



Report of an inspection of a Designated Centre for Older People.

Issued by the Chief Inspector

Name of designated centre:	Gascoigne House
Name of provider:	Cowper Care Centre DAC
Address of centre:	37-39 Cowper Road, Rathmines, Dublin 6
Type of inspection:	Unannounced
Date of inspection:	01 July 2021
Centre ID:	OSV-0000038
Fieldwork ID:	MON-0033546

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 provider has recently reconfigured a section of the building providing accommodation for an additional six residents.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	44
--	----

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 1 July 2021	08:35hrs to 17:20hrs	Niamh Moore	Lead

What residents told us and what inspectors observed

From what residents told us and from what the inspector observed, it was clear that residents rights were respected. The inspector observed residents to be happy and enjoying a good quality of life within Gascoigne House.

On arrival at the centre, the inspector was met by the receptionist and the person in charge (PIC) who conducted a COVID-19 risk assessment and ensured a temperature check and hand hygiene was completed prior to entering the centre.

Following a short opening meeting, the PIC accompanied the inspector on a tour of the premises. The building is a purpose built single storey nursing home with the majority of the 50 bedrooms being single occupancy and six twin rooms. The majority of bedrooms had en-suite bathrooms while some bedrooms had access to nearby bathrooms. Bedrooms were seen to have sufficient space to store resident possessions and residents had access to a television in their rooms. The inspector observed that many residents had decorated their bedrooms with furniture and other personal items.

During the tour, the inspector greeted residents and staff in communal areas and bedrooms. The inspector spoke with three residents in more detail and spent periods of time observing staff and resident engagement in communal areas. During these observations, the inspector found staff to be friendly, respectful, caring and assisting residents in an attentive manner. During conversations with residents, all were complimentary of the staff team and management within the centre.

The inspector found that overall the premises was warm, well decorated and visibly clean. However, some improvements were required in respect of the maintenance of the premises and gardens. For example, some surfaces and finishes required repair, this included torn and worn floor coverings, chipped paintwork on walls, skirting boards and door frames. There were items of rubbish and weeds seen within the gardens. The path within one of the gardens was also damaged and required repair to ensure it was not a trip hazard. These maintenance requirements decreased the homely environment for the residents.

The inspector observed and heard loud call bells going off throughout the inspection. The inspector discussed response times to call bells with the PIC, who told the inspector that as per the designated centres policy, call bells were responded to within three minutes. Two residents told the inspector that there were times when staff were slow to respond to their needs, with one resident commenting that they felt staff were very busy, especially in the morning time. The inspector also reviewed resident committee minutes and the complaints register and noted response times by staff was also raised within these records.

Residents had easy access to enclosed gardens. Residents advised that they liked the flowers, particularly the rose bushes within the gardens. The inspection took

place on a sunny day, the inspector observed residents to be enjoying ice cream cones within the garden.

The inspector overheard staff ask residents their preference for dining options for that day in the morning time. The dining room was set up to allow residents dine while maintaining social distancing. The inspector observed a meal time and residents were enjoying their meal which looked appetising. Residents preferences relating to drinks was also seen to be respected. Staff provided discreet assistance and residents spoken with were complimentary of the food, including menu options.

The centre employed one activity coordinator. There was an activity schedule with activities planned seven days a week. Throughout the inspection, the inspector observed residents take part in one to one activities with staff and also group classes, such as walking, singing, art and exercise. There were posters seen in communal areas to remind residents of the centres' annual BBQ that was set to take place in the weeks.

Residents who spoke with the inspector confirmed that they knew the complaints procedure and would speak with the PIC if they had a complaint.

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 the quality and safety of the service being delivered.

Capacity and capability

This was a well-governed centre with effective management systems in place, ensuring the delivery of high quality care to the residents. The management team were proactive in response to issues as they arose and used regular audits of practice to improve services. The provider ensured that the centre was adequately resourced.

Cowper Care DAC was the registered provider for Gascoigne House. The management structure was clear with the senior management team consisting of the person in charge, the registered provider who was the owner, a Chief Executive Officer (CEO) and a director of clinical services.

A new person in charge was in place since December 2020 and was well known to residents and staff and facilitated the inspection process. The inspector found that the person in charge and management team were available to meet with residents, family members and staff which allowed them to deal with any issues as they arose. They had a positive attitude and were committed to ensuring that residents living in the centre enjoyed a good quality of life and safe care.

The person in charge known as the care manager was supported by an assistant care manager, service manager, nurses, health care assistants, activity staff,

housekeeping, catering and administrative support.

A range of quality assurance checks were being used in the centre to provide information to the provider about the quality of the service. A sample of the audits carried out in the centre were reviewed by the inspector and they were seen to cover a wide range of areas of practice in the centre, including restraints, falls and infection control and prevention. Key performance indicators were gathered and then reviewed to identify areas where practice could be improved. The provider management team met virtually twice a week to discuss all areas of governance and took appropriate actions where necessary.

The centre had worked hard to remain COVID-19 free for all residents with a clear pathway in place for testing and receiving swab results to detect the presence of a COVID-19 infection. Four staff members tested positive for COVID-19 during the pandemic. The centre had a risk register which was maintained and identified measures and actions to reduce the risk of COVID-19.

On the day of inspection the staffing numbers and skill mix were appropriate to meet the support requirements of residents. Staff members and residents discussed shortfalls in staffing with the inspector, particularly during morning care. The inspector was told this shortfall was following a review of staffing within the centre. The inspector also reviewed a complaint from a family relating to response rates to call bells. The inspector discussed this with the person in charge and was informed that the number of staff on duty had increased during the COVID-19 pandemic and these staff increases were recently reduced back to the original staff levels prior to COVID-19. The inspector was informed that staff had raised this with management and the registered provider was due to review the arrangements. The inspector requested that a review of response times to call bells was included within this review.

There was a training plan and schedule for 2021 drafted for the centre. Training was scheduled and planned for safeguarding in the weeks following the inspection. Staff spoken with confirmed that they found the suite of training on offer beneficial to their daily work and assisted them in providing person centred care to the resident group.

The complaints procedure for the centre was displayed in a prominent position. The centre had signposted details for advocacy where required. This procedure identified the person in charge as the complaints officer for the centre. The CEO was available to oversee complaints.

An annual review had been completed for 2020, this included consultations with residents and their families. There was a quality improvement plan developed for 2021.

Regulation 15: Staffing

On the day of inspection, the inspector found that the skill mix of staff was appropriate with regard to the assessed needs of the 44 residents' in the centre. However as previously discussed the provider was due to review staffing levels based on staff and resident feedback.

There were two or more qualified nursing staff scheduled on duty at all times.

Judgment: Compliant

Regulation 16: Training and staff development

Staff training records were well-maintained and available for review. Records seen confirmed that staff had attended a range of mandatory training such as fire safety, safeguarding, moving and handling. The centre had an induction training plan for new staff.

Judgment: Compliant

Regulation 23: Governance and management

There was a clear management structure within Gascoigne House with the management team having clear roles and responsibilities. Leadership was strong and there were good governance and management arrangements in place. The management team were known to staff, residents and relatives.

The provider had oversight of the quality care being delivered to residents. There was an auditing schedule in place. There was clear evidence of learning and improvements being made in response to audit reports.

Judgment: Compliant

Regulation 34: Complaints procedure

The centres complaints procedure was clearly displayed and contained all information as required by the Regulations including the name of the complaints officer, details of the appeals process and contact information for the Office of the Ombudsman.

The inspector reviewed the centres' computerised complaints register. The PIC advised the inspector that the centre logged all verbal and written complaints. This was evidenced in the sample of complaints reviewed. The inspector found that

closed complaints had been recorded and investigated in line with the centre's complaints procedure.

Judgment: Compliant

Quality and safety

Overall, the findings of this inspection showed that the management and staff strived to provide a good quality of life to the residents living in the designated centre. Residents had good access to healthcare and there was evidence of good consultation. Residents had opportunities to participate in activities in accordance with their interests and capabilities. Improvements were required in the management of the premises, detection and response to abuse and infection control.

The documentation in the sample of residents' care plans reviewed by the inspector was person-centred and was informed by each resident's individual preferences and choice regarding their care. Resident assessments were undertaken using a variety of accredited assessment tools to support the identification of individual resident's needs. The inspector reviewed assessments including those to identify the risk of falls, mobility, activities of daily living, malnutrition, depression and cognition. Records reviewed showed that residents were closely monitored for any deterioration in their health and well-being. Care plans were developed following these assessments to guide staff on how to support residents.

General practitioners (GPs) regularly visited the centre and referrals were made to allied health professionals, with timely access for residents to these services.

The centre completed monthly restraint audits and there was evidence that the centre was reviewing and trialling the least restrictive measure for residents with restraints in place.

The inspector was not assured that the centre had detected or investigated all incidents or allegations of abuse. This is further discussed under Regulation 8: protection.

There was a laundry process in place which had a labelling system in place to ensure the safe return of residents clothing.

There was a person centred ethos of care in this centre and resident's rights and choice was respected. Regular residents' meetings and surveys facilitated participation and feedback in decisions about their home. Records showed that residents feedback led to changes in service provision.

The inspector saw visitors being welcomed into a dedicated visitor's room on each unit. There were window visits and also visits were taking place in the garden. The

procedure in place reflected the latest Health Protection Surveillance Centre (HPSC) guidance and minimised any potential risk of COVID-19 in the centre.

Staff were seen to be following public health guidance in the use of PPE in the centre and supplies of PPE were available. Signs were in place to remind staff and residents to social distance.

The centre was clean and well decorated. The provider completed environmental and cleaning audits to identify areas for improvement. The inspector found that improvements relating to the maintenance of the premises was needed. There was also inappropriate storage of residents' equipment within communal day rooms and bathrooms. This will be discussed further under regulations 17 premises and 27 infection control.

The inspector observed good examples of residents' privacy and choices being respected within their care records. Furthermore in observations throughout the day, interactions between residents and staff were positive and respectful, with staff observed to give residents time and support while assisting with care needs and at a meal time.

There was a variety of social activities available to residents to occupy their day. There was a dedicated activity staff member working Monday to Friday. Care staff were also involved in activities within the centre to ensure that residents were provided with recreation opportunities Monday to Sunday.

Regulation 11: Visits

Visiting within the centre was happening in line with current HPSC guidance, where residents could avail of four scheduled visits per week.

The centre had a COVID-19 visitors checklist which was used for screening visitors in the centre. The inspector saw a good flow of visits occurring on the day of inspection. These visits were seen to take place within the centre in private visiting areas, in the garden and window visits.

Judgment: Compliant

Regulation 17: Premises

While the premises was of sound construction, improvements were required in the following areas which impacted on cleanliness and the safety of residents:

- Discarded items such as items of rubbish, bricks, empty flower pots and old garden furniture was inappropriately stored in one of the enclosed gardens.

- The pavements in one of the enclosed gardens was uneven creating a trip hazard.
- An assisted bathroom was being used during morning care to store cleaning and linen trolleys with four incontinence bins.
- Flooring in two communal rooms was badly marked.

Judgment: Substantially compliant

Regulation 26: Risk management

There was a risk management policy which had been reviewed in June 2021. This policy met the requirement of the regulations, for example, it included the measures and actions in place to control the risk of abuse and the unexplained absence of any resident. Arrangements for the identification, recording, investigation and learning from serious incidents or adverse events involving residents was also included.

Judgment: Compliant

Regulation 27: Infection control

While there was evidence of good infection control practice within the centre, improvements were required in the following areas which impacted on cleanliness and safety of residents:

- The paintwork on skirting boards, doors, door frames, the walls in communal areas and in the clinical room were chipped or damaged throughout the centre, which meant that these surfaces could not be effectively cleaned.
- The shower drain in a communal bathroom was dirty, although the cleaning schedule for this room was recorded as being complete.
- The sluice hopper was dirty and in need of cleaning attention.
- The splash back tiling at one hand hygiene sink was in need of repair to facilitate effective cleaning.
- The sink in the laundry room was dirty and it was unclear on the day of inspection who was responsible for cleaning this area.
- Storage items and boxes were on the floor in the laundry room which prevented effective cleaning.
- An opened packet of continence wear was seen in a bath in one of the communal bathrooms which was a potential cross contamination risk.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

The inspector reviewed a sample of care records held in the centre, focusing on new admissions and mobility. Overall, resident care and support plans were person-centred and specific. A comprehensive pre-assessment was completed prior to a resident's admission to identify and ensure the centre could meet the residents' needs before moving in.

Care plans were seen to be informed by resident assessment and ongoing input from health care professionals. Records reflected staff knowledge of residents' interests and personalities.

Judgment: Compliant

Regulation 6: Health care

The inspector found that residents were provided with timely access to their own or to one of the centres' GP's. A GP was on-site reviewing residents on the day of inspection.

Referrals were made to consultants and nurse specialists such as Psychiatry of Old Age, Gerontology and Palliative care to provide additional expertise and support when needed.

Records showed that residents had regular access to allied health professionals such as physiotherapy, dietitian, occupational therapy, tissue viability nurses and chiropody.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

The inspector found that for residents who had a physical or environmental restraint such as a bed rail or posey alarm, care plans were in place to evidence the rationale for their use. Consent forms and documentation were reviewed for the use of physical and environmental restraints. Records showed that discussions with residents and family members, if appropriate, were included within the consent process.

The inspector reviewed records relating to PRN (taken when required) medication. They found that where a PRN medicine had been administered, that the impact of the medication had been documented, evidencing that alternative methods and

reassurance were trialled prior to issuing the PRN medication.

Judgment: Compliant

Regulation 9: Residents' rights

Activity assessments were completed which outlined residents individual preferences and interests. This assessment also guided the development of a individual residents recreation care plan, which informed the programme of activities in place. During the inspection, the inspector observed opportunities for residents to participate in activities. There was also a record of activities that residents had attended.

Residents had "Getting to know me" documentation in place which outlined the residents life story including their history, family details and hobbies.

Details of access to advocacy services were displayed for residents.

Judgment: Compliant

Regulation 8: Protection

Improvements were required in how the centre detected and responded to allegations of abuse. While reviewing the complaints register of the centre, the inspector found evidence where two complaints had not been reviewed as potential safeguarding incidents. The inspector requested that these complaints were reviewed and investigated in terms of safeguarding with notifications submitted to the Chief Inspector as required.

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 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 9: Residents' rights	Compliant
Regulation 8: Protection	Substantially compliant

Compliance Plan for Gascoigne House OSV-0000038

Inspection ID: MON-0033546

Date of inspection: 01/07/2021

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 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <ol style="list-style-type: none">1. The unused items in the enclosed garden have been disposed of.2. The uneven pavements have been identified as a risk and arrangement for repair with external contractor has been in place since earlier this year. However, work did not commence as planned due to the current pandemic. The service manager has been in regular contact with the external contractor and work will commence on the earliest availability of the contractors.3. The clean linen trolleys are stored in the hairdresser room. This room is used once a week only by the hairdresser between 10 am to 12 pm.4. A plan for a major refurbishment of floors in the Care Centre has been in motion. Repair works will begin on the earliest availability of external contractor.	
Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <ol style="list-style-type: none">1. A plan for refurbishment and re-painting of the Care Centre's interior has been planned. Repairs and re-painting will commence on the earliest availability of external contractor.2. The cleaning schedule has now been reviewed and revised. A clear guideline has been developed with areas of assignment indicated to avoid any confusion. The Housekeeping Supervisor, Service Manager along with the PIC will continue to conduct scheduled walkabouts to ensure compliance with the required standard.3. All the minor repairs needed has been reported and commenced by the maintenance team. A focus on the needed repairs in the facility is part of our Quality Improvement Plan for 2021.	

4. Boxes of delivered supplies were immediately removed. Laundry staff were also advised to unpack delivered supplies, store correctly and dispose boxes. The housekeeping supervisor will follow up compliance on a regular basis.

5. Daily walkabout after provision of morning care has been commenced by the Care Manager to ensure compliance with IPC measures. In addition, the IPC link nurse will conduct educational sessions in August for all staff to review basic IPC measures and discuss relevant policies and procedures.

Regulation 8: Protection

Substantially Compliant

Outline how you are going to come into compliance with Regulation 8: Protection:
Following the inspection, both complaints identified were reviewed by the PIC and the Head of Services-Care as requested. Each complaint has initially been thoroughly reviewed by the PIC and both were determined as unfounded. However, the wording of the incidents' records may have misrepresented the incident and can be interpreted as safeguarding issue. A late notification was submitted for one of the complaints. S.I. No. 415/2013 - Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, particularly Schedule 4, and examples of possible scenarios under safeguarding were discussed by the Head of Services-Care with the PIC and both agreed that moving forward complaints and incidents of the same nature must be reviewed as per company's policy and procedure, discussed with Head of Services-Care if further advice is needed and reported accordingly.

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	31/10/2021
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Substantially Compliant	Yellow	31/10/2021
Regulation 8(3)	The person in charge shall investigate any incident or allegation of abuse.	Substantially Compliant	Yellow	09/07/2021

