

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:	13 January 2025
Centre ID:	OSV-0000038
Fieldwork ID:	MON-0042820

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:	50
--	----

How we inspect

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Monday 13 January 2025	09:00hrs to 17:00hrs	Sharon Boyle	Lead
Monday 13 January 2025	09:00hrs to 17:00hrs	Helen Lindsey	Support

What residents told us and what inspectors observed

Inspectors observed a calm and relaxed atmosphere in Gascoigne House Nursing Home, with residents supported by staff who were attentive and familiar with their needs. Residents told the inspectors that they enjoyed living in the centre, one resident said the service was of 'five-star quality', while other residents said they never had any issues and the staff are lovely.

The inspectors arrived unannounced and were met by the person in charge. Following a brief introductory meeting, the inspectors walked through the centre and spent time observing the delivery of care and talking with the residents'. The centre is laid out over one floor, with a large communal dining/living area in the centre. Residents' bedroom accommodation is provided in four wings of the building, with wing 3 designated as a dementia-specific wing, which had a sitting room, dining room, internal courtyard and a visitors room. Each wing had a smaller sitting room, and wing 4 also had a quiet room for residents to use. A prayer room was registered on wing 4; however, inspectors observed on arrival that this room was not accessible for residents' as it was locked, once opened inspectors observed that a number of chairs were stacked up in the room. These were removed in order for the inspectors to use the room.

Overall the centre was decorated nicely and, residents' bedrooms contained personal items from their own home such as pictures, chairs and dressers. Although the premises were overall well-maintained inspectors also observed that some fire doors in the centre were damaged and required repair. Residents' were seen mobilising freely around the centre; however, the inspectors observed numerous items stored on the corridors, such as linen baskets, hoists and unused wheelchairs, which could pose a trip hazard and restricted the space available to residents mobilising along the corridors. Inspectors observed that the bath was removed from the assisted bathroom, and items such as gloves and aprons were stored in cupboards. The Chief Inspector of Social Services was not informed of these changes and there was no longer a bath in the centre for residents' to use should they chose to.

Residents were observed to be comfortable in the communal areas. Games were arranged on tables, and some residents were preparing to play snakes and ladder, which the activities staff facilitated. The schedule of activities was displayed on notice boards throughout the centre and a therapy dog was observed visiting residents in the afternoon of the inspection, which was very much enjoyed.

The menu for the day was on display in the dining room and the residents had a choice for each meal. Residents congregated in the dining rooms at lunchtime where they were assisted and supported by staff in a kind and dignified way.

Throughout the day, the inspectors observed staff assisting residents with their individual needs in an unhurried manner. Staff appeared to be knowledgeable about

the residents individual care needs and were observed speaking in a kind friendly way.

Visitors were observed to come and go throughout the day with no restrictions. Visitors spoken with said they were very happy with the care their relative received and enjoyed having the visitors' room to spend private time away from the residents' bedrooms.

Residents had access to outdoor space in the terrace area, and a courtyard in the dementia wing. Inspectors were told by staff that the outdoor spaces are used more frequently during warmer weather, nonetheless, some residents were seen chatting and walking in the gardens after lunch and enjoying the fresh air.

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.

Capacity and capability

Overall, the inspectors found that the centre had good management systems and resources in place to ensure that residents were supported to have a good quality of life at the centre. Some further improvements and stronger oversight was required in respect to Regulation 17: Premises, Regulation 5: Individual assessment and care plan and Regulation 28: Fire precautions, which is detailed further in the report.

This was an unannounced inspection to review compliance with Health Act 2007 (Care and welfare of residents in designated centre for older people) Regulation 2013 (as amended). Information submitted to the Chief Inspector of Social Services by the provider and the person in charge was also reviewed by the inspector in advance of the inspection.

Cowper Care Centre DAC is the registered provider for the designated centre. The person in charge reports to the registered provider and is supported in their role by a team consisting of an assistant care manager, staff nurses, health care assistants, activity staff, maintenance staff, catering staff, housekeeping and administration staff. On the day of the inspection, the centre was resourced with the appropriate number of staff to support residents' needs. Activity staff were rostered seven days a week to provide the activity schedule to residents.

The inspectors found that services were delivered by a well-organised team of management and staff, who appeared knowledgeable in the care they provided. Training and development programmes were in place to support staff to provide evidence based care. All staff were up-to-date with their mandatory training. A

quality improvement initiative was in place to ensure that residents and family members were supported to participate in training and development through the introduction of information sessions on topics such as healthy eating, hand hygiene, and the management of pressure areas.

While systems were in place to provide oversight through, meetings, and of gathering key performance indicators (KPI), gaps were identified in the auditing of some aspects of clinical care, such as care planning. Notwithstanding this, inspectors saw that, outcomes and actions of audits were shared with staff, residents and family on notice boards throughout the centre and were included in the annual review.

While no volunteers or students were working in the centre on the day of the inspection, records reviewed by the inspectors provided assurance that appropriate systems for vetting and training were in place. Documents were in place which outlined the roles and responsibilities, reporting and supervision arrangements for volunteers.

Inspectors reviewed a sample of four closed complaints. There were no open complaints at the time of the inspection. The electronic records, showed that complaints were recorded and investigated by the nominated complaints officer. There was evidence that complaints were concluded as soon as possible, with the complainant informed of the outcome of the investigation and any improvements recommended.

Regulation 16: Training and staff development

Staff had access to and had completed training that is up to date and regular refresher training was provided. The provider also supported staff development with initiatives such as ten minute information sessions on various relevant topics led by health care assistants (HCAs) and nurses. Additional training for staff was also provided in dementia care which included topics, such as communication, supporting the well-being of the person with dementia and their families and legal aspects and issues relating to dementia.

Staff were supervised appropriately, with the management team present on site each week day, and nominated nurses in charge at the weekend.

Judgment: Compliant

Regulation 23: Governance and management

Notwithstanding the clear structures in place identifying the lines of authority and accountability, the management systems to oversee that the service provided is safe, appropriate, consistent and effectively monitored required improvement. For example:

- The registered provider removed a bath from the assisted bathroom without informing the Chief Inspector, meaning the centre was not operating as per condition 1 of their certificate of registration.
- The registered provider did not ensure there was suitable storage in the centre for instance;
 - storage in the assisted bathrooms pose a risk to infection control and could obstruct privacy and dignity of residents
 - Laundry baskets stored in the laundry were blocking access to the wash hand basin and sinks posing an infection control risk
- While audits of care plans were taking place and identified some areas requiring action, they has not fully driven improvements, for example, to ensure that care plans included specific and relevant information to effectively guide staff in the provision of care and fully reflect the assessed needs of the residents'.

Judgment: Substantially compliant

Regulation 30: Volunteers

While there were no volunteers at the time of the inspection, records showed the roles and responsibilities of volunteers were set out in writing. There was evidence of a supervision record to ensure that volunteers were supported appropriately in their role.

Judgment: Compliant

Regulation 31: Notification of incidents

Notifications were provided to the Chief Inspector as set out in paragraph 7 of Schedule 4.

Judgment: Compliant

Regulation 34: Complaints procedure

The complaints process was accessible to all residents. Complaints were recorded and dealt with in line with the centres complaints policy.

Judgment: Compliant

Quality and safety

Inspectors found that, overall, the service provided by the registered provider and staff in Gascoigne House Nursing home was of high quality. Residents' care and support needs were well catered for. The inspectors observed staff speaking with residents in a kind and respectful manner. Residents were supported and encouraged to participate in the running of the centre through participation in residents meetings. A small number of areas required further action, such as premises and care planning arrangements and these will be further discussed under the respective regulations.

Thorough pre-assessment and discharge procedures were in place and evidence based communication tools were used to ensure all relevant information about the resident was available on discharge or transfer to another service. A sample of care plans and assessments were reviewed by the inspectors. While residents' needs were comprehensively assessed, inspectors found that there were some gaps in care planning which is further discussed under Regulation 5: Individual assessment and care plan.

The centre was clean and bright. The design of the centre met the needs of the residents and promoted their independence. The placement of tables was inappropriate given the layout of the dining room in the dementia wing, as they could obstruct the successful evacuation of residents in the event of a fire. There were adequate communal spaces and the outdoor space was observed to be used by the residents throughout the day. The registered provider had failed to engage with the Chief Inspector in respect of proposed changes to the premises and had removed a bath from the facility. Further areas for improvement are outlined under Regulation 17: Premises.

Residents' had access to fresh water, drinks and snacks throughout the day. Food appeared hot and appetising and residents were complimentary about the meals offered.

Residents' were supported and encouraged to make decisions about how their rooms were decorated. There was evidence that residents' personal possessions were respected through effective arrangements regarding residents' access to and control over their possessions, including laundry services. However, two residents did not have access to lockable storage to keep their possessions safe, the person in charge took steps to address this when it was pointed out.

The person in charge promoted a restraint-free environment. The use of restrictive practices were monitored in consultation with the multidisciplinary team. Restrictive practices were applied in line with national policy and a register of restrictive practices was kept in the centre. While care plans were in place for residents who experienced responsive behaviours (how residents living with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment), some care plans contained generic information and did not contain details of triggers specific to the resident to meaningfully inform the care provided.

Suitable and appropriate practices were in place relating to the prescribing, ordering, storing, administering and disposing of medicines.

While there were fire procedures and fire training, there were some gaps in fire safety management which required addressing in order to ensure the premises conform to the regulations. These are outlined under Regulation 28: Fire precautions.

Regulation 12: Personal possessions

Residents had access to their personal belongings and adequate space to store their clothes and possessions. Systems were in place to support the residents to have control over their own finances.

Judgment: Compliant

Regulation 17: Premises

Some areas required review to ensure they complied with Schedule 6 of the regulations. For example:

- The registered provider did not ensure that the premises had a sufficient number of baths on the premises to meet the needs of the residents'.
- Insufficient storage in the centre meant that;
 - Storage cabinets in the two assisted bathrooms to address the issue of storage posed an infection control risk and obstruction to the privacy and dignity of residents
 - Hoists and some residents' mobility aids were inappropriately stored on the corridors, which posed a risk to residents.
 - Laundry baskets stored in the laundry were blocking access to the wash hand basin and sinks posing an infection control risk
- Not all areas of the centre were kept in a good state of repair for example

- Some doors were observed to be damaged such as; a broken handle on the hoist room door, damage to the door into one of the assisted bathrooms

Judgment: Substantially compliant

Regulation 25: Temporary absence or discharge of residents

Systems for discharging and re-admitting a resident following their temporary absence to a hospital was seen to be in place. For example, the inspectors reviewed documentation which was sent with a resident to hospital which recorded appropriate information regarding their needs. Discharge letters were obtained from the hospital which informed the development or updating of care plans.

Judgment: Compliant

Regulation 28: Fire precautions

Further action was required by the registered provider specifically in the area of containment and maintaining the means of escape for example:

- Adequate arrangements for the means of escape, specifically, in the dining room on the dementia wing which was obstructed by the placement of tables and wheelchairs, and could impact on evacuation in the event of a fire.
- Adequate arrangements for the containment of fire, some fire doors were damaged. For example one fire door had holes where a sign was removed. This could impact effective containment of fire and smoke in the event of fire.
- Adequate arrangements to ensure that the persons working at the designated centre are aware of the procedure to be followed in the case of fire. For example; documentation required to support staff with the safe evacuation of residents did not contain the number of staff required to assist the resident to evacuate safely.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

There were processes in place for the prescribing, administration and handling of medicines, which were safe and in accordance with guidelines and legislation. Records of medication-related interventions were seen to be kept safe and

accessible. Medication records were kept up-to-date and in line with best practice.
Judgment: Compliant
Regulation 5: Individual assessment and care plan
<p>While care plans were in place and residents' needs were regularly assessed, further oversight is required in the following areas;</p> <ul style="list-style-type: none"> • Some care plans for the residents with responsive behaviours contained limited and generic information, which did not reflect the individual needs or preferences of the resident and therefore were not effective at informing staff of the appropriate interventions to support the resident. • Some care plans did not correspond with the assessed needs of the resident; for example; one assessment identified a resident as a high risk of falls however their care plan identified them as a low risk of falls. • Some care plans for residents contained outdated information which did not correspond with the care provided.
Judgment: Substantially compliant
Regulation 7: Managing behaviour that is challenging
<p>Restrictive practices were applied in line with national policy on restraint and evidence-based practice. Where restrictive practices were in place, the registered provider had a system in place to ensure all restrictions were evaluated, and kept under regular review to ensure that they were the most appropriate for each resident.</p>
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 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 30: Volunteers	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 25: Temporary absence or discharge of residents	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 7: Managing behaviour that is challenging	Compliant

Compliance Plan for Gascoigne House Nursing Home OSV-0000038

Inspection ID: MON-0042820

Date of inspection: 13/01/2025

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: <ul style="list-style-type: none">• Install a new bath in one of the three assisted toilets. The use of the bath is extremely rare and all of the residents prefer the use of shower. We believe this adjustment will meet the needs of our residents.• The CM/PIC will reorganise the existing storage area to optimize the current space and improve overall efficiency of stock/equipment management.• The Laundry room has been reorganised to ensure the hand washing sink is clear and accessible for use at all times.• Additional training and increased auditing time for assessments and care plans by the CM/PIC and ACM to ensure compliance to the standards.	
Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: <ul style="list-style-type: none">• Install a new bath in one of the three assisted toilets. The use of the bath is extremely rare and all of the residents prefer the use of the shower. We believe this adjustment will meet the needs of our residents.• The CM/PIC will reorganise the existing storage area to optimize the current space and improve overall efficiency of stock/equipment management.• Hoists are properly stored, and the laundry room has been reorganised to ensure the hand washing sink is clear and accesible at all times.• The broken door handle in the hoist room and the damaged to the door has been fixed.	

Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <ul style="list-style-type: none"> • The tables in the dementia dining area has since been reorganised, and arranged to facilitate a clear and easy access to fire extinguishers and the fire exit. • Holes on the fire door in question was fixed and the required sign was placed. A plan has been agreed and in motion to replace and/or repair damage fire doors starting this February. • All PEEPs were updated to indicate the number of staff assistance required for evacuation. 	
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:</p> <ul style="list-style-type: none"> • Additional care plan training and assessments have been scheduled this February, alongside increased auditing time by the CM/PIC and ACM to ensure improvement in the listed areas; appropriate assessment, identified risk in care plans, and person centered care plans. 	

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 17(1)	The registered provider shall ensure that the premises of a designated centre are appropriate to the number and needs of the residents of that centre and in accordance with the statement of purpose prepared under Regulation 3.	Substantially Compliant	Yellow	20/01/2025
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Substantially Compliant	Yellow	30/06/2025
Regulation 23(a)	The registered provider shall ensure that the designated centre has sufficient resources to	Substantially Compliant	Yellow	30/06/2025

	ensure the effective delivery of care in accordance with the statement of purpose.			
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 effectively monitored.	Substantially Compliant	Yellow	30/03/2025
Regulation 28(1)(b)	The registered provider shall provide adequate means of escape, including emergency lighting.	Substantially Compliant	Yellow	15/01/2025
Regulation 28(1)(c)(i)	The registered provider shall make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.	Substantially Compliant	Yellow	15/01/2025
Regulation 5(1)	The registered provider shall, in so far as is reasonably practical, arrange to meet the needs of each resident when these have been assessed in accordance with paragraph (2).	Substantially Compliant	Yellow	30/03/2025
Regulation 5(4)	The person in charge shall formally review, at intervals not	Substantially Compliant	Yellow	30/03/2025

	<p>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.</p>			
--	---	--	--	--