some staff use poor manual handling techniques when assisting residents with their mobility needs.

The provider had systems in place to ensure the records, set out in the regulations, were available, safe and accessible. However, the inspector found that a number of staff files reviewed did not contain all the required information as detailed under Schedule 2 of the regulations. This is a repeated finding from the previous three inspections.

The policies and procedures, as required by Schedule 5 of the regulations, were available to staff, providing guidance on how to deliver safe care to the residents.

There were systems in place to identify, document and learn from incidents involving residents. Notifiable incidents were submitted to the Chief Inspector in line with regulatory requirements.

A complaints log was maintained with a record of complaints received. A review of the complaints log found that complaints were recorded, acknowledged, investigated and the outcome communicated to the complainant.



Regulation 15: Staffing
The number and skill mix of staff was appropriate with regard to the needs of the residents, and the size and layout of the designated centre.
Judgment: Compliant
Regulation 16: Training and staff development
The system in place to supervise staff was not fully effective. For example, some staff were observed to use manual handling techniques that were not safe and did not protect the privacy of residents.
Judgment: Substantially compliant
Regulation 19: Directory of residents
The directory of residents contained all the information specified in paragraph 3 of Schedule 3 of the regulations.
Judgment: Compliant
Regulation 21: Records
<p>A number of staff records reviewed did not contain the documents set out in Schedule 2 of the regulations. For example:</p> <ul style="list-style-type: none"> <li>• two staff records did not have a full employment history, together with a satisfactory history of any gaps in employment</li> <li>• two staff records did not have the required written references.</li> </ul> <p><b>This is a repeated non-compliance</b></p>
Judgment: Substantially compliant
Regulation 23: Governance and management

The management systems in place to ensure effective oversight of the service was inadequate. For example, the actions committed to in a compliance plan submitted to the Chief Inspector in relation to premises and records management were not fully addressed to ensure compliance with regulations.

**This is a repeated non-compliance**

Judgment: Substantially compliant

### Regulation 34: Complaints procedure

A review of the complaints records found that resident's complaints and concerns were managed and responded to in line with the regulatory requirements.

Judgment: Compliant

### Regulation 4: Written policies and procedures

The registered provider prepared written policies and procedures in accordance with Schedule 5 of the regulations.

Judgment: Compliant

## Quality and safety

The inspector found that the standard of care which was provided to residents living in this centre was of a good quality. Residents were satisfied with the care provided in Blake Manor and spoke positively about the support they received from staff. The inspector observed that residents' rights and choices were upheld. Staff were respectful and courteous with residents.

A sample of residents' files were reviewed by the inspector. Residents had an assessment of their needs completed prior to admission to the centre to ensure the service could provide the required health and social care to the resident. Following admission, a range of clinical assessments were carried out using accredited assessment tools. The outcomes were used to develop an individualised care plan for each resident which addressed their individual health and social care needs. Care plans were initiated within 48 hours of admission to the centre. Individual care plans contained person-centred information which provided guidance to staff on the

supports required to maximise the residents' quality of life. However, a small number of care plans reviewed did not accurately reflect the needs of the residents.

Residents had access to appropriate medical and healthcare services. Residents were reviewed by a medical practitioner, as required or requested. Referral systems were in place to ensure residents had timely access to health and social care professionals for additional professional expertise.

The design and layout of the premises was suitable for its stated purpose and met the residents' individual and collective needs. Housekeeping staff were knowledgeable about cleaning practices and all areas of the centre were observed to be very clean and tidy. However, the laundry room was used to prepare cleaning products and to store the housekeeping trolley and cleaning supplies. This arrangement increased the risk of environmental contamination and cross infection. This is a repeated finding from the previous three inspections. On the day of the inspection, the inspector was informed that there was a plan in place to create a housekeeping facility but there was no timeline for completion available.

The inspector observed that residents' rights and choices were respected and promoted in the centre. Residents were free to exercise choice in their daily lives and routines. Residents could retire to bed and get up when they choose. Activities were observed to be provided by dedicated activities staff, with the support of health care staff. Residents attended regular meetings and contributed to the organisation of the service. Satisfaction surveys were carried out with residents with positive results. Residents had access to an independent advocacy service.

The provider had systems in place to ensure residents' nutritional status was effectively monitored. Staff were knowledgeable regarding the nutritional needs of individual residents. Residents who were assessed as being at risk of malnutrition were supported by appropriate health and social care professionals when necessary.

The provider had fire safety management systems in place to ensure the safety of residents, visitors and staff.

### Regulation 11: Visits

Visiting arrangements were flexible, with visitors being welcomed into the centre throughout the day of the inspection. Residents who spoke with the inspector confirmed that they were visited by their families and friends.

Judgment: Compliant

### Regulation 12: Personal possessions

Residents living in the centre had appropriate access to and maintained control over their personal possessions. Laundry services were on-site, and there were no issues raised by residents regarding laundry.
Judgment: Compliant
<b>Regulation 17: Premises</b>
<p>There was no dedicated housekeeping room in the centre. The laundry room was used to prepare cleaning products and to store the housekeeping trolleys and cleaning supplies. This arrangement increased the risk of environmental contamination and cross infection.</p> <p><b>This is a repeated non-compliance</b></p>
Judgment: Substantially compliant
<b>Regulation 18: Food and nutrition</b>
Residents had access to adequate quantities of food and drink, including a safe supply of drinking water. A varied menu was available daily providing a range of choices to all residents including those on a modified diet. Residents were monitored for weight loss and were provided with access to dietetic services, when required. There were sufficient numbers of staff to assist residents at mealtimes.
Judgment: Compliant
<b>Regulation 26: Risk management</b>
The centre had an up-to-date comprehensive risk management policy in place which included all of the required elements, as set out in Regulation 26.
Judgment: Compliant
<b>Regulation 5: Individual assessment and care plan</b>
A review of the residents assessments and care plans found that care plans had not

<p>been reviewed as required under Regulation 5. This was evidenced by:</p> <ul style="list-style-type: none"> <li>• two assessments and care plans did not reflect the residents' mobility needs. For example, two residents, whose mobility was limited and who could not weight bear, had care plans in place which stated that they could weight bear.</li> <li>• one resident's care plan did not contain accurate information regarding the management of 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)</li> </ul>
Judgment: Substantially compliant
Regulation 6: Health care
Residents had access to appropriate medical and allied health care professionals to meet their assessed needs.
Judgment: Compliant
Regulation 9: Residents' rights
The provider had ensured that residents' rights were respected and that they were supported to exercise choice and control in their daily lives.
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
<b>Capacity and capability</b>	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management	Compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Blake Manor Nursing Home OSV-0000390

Inspection ID: MON-0047058

Date of inspection: 28/05/2025

## 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 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: <ul style="list-style-type: none"> <li>• All staff have Moving &amp; Handling training however refresher training being provided 26/7/2025 for a small number of staff as assessed to be required</li> <li>• CNM is providing increased oversight and support to Nurses</li> <li>• Advanced Manual Handling Certificate course for Nurses and Snr Carers discussed with Training provider and date awaited</li> </ul>	
Regulation 21: Records	Substantially Compliant
Outline how you are going to come into compliance with Regulation 21: Records: <ul style="list-style-type: none"> <li>• Employment Documentation has been revised to ensure all records are in place to meet and maintain compliance with regulation 21</li> <li>• The missing references have since been received and filed</li> <li>• An audit of all staff files is underway to ensure compliance</li> </ul>	
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and	



management:

- Regulation 17 Premises – Repeated Non-Compliance to be actioned as below
- Regulation 21 Records – Repeated Non-Compliance to be actioned as above
- Regulation 23(1)(d) - Supervision & Leadership training Course being sourced for Nurses – discussed with LHP Skillnet details and dates awaited
- DON & CNM conducting daily observations of practice to monitor the quality of supervision and care delivery on an ongoing basis. To identify any areas where additional support or training may be of benefit.
- For further assurance spot checks are being carried out by Provider.
- DON & CNM provides ongoing support and guidance to help nurses understand their role and improve supervisory skills.
- Feedback discussions with nurses carried out by Provider and DON.

Regulation 17: Premises

Substantially Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:

- Work is near completion to provide a dedicated housekeeping room located separate from the laundry facility. Progression of the work has been slower than anticipated due to the limited availability of contractors.

Regulation 5: Individual assessment and care plan

Substantially Compliant

Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:

- Care Plan revision carried out on the Care plans highlighted on inspection day, completed 10.6.2025
- Care Plan audit by CNM ongoing to ensure compliance of all Care Plans



## 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)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	02/10/2025
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Substantially Compliant	Yellow	30/09/2025
Regulation 21(1)	The registered provider shall ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.	Substantially Compliant	Yellow	30/09/2025
Regulation 23(1)(d)	The registered provider shall ensure that management systems are in	Substantially Compliant	Yellow	01/12/2025

	place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.			
Regulation 5(4)	The person in charge shall formally review, at intervals not exceeding 4 months, the care plan prepared under paragraph (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.	Substantially Compliant	Yellow	02/10/2025