



**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:	Gascoigne House Nursing Home
Name of provider:	Cowper Care Centre DAC
Address of centre:	37-39 Cowper Road, Rathmines, Dublin 6
Type of inspection:	Announced
Date of inspection:	24 April 2024
Centre ID:	OSV-0000038
Fieldwork ID:	MON-0042786

About the designated centre

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

This designated centre for older people is located in the south of Dublin and is close to residential areas and bus routes. It is a purpose-built, single-storey building providing care for up to 50 male and female residents over two units, one of which has been designed to accommodate and care for residents with a diagnosis of dementia. There is a large communal area in the middle of the centre which acts as the primary hub for socialising, dining and recreation. There are also other communal areas in the centre in which residents can relax or receive visitors in private. There is also a safe and secure garden available.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	45
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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
Wednesday 24 April 2024	10:00hrs to 18:10hrs	Lisa Walsh	Lead

What residents told us and what inspectors observed

The inspector greeted and chatted to a number of residents in the centre to gain an insight into their experiences of living in Gascoigne House Nursing Home and spoke in more detail with nine residents. The inspector also spent time in the communal areas observing resident and staff engagement. The inspector observed that staff and resident interactions were kind, and it was evident that residents felt able to talk to staff if they had any concerns. Residents were highly complimentary of the care they received, the staff and were happy living in the centre. One resident spoken with said "it's absolutely lovely here". Another resident said "we're well looked after here".

Following an opening meeting, the person in charge accompanied the inspector on a tour of the centre. The centre is set out over one floor and divided into four wings with wing 3 designated as a dementia specific wing. Residents were accommodated in 38 single occupancy bedrooms, all of which were en-suite; and six twin occupancy bedrooms. Residents' bedrooms were personalised and homely. There was a large communal dining/sitting area in the centre of the nursing home. Each wing also had its own smaller sitting room, and wing 3 and wing 4 also had a quiet room for residents to use.

Overall, the centre was nicely decorated and had a very pleasant atmosphere. The large communal area was a hub of activity in the centre. The inspector observed residents from wing 1, wing 2 and wing 4 eating their meals in this communal area. Residents from all parts of the centre attend large group activities which also took place in this communal area. The area was set up with tables and chairs, a large television and a hatch to the kitchen. There was also a tea and coffee station for residents to access snacks and drinks throughout the day. To one side of the communal area there was a smaller seating area and a large fish tank. Residents from wing 1, wing 2 and wing 4 all had free access to the communal area. Residents in dementia specific wing 3 also attended this communal area, however, they needed the support of staff to access this area as wing 3 had two doors with keypad access only.

The communal area opened out onto a well-maintained secure garden. The garden had pathways leading around the building for residents to walk and a water feature for residents to enjoy. There were benches for residents to use and mature flower beds throughout the space. Some areas of the pathway in the garden were raised and cracked. The provider had identified this and there was a maintenance schedule in place. The inspector observed repairs to the pathway taking place on the day of inspection.

Residents in the dementia specific wing 3 had their own smaller dining room which had a hatch through to the kitchen for meals. There was also a small sitting room where residents attended activities and a quiet room which opened out on an internal secured courtyard. The inspector observed that on the day of inspection,

there was also renovation works taking place in residents bathrooms within the dementia wing.

There was a hairdressers facility located in wing 4 for residents and the hairdresser was available once a week. There was an activity programme in place with planned activities daily. Large group activities took place in the large communal area in the centre of the nursing home. Residents from the dementia wing could choose to attend these activities and this was facilitated by staff. On the morning of the inspection residents were observed to attend Mass which was delivered by a priest who attended the centre in person. Residents were also observed to enjoy getting hand massages, reading newspapers and doing some arts and crafts throughout the day. In the afternoon, residents were singing together with a group facilitator. There was a jovial atmosphere and residents were seen to be very engaged. Residents spoken with said there was "plenty to do" and they enjoyed the activities available to them. Some residents spoke about the gardening activities and how they were looking forward to getting out into the garden when the weather improves.

In the dementia wing there were activities provided in sitting room for those who did not want to attend the larger group activities. In the morning, residents were observed doing arts and crafts. Later in the day residents listened to soft music.

Residents meetings were taking place regularly which gave residents the opportunity to be consulted in the running of the service. There was a monthly newsletter which included pictures of different activities and events residents had taken part in over the month, which was shared with families also. There was an activity board in the main communal area which clearly displayed a weekly planner of activities and had relevant information available to residents. For example, the annual report and residents guide.

Resident could choose where they wished to eat and many of the residents were observed to go to both dining rooms in the centre for their meals. Menus were available for residents to choose their meals. Residents had three options available to them for lunch. Residents spoken with said the food was good, there were lots of options for them to choose from and there was plenty of food available to them. One resident spoken with said they "felt like they were always eating".

Throughout the day, staff interactions with residents were observed to be patient and kind. Staff and management were very familiar with the residents' needs. A resident spoken with said that "staff are fabulous". Another resident also said that management was "easy to talk to and very approachable".

Residents were observed to be receiving visitors with no restrictions throughout the day. The inspector also observed some visitors taking part in the activities with residents.

The next two sections of the report will present the findings of this inspection in relation to the governance and management arrangements in place, and how these arrangements impact on the quality and safety of the service being delivered.

Capacity and capability

Overall, the inspector was assured that the service had effective clinical governance and management systems in place to ensure that residents were supported and facilitated to have a good quality of life living at the centre. This inspection found that there was a clearly defined management structure in place and was well-resourced. The centre was well-managed with residents expressing a high level of satisfaction regarding the care and support provided to them. However, some improvement was required in respect of notification of incidents, individual assessment and care planning and volunteers, which is detailed further in the report.

This announced inspection was carried out over one day by an inspector of social services to assess compliance with the Health Act 2007 (Care and welfare of residents in designated centre for older people) Regulation 2013 (as amended) and associated standards. The inspector also reviewed the information submitted by the provider and the person in charge in advance of the inspection.

Cowper Care Centre DAC is the registered provider for the designated centre. The person in charge facilitated this inspection and was observed to be well-known to the residents. They worked full time in the centre and reported to the registered provider. There was a clear line of accountability and responsibility throughout the nursing home team in line with the statement of purpose. The person in charge was supported in their role by the registered provider and was overseeing a team consisting of an assistant care manager, staff nurses, team leaders, healthcare assistants, activity staff, maintenance staff, catering staff, housekeeping and administration staff.

The provider had audit and monitoring systems in place to oversee the service. Actions identified for quality improvement were assigned to a nominated person, with times for completion noted. Updates on these actions were discussed in management meetings. The systems in place identified areas for quality improvement that enhanced the service delivered to residents. Regular meetings were held and minuted to cover all aspects of clinical and non-clinical operations. Senior management meetings also took place at regular intervals.

The annual review for 2023 was available. It set out a quality improvement plan for 2024. It was evident that residents and their families were consulted in the preparation of the review.

The provider had resourced the designated centre with an appropriate number and skill mix of staff, to support the residents' assessed needs. The centre's staffing rosters for the previous two weeks, the week of the inspection and the week following the inspection were reviewed. A minimum of one nurse was rostered both day and night. There was a sufficient number of domestic staff available across the

week. Activities staff were rostered Monday to Friday with additional healthcare assistants rostered on the weekends to provide activities for residents.

Improvements were required in relation to Regulation 31: Notification of incidents. The inspector had identified that not all restrictive practices in use were notified at quarterly intervals. Furthermore, two notifiable incidents had occurred, however, the Chief Inspector had not received the appropriate notifications.

There were volunteers working in the centre who provided a valuable service for residents. Volunteer files showed that the provider had obtained a Garda Síochána (police) vetting disclosure for all volunteers and that they received an induction and fire safety training. However, some improvements were required, which will be outlined under Regulation 30: Volunteers.

Regulation 15: Staffing

There were sufficient staff on duty to meet the needs of the residents and taking into account the size and layout of the designated centre.

There was at least one registered nurse on duty at all times.

Judgment: Compliant

Regulation 23: Governance and management

There was an established governance and management structure in place and all staff were aware of their respective roles and responsibilities.

There were management systems in place to monitor the effectiveness and suitability of the care being delivered to residents.

An annual review of the quality of the service in 2023 had been completed in consultation with residents and their families.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose was reviewed within the last year and this updated copy was available for review. Overall, it contained all the information outlined in Schedule 1.

Judgment: Compliant

Regulation 30: Volunteers

All volunteers had An Garda Siochana (police) vetting disclosures on file, however, their roles and responsibilities had not been set out in writing. The inspector was informed that verbal support was given to volunteers, however, there was no records of volunteers receiving supervision and support.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

The person in charge had not reported all of the restrictive practices used in the centre to the Chief Inspector as required by the regulations. This included the use of a keypad lock on two doors of the dementia specific unit.

Furthermore, two notifiable incidents had occurred, however, these were recorded as complaints only and the Chief Inspector had not received the appropriate notifications. These were retrospectively submitted following the inspection.

Judgment: Not compliant

Regulation 34: Complaints procedure

There was a complaints policy in the centre and the complaints procedure was on display on each floor of the designated centre. The complaints policy and procedure identified the complaints officer, review officer and outlined the complaints process. It also included an internal and external appeals process should the complainant be dissatisfied with the outcome of the complaints process.

Judgment: Compliant

Quality and safety

Overall, this was a good service that delivered high quality care to residents. Residents told the inspector that they felt safe living in the centre and were happy. The inspector observed staff to speak with residents in a kind and respectful manner, and to know their needs very well. Residents' independence, privacy and dignity were upheld through staff policies and practices. However, further improvements were required for individual assessment and care plan.

A sample of care plan documentation was reviewed. Residents' needs were comprehensively assessed prior to and following admission. Nursing assessments and person-centred care plans were maintained on an electronic system, and reviewed when necessary or on a four monthly basis. Resident's assessments were undertaken using a variety of validated tools. However, the inspector found that there were some small gaps and further opportunities for improvement in care planning arrangements. This is further discussed under regulation 5: Individual assessment and care plan.

Residents had access to appropriate health and medical care professionals. Residents had access to their general practitioner (GP) when required. There was a team of health care professionals available following a referral being submitted such as; tissue viability, dietitian and speech and language services to name a few. Following the review from members of this team a care plan was developed to guide staff practice.

Residents' rights were respected and upheld in the centre. Staff were observed to communicate with residents in a kind and respectful manner. Televisions, newspapers and telephones were available for residents' use. Residents had access to information about independent advocacy services available. There was an activity programme in place for residents to occupy their day. The inspector observed positive interactions which contributed to the calm atmosphere in the centre for residents who engaged with activities available on the day of inspection. Residents spoken with also expressed satisfaction with activities available and said there was plenty to do.

Overall, the premises was in a good state of repair and met the needs of residents. The centre was found to be warm and bright with a beautifully manicured garden. The provider had an on-going maintenance programme which included renovation work in residents bathrooms and repairing the pathway in the garden, which was underway on the day of inspection. Areas of improvement identified on the previous inspection, such as, storage and layout of a twin room had been addressed by the provider.

There was effective management and monitoring of infection prevention and control practices within the centre, by means of audits and daily walkarounds by management. The inspector observed that the centre had processes in place to ensure protocols relating to infection protection and control were being observed and practised by the staff team. The centre was clean on the day inspection and the housekeeping staff were knowledgeable regarding cleaning systems.

Regulation 11: Visits

There was no restrictions on visiting. Arrangements for visiting were clearly set out in the centre's policy. The inspector observed visitors meeting with residents throughout the day.

Judgment: Compliant

Regulation 17: Premises

The premises was appropriate to the number and needs of residents in the designated centre. It was in a good state of repair with a well-organised maintenance schedule. Communal areas contained comfortable furniture to meet residents' needs, while corridors and bathrooms had handrails to assist residents' mobility.

Judgment: Compliant

Regulation 20: Information for residents

The registered provider produced a residents' handbook, which provided information about the services and facilities available, terms and conditions of residing in the designated centre, complaints, visiting and information regarding independent advocacy services.

Judgment: Compliant

Regulation 26: Risk management

The centre had a risk management policy and procedure in place which met the criteria of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

Judgment: Compliant

Regulation 27: Infection control

The inspector observed that the centre had processes in place to ensure protocols relating to infection protection and control were being observed and practised by the staff team. The designated centre was clean and tidy. Management oversight including audits were used to ensure that a high standard of hygiene was maintained.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Individual assessments and care plans were in place for all residents. However, care plans were not always revised following assessment of changes in the residents' condition. For example:

- One resident's assessment for risk of pressure sore development was completed and their assessed risk had changed, however, the relevant care plan had not been updated to reflect residents' current risk.
- One resident's falls care plan documented medication they were taking following a fall, however, the resident was no longer taking this medication. The care plan had not been updated to reflect the current condition of the resident.

Judgment: Substantially compliant

Regulation 6: Health care

The inspector found that the healthcare needs of residents were well met, and they had access to appropriate medical and allied healthcare services.

Judgment: Compliant

Regulation 9: Residents' rights

The provider had provided facilities for residents occupation and recreation and opportunities to participate in activities in accordance with their interests and

capacities. Residents expressed their satisfaction with the variety of activities on offer.

Residents has the opportunity to be consulted about and participate in the organisation of the designated centre by participating in residents meetings and taking part in resident surveys.

Residents told the inspector they had a choice about how they spend their day.

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 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 30: Volunteers	Substantially compliant
Regulation 31: Notification of incidents	Not compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Gascoigne House Nursing Home OSV-0000038

Inspection ID: MON-0042786

Date of inspection: 24/04/2024

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 30: Volunteers	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 30: Volunteers: Devise a job description with detailed roles and responsibilities for the volunteer staff. A log sheet to record any supervision or support provided by the team to incoming volunteer staff on each attendance day will be developed.</p>	
Regulation 31: Notification of incidents	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 31: Notification of incidents: The notifications for restrictive practice and incidents were sent retrospectively on the 25/04/2024. Two NFO6 were sent and environmental restraint for the use of keypad lock was also included in the 1st Quarterly notification for 2024. The same will be included to future quarterly notifications.</p> <p>On the 24/04/2024, the passcode for both doors in the dementia unit were displayed to facilitate easy access between units.</p> <p>The PIC will ensure compliance with sending any notifiable incidents to the Chief Inspector within the expected timeframe.</p>	

Regulation 5: Individual assessment and care plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan: All identified assessments and care plans which were checked on the day of inspection, were updated on the 25/04/2024 to reflect the current status of the residents.</p> <p>The PIC had discussed this finding with all staff nurses to ensure all care plans and assessments are checked and interventions set are accurate as per residents' current needs.</p> <p>Further staff training will be provided and increased monitoring in compliance with assessments and care plans will be conducted by the PIC and ACM.</p>	

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 30(a)	The person in charge shall ensure that people involved on a voluntary basis with the designated centre have their roles and responsibilities set out in writing.	Substantially Compliant	Yellow	31/05/2024
Regulation 30(b)	The person in charge shall ensure that people involved on a voluntary basis with the designated centre receive supervision and support.	Substantially Compliant	Yellow	31/05/2024
Regulation 31(1)	Where an incident set out in paragraphs 7 (1) (a) to (j) of Schedule 4 occurs, the person in charge shall give the Chief Inspector notice in writing of the incident within 3 working days of its occurrence.	Not Compliant	Orange	25/04/2024

Regulation 31(3)	The person in charge shall provide a written report to the Chief Inspector at the end of each quarter in relation to the occurrence of an incident set out in paragraphs 7(2) (k) to (n) of Schedule 4.	Not Compliant	Orange	30/04/2024
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	31/05/2024