



**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:	Unannounced
Date of inspection:	30 September 2025
Centre ID:	OSV-0000038
Fieldwork ID:	MON-0048250

## 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:	48
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## 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
Tuesday 30 September 2025	09:00hrs to 16:00hrs	Laurena Guinan	Lead

## What residents told us and what inspectors observed

Residents living in Gascoigne House Nursing Home said that it was a lovely place to live, with one resident saying they were 'lucky to live here'. The centre is a purpose built nursing home with four separate wings, one of which is a dementia specific unit. On entry, there is a central dining and living area which was seen to be clean, bright and well furnished. Photos on the wall showed different events celebrated by the residents, and there were decorations remaining from a fundraising auction event that had been held the previous day. Many residents spoken with talked about the auction and were proud of the significant amount they had raised for charity. This area leads to the kitchen and laundry areas, and gives access to an attractive, secure outdoor garden. The garden had good pathways and seating, and also provided a smoking area for residents. While this area had appropriate fire precautions in place, there was no call-bell and this will be discussed under Regulation 23: Governance and management. The laundry was seen to be clean and tidy, and the staff were knowledgeable about correct laundry systems.

Four separate wings of a similar layout branched off from this main area, each containing bedrooms and communal rooms. All corridors were clutter free and had hand rails to facilitate residents to safely mobilise throughout the centre. Inspectors saw a number of bedrooms and many had been personalised with residents' own belongings, giving the centre a homely feel. All bathrooms and sluices were seen to be clean and tidy. Following the last inspection, a new bath had been installed in one of the bathrooms. However, linen skips were seen stored in bathroom areas. This will be discussed under Regulation 23: Governance and management. The medication store room and clinical room were clean, tidy and kept locked.

Visitors were seen coming and going during the day and all those spoken to said they were made to feel welcome. Some visited their loved ones in their bedrooms or in the central communal area, and there was also a choice of smaller sitting rooms in each bedroom wing. These smaller rooms were also comfortable and inviting, and staff reported they were frequently used. The centre also had an oratory available to residents.

Wing three was allocated as a dementia specific unit and access to the unit was via a keypad, with the code available for visitors. The unit was calm and relaxed, and had it's own dining and living areas. On the morning of inspection, residents were seen relaxing in the living room under the supervision of staff, and the atmosphere was calm, with quiet conversation and soft music playing.

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 impact on the quality and safety of the service being delivered.

## Capacity and capability

The inspector saw evidence of a good management structure, with a focus on achieving and maintaining a high quality of care in the centre. However, some improvements were required under Regulation 23: Governance and management, and Regulation 24: Contracts of care and these will be discussed later 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 Gascoigne House Nursing Home. The person in charge was a qualified nurse who worked full-time in the centre, and was 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. The inspector saw evidence of staff and management meetings which maintained a good system of two-way communication and ensured clear lines of accountability. Staff spoken with reported that management were approachable and responsive to requests or concerns raised. There was a comprehensive suite of audits in areas such as care planning and call-bells. Where gaps had been highlighted in the auditing process, these were seen to be dealt with. For example, a three minute response time to answer a call-bell is the centre's benchmark. Where this was seen to be exceeded, the issue was raised at staff meetings and discussed at residents' meetings to assess the cause and impact, and to promote prompt response to call bells.

An annual review was available and this was seen to have been completed with resident and family input. A quality improvement plan had been developed from the review, and was being actively implemented. For example, end-of-life care was an area identified as requiring improvement and measures implemented included staff training and the appointment of a pain management nurse. The actions required from the compliance plan following the inspection in January 2025 had all been completed, with the exception of the storage of linen trolleys. This will be discussed under Regulation 23: Governance and management.

The inspector reviewed four staff files and these contained all the information set out in Schedule 2 of the regulations, and residents' records reviewed contained the information specified in Schedule 3. The inspector saw that records were stored in a safe and accessible manner.

The inspector reviewed ten contracts of care. These detailed the room occupancy and fees, but five of these had the incorrect room number. This was brought to the attention of the person in charge who said that residents and families were always informed of room changes, but they would undertake a review of residents' contracts to ensure the correct room number was documented.

Regulation 14: Persons in charge
The person in charge was a qualified nurse who worked full-time in the centre and had the appropriate qualifications and experience necessary for the role.
Judgment: Compliant
Regulation 19: Directory of residents
The centre had a directory of residents available which contained the information specified in Schedule 3 of the regulations.
Judgment: Compliant
Regulation 21: Records
Staff files contained the information set out in Schedule 2 of the regulations. Residents' records viewed contained the information specified in Schedule 3. Records were stored in a safe and accessible manner.
Judgment: Compliant
Regulation 22: Insurance
The registered provider had a valid contract of insurance in place.
Judgment: Compliant
Regulation 23: Governance and management
<p>Notwithstanding the good management systems in place, further oversight of staff practices and the premises was required. This was evidenced by:</p> <ul style="list-style-type: none"> <li>• The communal smoking area did not have a call-bell, which could pose a risk to a resident who may need to call for assistance while using this area.</li> </ul>

- Inappropriate storage of linen skips in bathrooms. This is a repeat finding.

Judgment: Substantially compliant

### Regulation 24: Contract for the provision of services

Five contracts of care were not updated to contain the the correct room number for residents when they changed room.

Judgment: Substantially compliant

### Regulation 4: Written policies and procedures

All Schedule 5 policies were in place and available on the day of inspection.

Judgment: Compliant

## Quality and safety

The inspector saw evidence that staff working in Gascoigne House were knowledgeable of, and attentive to, residents' needs and wishes. Five residents' care plans were reviewed, with a focus on safeguarding and end-of-life care. The care plans had been developed within 48 hours of admission using validated assessment tools, and were updated four monthly or as required.

The centre had a safeguarding policy in place to support staff, and staff spoken with showed a good understanding of how to raise a safeguarding concern. The inspector saw a high compliance in training in the area of safeguarding. Residents spoken with said that they felt safe and well-cared for, and visitors said staff were excellent at communicating with them. Both residents and visitors said that they would feel comfortable raising concerns with staff, and they felt staff would listen to, and act on, their concerns. One visitor said staff actively look for feedback and were always approachable. The registered provider is a pension agent for one resident and the inspector saw that this resident had their money deposited in their own named account. Residents, where required, had a safeguarding care plan in place, and those seen by the inspector were personalised to the residents' needs. Where



regular safety checks were required, these were seen to have been completed and staff were aware of them.

The registered provider had identified end-of-life care as an area for improvement for 2025. A pain management nurse had been appointed, and a high number of staff had received training in the area. The inspector reviewed five end-of-life care plans and they were seen to be person-specific and contained sufficient detail to ensure the residents' wishes would be carried out. The family of a resident who had recently passed away were highly complimentary of the care their loved one had received, and the attention to detail paid by staff to both their loved one and the family.

The inspector saw lunch being served and observed staff assisting residents in a kind and respectful manner. There was social conversation, and the food served looked hot and nutritious. All residents spoken with said they enjoyed their meals, with praise for the variety, taste and amount of food on offer. The chef and staff were knowledgeable of those requiring modified diets. Suggestions from residents' surveys when conducting the annual review had been implemented to improve the dining experience. These included rotation of table serving to reduce waiting times, and the use of small teapots instead of one large one.

### Regulation 13: End of life

The centre had an end-of-life policy and personalised care plans in place to ensure residents' needs and wishes would be met.

Judgment: Compliant

### Regulation 18: Food and nutrition

Residents had access to drinks and snacks. There was a choice of nutritious meals available, and sufficient staff to assist at meal times.

Judgment: Compliant

### Regulation 8: Protection

The registered provider had taken all reasonable measures to protect residents from abuse.

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
<b>Capacity and capability</b>	
Regulation 14: Persons in charge	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Contract for the provision of services	Substantially compliant
Regulation 4: Written policies and procedures	Compliant
<b>Quality and safety</b>	
Regulation 13: End of life	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 8: Protection	Compliant

# Compliance Plan for Gascoigne House Nursing Home OSV-0000038

Inspection ID: MON-0048250

Date of inspection: 30/09/2025

## 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: - The PIC reviewed available storage around nursing home. It has been agreed to store linen skip trolleys in the corridor which leads to staff changing rooms and laundry. Completion date: 28th of October 2025.  - One nurse call neck pendent allocated for resident smoking in designated area. Completion date: 22nd of October 2025.  - It has also been agreed that fixed call bell point will be installed in designated smoking area. Completion date: 10th of November 2025	
Regulation 24: Contract for the provision of services	Substantially Compliant
Outline how you are going to come into compliance with Regulation 24: Contract for the provision of services: - Consent practices have been reviewed by PIC. It has been agreed to retain evidence of consent following room change. Once resident or primary contact agrees on room change this will be document in resident notes and signed. Copy will be printed and attached to contract of care. Completion date: 29th of October 2025.	

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## 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 23(1)(d)	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	30/11/2025
Regulation 24(1)	The registered provider shall agree in writing with each resident, on the admission of that resident to the designated centre concerned, the terms, including terms relating to the bedroom to be provided to the resident and the number of other occupants (if any) of that bedroom, on which that resident shall	Substantially Compliant	Yellow	30/11/2025

	reside in that centre.			
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