



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:	15 August 2024
Centre ID:	OSV-0000390
Fieldwork ID:	MON-0039730

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 were large and allowed for free movements of residents and staff, hoists and other assistive equipment and 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:	36
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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
Thursday 15 August 2024	10:00hrs to 17:45hrs	Fiona Cawley	Lead

What residents told us and what inspectors observed

The inspector observed that residents living in this centre received care and support which ensured that they were safe, and that they could enjoy a good quality of life. Feedback from residents was that this was a good place to live, and that they were well cared for by staff who knew their individual needs and preferences. The atmosphere was relaxed and friendly throughout the centre.

This unannounced inspection was carried out over one day. There were 36 residents accommodated in the centre on the day of the inspection, and three vacancies.

On arrival to the centre, the inspector was met by the person in charge and the clinical nurse manager. Following an introductory meeting, the inspector spent time walking through the centre, accompanied by the person in charge, giving an opportunity to review the living environment and to meet with residents and staff. Residents were observed to be up and about in the various areas of the centre. Some residents were relaxing in the communal areas, while others were having their care needs attended to by staff.

Blake Manor Nursing Home was a three-storey Georgian house located outside the village of Ballinderreen in County Galway. The designated centre was registered to provide accommodation to 39 residents. The building was found to be laid out to meet the needs of residents, and to encourage and to support independence. Residents' living and bedroom areas were located on all three floors which were serviced by an accessible lift. There was a sufficient choice of suitable communal areas provided for residents to use, depending on their preference, including day rooms, dining rooms and a library area. There were visitors' rooms available, providing residents with comfortable spaces to meet with friends and family members in private.

Bedroom accommodation comprised of single and multi-occupancy bedrooms and many bedrooms were decorated with residents' personal items, such as pictures and ornaments. There were appropriately placed handrails along corridors to support residents to mobilise safely and independently. Residents using mobility aides were able to move freely and safely through the centre. The centre was clean and tidy, and all areas were appropriately styled and furnished to create a homely environment for residents. There was a sufficient number of toilets and bathroom facilities available to residents. The centre was bright, warm, and well-ventilated throughout. Call-bells were available in all areas and answered in a timely manner. The inspector observed that the provider had carried out some maintenance works and redecoration of the premises. However, a number of areas in the centre, identified on previous inspections were found to remain in a state of disrepair.

There were accessible outdoor areas available providing pleasant outdoor spaces for residents. These areas contained a variety of suitable garden furniture and shelter. Residents were actively involved in managing various planters for flowers and

vegetables.

There was a designated outdoor smoking area which was adequate in size and well ventilated. There were measures in place to ensure the residents' safety when using this facility, including access to suitable firefighting equipment.

There was a laundry facility available in the centre for residents' clothing and bed linen. While this area was well laid out and well ventilated, one area of the room was used to store housekeeping equipment, as there was no dedicated housekeeping room in the centre.

The inspector spent time observing staff and resident interactions in the various areas of the centre. The majority of residents were up and about as the day progressed. Residents sat together in the day room reading, chatting to one another and staff, and participating in activities. Other residents were observed enjoying quiet time in the library. A small number of residents were in their own rooms, preferring to spend time on their own, reading or listening to the radio. Residents mobilised independently around the centre throughout the day, and it was evident that residents were facilitated and supported to exercise choice in their daily routines. While staff were seen to be busy attending to residents throughout the day, the inspector observed that staff were kind, patient, and attentive to their needs. The inspector observed that personal care was attended to a good standard. Staff supervised communal areas and those residents who chose to remain in their bedrooms were supported by staff. Staff who spoke with the inspector were knowledgeable about residents and their individual needs. There was a pleasant atmosphere throughout the centre, and friendly, familiar chats could be heard between residents and staff.

Residents were happy to chat with the inspector about life in the centre. The inspector spoke in detail with a total of 10 residents. Residents stated that staff were kind and always provided them with assistance when it was needed. Residents said that they felt safe, and that they could speak freely with staff if they had any concerns or worries. A small number of residents told the inspector that they preferred to spend their day in their bedrooms relaxing, listening to the radio or reading. Residents who were unable to speak with the inspector were observed to be content and relaxed in their surroundings.

Friends and families were facilitated to visit residents, and the inspector observed many visitors coming and going throughout the day.

There was a good choice of food and refreshments available throughout the day. Residents told the inspector that they were satisfied with the amount and the quality of food provided. The dining experience was observed, and the inspector saw that the food was appetising and well presented. Those residents who required help were provided with assistance in a sensitive and discreet manner. Staff members supported other residents to eat independently.

In summary, this was a good centre with 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 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 September 2022.

Overall, this inspection found that this was a well-managed centre, and that the quality and safety of the services provided to residents were of a good standard. The provider had completed the majority of the actions in a compliance plan submitted by the provider following the last monitoring inspection in September 2022. The findings of this inspection was that there was a positive level of compliance across most regulations reviewed. However, the inspection found a small number of areas of repeated non-compliance in records and premises, and found that the Regulation 23: Governance and management was not fully in line with the requirements of the regulations.

The registered provider of this designated centre was Rushmore Nursing Home Limited. The company had two directors, one of whom worked in the centre in a general management capacity. There was a clearly defined organisational structure in place, with identified lines of authority and accountability. The management team consisted of a person in charge supported by a clinical nurse manager, and one of the directors of the company. There was a full complement of staff including nursing and care staff, activity, housekeeping, catering, and maintenance staff. The person in charge facilitated this inspection.

The centre was sufficiently resourced to ensure that residents were supported to have a good quality of life. There were sufficient numbers of suitably qualified staff available to support residents' assessed needs. Staff had the required skills, competencies, and experience to fulfil their roles. The person in charge and clinical nurse manager provided clinical supervision and support to all staff. Communal areas were appropriately supervised, and the inspector observed kind and considerate interactions between staff and residents. Staff were observed working together as a team to ensure residents' needs were addressed.

The provider had systems in place to monitor and review the quality of the service provided for the residents. A number of clinical and environmental audits had been completed, including falls analysis, complaints management, maintenance, and housekeeping. However, some of the known risks in the centre had not been

appropriately addressed by the provider since the last monitoring inspection. For example, the management of records was not in line with the requirements of Regulation 21, and some issues relating to the upkeep of the premises had not been completed.

While the provider had systems in place to ensure the records set out in the regulations were available, safe and accessible, the inspector found that a small number of staff files were incomplete. This was a finding from the previous inspection.

Regular staff meetings had taken place. Minutes of meetings reviewed by the inspector showed that a range of relevant issues were discussed including, resident issues, supervision, incidents, medication and care plans. Key information relating to aspects of the service, including the quality of resident care, was collected by the person in charge and reviewed with staff on a monthly basis. This included data collection in relation to antibiotic usage, falls, pressure ulcers, use of restraint and other significant events. An annual review of the quality and safety of the services had been completed for 2023, and included a quality improvement plan for 2024.

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.

Staff had access to education and training appropriate to their role. This included fire safety, manual handling, safeguarding, managing behaviour that is challenging, and infection prevention and control training.

The centre had a risk register which identified clinical and environmental risks and the controls required to mitigate those risks. Arrangements for the identification and recording of incidents was in place.

Notifiable incidents, as detailed under Schedule 4 of the regulations, were notified to the Chief Inspector of Social Services, as required.

The centre had a complaints policy and procedure which clearly outlined the process of raising a complaint or a concern. Information regarding the process was clearly displayed in the centre. 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 14: Persons in charge

The person in charge was a registered nurse with the required experience in the care of older persons and worked full-time in the centre. They were suitably qualified and experienced for the role. They had the overall clinical oversight for the delivery of health and social care to the residents and displayed good knowledge of the residents and their needs.

Judgment: Compliant

Regulation 15: Staffing

There was sufficient staff on duty with appropriate skill mix to meet the needs of the residents, taking into account the size and layout of the designated centre.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had access to mandatory training and staff had completed all necessary training appropriate to their role.

Arrangements were in place to ensure staff were appropriately supervised to carry out their duties through senior management support and presence.

Judgment: Compliant

Regulation 21: Records

The record management system in place did not always ensure that records were maintained in line with the regulations. For example, a small number of staff files did not contain the requirements set out in Schedule 2 of the regulations.

This is a repeated non-compliance.

Judgment: Substantially compliant

Regulation 23: Governance and management

The management systems in place to ensure effective oversight of the service were inadequate. For example, 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 the regulations.

Judgment: Substantially compliant

Regulation 31: Notification of incidents
Incidents that required notification to the Chief Inspector had been submitted, as per regulatory requirements.
Judgment: Compliant
Regulation 34: Complaints procedure
There was an effective complaints procedure in place which met the requirements of Regulation 34.
Judgment: Compliant
Regulation 4: Written policies and procedures
The policies required by Schedule 5 of the regulations were in place and updated, in line with regulatory requirements.
Judgment: Compliant
Quality and safety
<p>The inspector found that there was a person-centred approach to care, and residents' well-being and independence were promoted. Residents were satisfied with the service they received, and reported feeling safe and content living in the centre.</p> <p>While the centre was clean and tidy on the day of the inspection, some areas of the centre were found to be a poor state of repair and did not conform to all matters, as set out in Schedule 6 of the regulations. It was identified during previous inspections in 2021 and 2022 that there was no dedicated housekeeping room in the centre and the provider's compliance plans had included an action to review this issue. On the day of the inspection, the inspector found that housekeeping arrangements remained unchanged. The provider's failure to address this repeated non-compliance found on previous inspections with regard to Regulation 17: Premises meant that residents continued to live in a care environment that did not meet regulatory</p>

requirements or the expected standard for a designated centre.

Residents living in Blake Manor Nursing Home received a good standard of care and support from staff who were knowledgeable about their care needs. A sample of four residents' files were reviewed by the inspector. Prior to admission to the centre, residents had a comprehensive assessment of their needs completed to ensure the service could meet their health and social care needs. Residents' care plans were developed within 48 hours following admission to the centre. Care plans were underpinned by validated assessment tools to identify potential risks to residents such as impaired skin integrity and malnutrition. The inspector found that care plans reflected person-centred guidance on the care needs of residents. Care plans were updated every four months, or as changes occurred, in line with regulatory requirements. Daily progress notes demonstrated good monitoring of care needs and the effectiveness of care provided.

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 provider promoted a restraint-free environment in the centre, in line with local and national policy.

A safeguarding policy provided guidance to staff with regard to protecting residents from the risk of abuse. Staff demonstrated an appropriate awareness of the centres' safeguarding policy and procedures, and demonstrated awareness of their responsibility in recognising and responding to allegations of abuse. Residents reported that they felt safe living in the centre.

Staff demonstrated an understanding of residents' rights and supported residents to exercise their rights and choice, and the ethos of care was person-centred. Residents' choice was respected and facilitated in the centre. Residents could retire to bed and get up when they chose. Opportunities to participate in recreational activities in line with residents' choice and ability were provided. On the day of the inspection, the inspector observed staff allocated to activities, staff facilitating a variety of activities at various times during the day. Residents had the opportunity to meet together and discuss relevant management issues in the centre. Residents had access to an independent advocacy service.

The needs and preferences of residents who had difficulty communicating were actively identified by staff, and efforts were made to support residents to communicate their views and needs directly.

Residents who were assessed to be at risk of malnutrition were appropriately monitored. Appropriate referral pathways were established to ensure residents identified as being at risk of malnutrition were referred for further assessment by an appropriate health care professional.

There was an up-to-date residents' guide available which contained a summary of the services and facilities in the centre, the terms and conditions relating to living in

the centre, the complaints procedure, and the arrangements for visits.

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

Regulation 10: Communication difficulties

The provider had systems in place to ensure residents with communication difficulties were facilitated to communicate freely.

Judgment: Compliant

Regulation 11: Visits

The inspector observed visiting being facilitated in the centre throughout the inspection. Residents who spoke with the inspector confirmed that they were visited by their families and friends.

Judgment: Compliant

Regulation 17: Premises

The inspector found that the premises was not fully in compliance with Schedule 6 of the regulations. This was evidenced by;

- a review of the building found that paintwork was peeling in a number of areas, and walls, door frames and skirting boards were observed to be damaged.
- numerous of items of residents' furniture showed visible signs of damage and wear and tear, including beds, bed tables, wardrobes and bedside lockers
- there was no dedicated housekeeping room. One area of the laundry room as used to prepare cleaning products and to store housekeeping trolleys. This arrangement increased the risk of environmental contamination and cross infection.
- there were no clinical handwash basins for staff to use. The sinks in the sluice rooms and laundry room did not comply with the recommended specifications for clinical handwash basins.

This is a repeated non-compliance.

Judgment: Not compliant

Regulation 18: Food and nutrition

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

Regulation 20: Information for residents

The provider had prepared a guide for residents which contained the requirements of the regulation.

Judgment: Compliant

Regulation 26: Risk management

A centre-specific risk management policy was in place, in line with the requirements of Regulation 26.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Residents had up-to-date assessments and care plans in place. Care plans were person-centred and reflected residents' needs and the supports they required to maximise their quality of life.

Judgment: Compliant

Regulation 6: Health care

Residents had timely access to medical assessments and treatment by their General Practitioners (GP) and the person in charge confirmed that GPs were visiting the centre as required.

Residents also had access to a range of allied health care professionals such as physiotherapist, occupational therapist, dietitian, speech and language therapy, tissue viability nurse, psychiatry of later life and palliative care.

Judgment: Compliant

Regulation 8: Protection

There were systems in place to safeguard residents and protect them from the risk of abuse. Safeguarding had access to training and a safeguarding policy provided staff with support and guidance in recognising and responding to allegations of abuse. Residents reported that they felt safe living in the centre. The provider did not act as a pension agent for any residents living in the centre.

Judgment: Compliant

Regulation 9: Residents' rights

The inspector found that residents' rights were upheld in the centre and their privacy and dignity was respected. Residents told the inspector that they felt safe in the centre and that their rights, privacy and expressed wishes were respected.

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 21: Records	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 10: Communication difficulties	Compliant
Regulation 11: Visits	Compliant
Regulation 17: Premises	Not compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Blake Manor Nursing Home OSV-0000390

Inspection ID: MON-0039730

Date of inspection: 15/08/2024

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 21: Records	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 21: Records: We acknowledge the audit of staff files did not pick up on gaps in employment history. Updated CV's have been requested from staff with reasons for any gaps in employment history documented.</p>	
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management: Staff files will be re-audited in conjunction with Regulation 21, schedule 2 to meet compliance.</p> <p>Premises – Incomplete Compliance plan from previous inspection will be actioned as below for housekeeping room.</p>	
Regulation 17: Premises	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: Assessment of Blake Manor Nursing Home décor and bedroom furniture is currently being carried out.</p>	

A meeting with a Painting & Decorating contractor has taken place. Work is scheduled to commence week commencing 23rd September 2024

A rolling plan of redecoration, renovation, replacement of worn furniture has commenced

A location for a separate housekeeping room has now been identified and the provider is currently in discussions with several suppliers & contractors to confirm the cost and timeframe for works required to be carried out. The sink in the laundry room will be brought into compliance with the recommended specifications for clinical handwash sink.

Suitable locations for clinical hand wash sinks in corridors and the sluice room are currently being identified. Suppliers have been contacted, awaiting quotations and a time frame for installation.

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(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Not Compliant	Orange	30/04/2025
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	30/11/2024
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and	Substantially Compliant	Yellow	30/04/2025

	effectively monitored.			
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