



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:	Unannounced
Date of inspection:	25 May 2023
Centre ID:	OSV-0000038
Fieldwork ID:	MON-0039980

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:	47
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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 25 May 2023	09:30hrs to 16:00hrs	Sinead Lynch	Lead

What residents told us and what inspectors observed

There was a friendly and welcoming atmosphere in the centre, and staff were observed to be helpful and respectful towards residents. The centre was calm, comfortable and homely. The inspector met many of the residents during the inspection and spoke with some residents and visitors in more detail. The feedback from residents was that they were very happy living in the centre and they felt supported and cared for by staff and management. There was a rights-based approach to care in the centre, and residents reported they were empowered to exercise their choice in the care and living arrangements. The inspector was able to gain some insight into their daily lives in the centre. They were happy with the service provided and spoke fondly about the care they received. One visitor spoken with said 'the staff are brilliant' while another said 'I couldn't fault the staff or the care they provide'.

The inspector noted staff to be responsive and attentive without any delays with attending to residents' requests and needs. Staff spoken with told the inspector they were knowledgeable about the residents they cared for and what their individual care needs were. They were familiar with the residents' preferred daily routines, care needs and the activities that they enjoyed. 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.

Once through reception there was a large living room where residents enjoyed activities and this was also used as a dining room. There was another dining room also in the centre. The centre was spacious and clean. However, some walls and doors required painting. The person in charge told the inspector about the on-going work to renovate the centre over the coming months. On the day of the inspection the trade staff were there completing work on some parts of the centre.

There was an activity and entertainment board showing the array of activities available to residents. Residents spoke very fondly of the activities available to them. Relatives were observed to be enjoying the live music with their loved ones on the day of the inspection. There was an ice-cream trolley available to residents. The inspector was informed by a relative that 'they always serve ice-cream on warm days like today'.

Residents had access to an enclosed courtyard, the doors to this area were open and were easily accessible. The person in charge told the inspector that a lock to the courtyard doors was on a timer to give the residents the right to move about freely. The courtyard area was attractive and well-maintained with flower beds and garden benches.

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

This was an unannounced inspection carried out to monitor ongoing compliance. Overall this was a well-managed service with established management systems in place to monitor the quality and safety of the care and services provided to residents.

This inspection found that there was a clearly defined management structure in place, with effective management systems ensuring the delivery of quality care to residents. The management team was proactive in responses to issues as they arose, and used regular audits to improve practices and services.

The centre was managed and owned by Cowper Care Centre DAC. The person in charge managed the day-to-day running of the centre. They were supported by the chief executive officer, who also had oversight of other centres in the group. The staff including an assistant care manager, registered nurses, healthcare assistants, activity staff, catering housekeeping and administration staff, assisted the person in charge in delivering care to residents.

The provider had effective management systems to monitor the clinical oversight of the service through a collection of key performance indicators and auditing in areas such as, falls, restraints, infection, weights and pressure ulcers, safeguarding and call bells. Where deficits were identified, action plans were developed, with progress recorded.

Improvements were required in relation to Regulation 21; Records. The storage of residents records was not in line with the regulations. The registered provider was storing deceased and discharged residents' files and staff records in another facility, which was not part of the designated centre.

There were sufficient staff on duty to meet the needs of residents living in the centre on the day of inspection. They were supported to perform their respective roles and were knowledgeable of the needs of older persons living in the centre. There was an ongoing schedule of training in the centre and management had good oversight of mandatory training needs. An extensive suite of mandatory training was available to all staff in the centre and training was up-to-date. Staff with whom the inspector spoke with, were knowledgeable regarding safeguarding procedures.

The annual review for 2022 was available and included a quality improvement plan for 2023. It was evident that the provider was continually striving to identify improvements. Further learning was identified on feedback from resident and relative satisfaction surveys. A quality improvement plan was in place to address these issues.

There was a directory of residents available in the centre. This included all the required information such as residents' general practitioner and their next of kin contact details.

Each resident had a contract for the provision of services. This contract was very detailed and informed the residents or their representative of the services to be provided and any fees which may be charged. Each contract was signed by the resident, their representative and the registered provider.

Regulation 14: Persons in charge

The person in charge worked full-time in the centre. They had the required experience in management and nursing as required by the regulations.

Judgment: Compliant

Regulation 15: Staffing

The registered provider had ensured that the number and skill mix of staff was appropriate having regard to the needs of the residents.

Judgment: Compliant

Regulation 16: Training and staff development

The person in charge had ensured all staff had access to appropriate training. Staff were appropriately supervised throughout the centre.

Judgment: Compliant

Regulation 19: Directory of residents

The registered provider had established and maintained a Directory of Residents in the centre. This was made available to the inspector.

Judgment: Compliant

Regulation 21: Records

Although current residents records were available to review, the registered provider had not ensured that all records set out in Schedule 2 and 3 were retained in the designated centre for a period of not less than seven years.

Judgment: Substantially compliant

Regulation 22: Insurance

The registered provider had a contract of insurance against injury to residents in place.

Judgment: Compliant

Regulation 23: Governance and management

The registered provider had the sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose on the day of the inspection.

Judgment: Compliant

Regulation 24: Contract for the provision of services

The registered provider had agreed in writing with each resident, on admission to the centre, the terms on which that resident shall reside in the centre.

Judgment: Compliant

Regulation 4: Written policies and procedures

The registered provider had prepared in writing policies and procedures on the matters set out in Schedule 5. The registered provider had reviewed the policies and procedures at intervals not exceeding three years.

Judgment: Compliant

Quality and safety

Overall, residents received a good standard of care. Residents' health, social care and spiritual needs were catered for. However, further improvements were required in relation to residents finance and the premises. These will be discussed under there respective regulations.

There were some appropriate arrangements in place to safeguard residents from abuse. A safeguarding policy was in place which guided staff on how to take the appropriate actions should they have a concern. All staff spoken with were aware of what to do should they witness or suspect an incident of abuse. Staff had all completed training in safeguarding vulnerable adults. They were very much aware of their role in safeguarding the residents. However, the inspector found that significant improvements were required in the management of residents' finances. This is discussed further under Regulation 8; Protection. Residents had access to an independent advocacy service, information about this service was displayed around the centre.

The premises was undergoing a renovation project on the day of the inspection. This project had been on-going for some time but the person in charge informed the inspector that they hoped it would be completed within the next 3 months. Many walls and doors in the centre required painting. Storage rooms were available but some had boxes stored on the floor and required review to ensure the floor could be adequately cleaned. One twin room required review in relation to how the room was laid out. It did not give adequate personal space to each residents to ensure their privacy needs were met. However, the bedroom did meet the required size.

There were activities available for the residents and the planned schedule was displayed around the centre. In the afternoon a number of residents were attending live music in the day room with the activities coordinator and appeared to be enjoying themselves. Relatives were seen to be very welcome to join the residents for these activities. There was an array of activities available in the centre to meet the requests of the residents.

The minutes of the residents' meetings and the residents who spoke with the inspector identified that they were consulted in the running of the service. One resident spoken with told the inspector that following a residents meeting there was a review of the menu. There was a voting register maintained in the centre. This gave the residents the opportunity to vote in the centre or go to their local area to vote in any upcoming election.

Although no residents in the centre on the day of the inspection were receiving end of life care, there were care plans in place documenting the residents wishes for end

of life care. These were clear and individualised to each resident.

Residents with communication difficulties had a care plan in place to guide staff on their needs. Staff were observed to be following these care plans. Staff were seen to be calm in their approach and those residents with communication difficulties were given the time required to express themselves.

Regulation 10: Communication difficulties

Care plans for residents experiencing communication difficulties described their communication challenges and needs. The care plans outlined the approaches to be used by staff to help residents express their emotions and words to enable them to communicate freely.

Judgment: Compliant

Regulation 13: End of life

Where a resident was approaching end of life the person in charge had appropriate care and comfort measures in place which addresses the physical, emotional, social, psychological and spiritual needs of the residents concerned.

Judgment: Compliant

Regulation 17: Premises

The registered provider was required to make improvements to ensure that the premises conformed to the matters set out in Schedule 6. For example;

- Many corridor and bedroom walls were not in a good state of repair
- Storage rooms required review to ensure items were not stored on the floor
- Two twin bedrooms required review to ensure that they had a suitable layout for the needs of the residents
- One laundry skip had a broken lid in place and required replacing

Judgment: Substantially compliant

Regulation 18: Food and nutrition

Residents were offered choices at all mealtimes. The food served appeared to be wholesome and nutritious.

Judgment: Compliant

Regulation 8: Protection

The provider did not take all reasonable measures to protect residents as evidenced by the following findings:

The systems in place for the management of resident's finances was not sufficiently robust. The provider was acting as a pension-agent for one resident living in the centre. However, the pension was paid into the centre's account and not into a separate resident's client account to ensure residents finances were safeguarded.

Judgment: Substantially 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 19: Directory of residents	Compliant
Regulation 21: Records	Substantially compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 10: Communication difficulties	Compliant
Regulation 13: End of life	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 8: Protection	Substantially compliant

Compliance Plan for Gascoigne House Nursing Home OSV-0000038

Inspection ID: MON-0039980

Date of inspection: 25/05/2023

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:</p> <p>Regulation 21 (1) All records of current residents are kept in the Care Centre. Paper-based records are kept in a box file and labelled properly. These records are kept in a secured room on-site. Then an electronic documentation system was implemented on the 1st of August 2022. The residents' records from that date onwards can be accessed electronically through a request to the Care Manager.</p> <p>Regulation 21 (2) Currently, records of current employees are maintained and stored by the HR department in the head office whilst files of former employees are stored in a secured off-site records facility. These records are retained for a period of 7 years before destruction. An electronic copy is also maintained and saved in the company's server for both current and former employees. Currently, access to the soft copy is restricted to HR only. The Care Manager and Assistant Care Manager will be given access to the electronic records of staff assigned in their care centre.</p> <p>Regulation 21 (3) The clinical records of deceased residents are stored in a secured off-site storage facility and retained for a period of 7 years. A plan is already in motion to scan all historical clinical records so an electronic copy can be accessed in the care centre. Accessing these records can be made through the Care Manager.</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <ul style="list-style-type: none"> • Corridors and bedrooms – there is an on-going work in repainting the entire Care Centre. As per the contractor, expected completion of work will be by the end of October 2023. 	

- Storage room – supplies were rearranged and items stored on the floor were removed.
- Twin rooms – were rearranged to ensure layout suit residents’ needs.
- Broken laundry skip – disposed and replaced.

Regulation 8: Protection	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 8: Protection:
A separate account to receive the pension of the resident in question is in the process of being set up.

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.	Substantially Compliant	Yellow	31/10/2023
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	31/12/2023
Regulation 21(3)	Records kept in accordance with this section and set out in Schedule 3 shall be retained for a period of not less than 7 years after the resident has ceased to reside in the	Substantially Compliant	Yellow	31/12/2023

	designated centre concerned.			
Regulation 21(6)	Records specified in paragraph (1) shall be kept in such manner as to be safe and accessible.	Substantially Compliant	Yellow	31/12/2023
Regulation 8(1)	The registered provider shall take all reasonable measures to protect residents from abuse.	Substantially Compliant	Yellow	01/08/2023