



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

Name of designated centre:	Gascoigne House
Name of provider:	Gascoigne House
Address of centre:	37-39 Cowper Road, Rathmines, Dublin 6
Type of inspection:	Unannounced
Date of inspection:	24 October 2018
Centre ID:	OSV-0000038
Fieldwork ID:	MON-0025384

## 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 44 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 with a plan to accommodate an additional six residents.

**The following information outlines some additional data on this centre.**

Current registration end date:	31/01/2021
Number of residents on the date of inspection:	45

## How we inspect

To prepare for this inspection the inspector or 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
24 October 2018	09:25hrs to 17:50hrs	Sarah Carter	Lead

## Views of people who use the service

Residents were observed on the day of inspection spending time in their own rooms and in the communal area.

Residents spoken to said they felt happy and comfortable in the centre, and said they felt well cared for.

Residents said they liked the food and had access to food and snacks when they needed it.

Residents were observed to participate in activities if they wished and many reported that they felt the provision of activity had improved in the centre.

Relatives and visitors also shared similar views on behalf of the resident they were visiting. In addition many reported that they felt staff worked hard and provided good care, but all queried the changeover of staff recently and expressed a wish that this would stabilise.

## Capacity and capability

The service provided in the centre had capacity to meet its residents' needs, through the provision of sufficient resources and clear policies to guide evidence based interventions.

There was a clearly defined management structure in place and as this centre is part of a group of nursing homes, the person in charge in this centre had the support of senior managers within the group on a weekly and monthly basis. Management meetings took place, and minutes of meetings were reviewed, which indicated that members of the governance team were taking responsibility for key tasks within the centre.

This structure facilitated the overview and management of issues in the centre; for example key performance data was gathered and reviewed. The person in charge in the centre had recently changed, and the office of the chief inspector had been notified correctly of this change and on the day of inspection this information was being processed. A person in charge had immediately been appointed to run the centre, while permanent arrangements were being made by the senior management

team.

The staffing levels and skill mix in the centre was sufficient to meet the needs of the residents who lived there. Following the previous inspection the centre had increased its staffing resources and appointed a staff member who is responsible for the provision of activity in the centre. This role was new and on inspection a timetable and attendance records of activity groups were seen. Residents were also observed to be participating in activities throughout the day. Staff in the centre also had access to physiotherapy within the nursing home group and could access additional specialist interventions through local public services or private healthcare.

Staff rosters were reviewed, and staffing levels were the same throughout the seven days of the week, during both night and day shifts. Some agency staff were rostered on each shift. Efforts were made by the person in charge to ensure continuity of agency staff, and it was noted that some additional permanent members of staff had recently been recruited and were undergoing induction and orientation training at the time of inspection. There was also evidence in the roster that on days when residents were admitted, additional nursing hours were allocated specifically to facilitate this process. As discussed in the residents views section of this report, residents and some of their relatives highlighted their concerns with staff turnover and recent changes. The senior management team had taken steps to manage this through their recruitment processes, a change in some terms, and an enhanced orientation programme which included both learning and mentoring.

The activity staff member was full time, and an additional part time role to support this position has been allocated a budget and a recruitment plan was being developed.

A sample of staff files were reviewed, and contained all the documentation required by the regulations. The centre also had a small number of volunteers and in the sample of files reviewed volunteers had received garda vetting disclosures and had a description of their role in the centre.

Staff training records indicated that most staff had received all mandatory training. A small number of staff were due to have training in fire prevention the days following the inspection, with confirmation sent to the inspector.

A sample of schedule 5 policies were reviewed, and were found to be evidence based, and specific to the centre. They were clear and were found to be implemented in practice.

The directory of residents was up to date and reflected the residents in the centre, in addition to their required details in the regulation. Contract's of care were also reviewed, and met the requirements of the regulation. It was noted that recent admissions now are contracted to pay a fee for social activity; in line with the recruitment and provision of activity from the new staff member.

Regulation 15: Staffing
Full time nursing care was provided in the centre. Staff levels were sufficient, and there was an appropriate skill mix to meet the needs of current residents.
Judgment: Compliant
Regulation 16: Training and staff development
Staff had received mandatory training and were supervised in their work.
Judgment: Compliant
Regulation 19: Directory of residents
A directory of all residents was available and contained all the required information.
Judgment: Compliant
Regulation 23: Governance and management
There were sufficient resources in the centre to meet the needs of current residents. There was clearly defined management structure which was responsible for the centre.
Judgment: Compliant
Regulation 24: Contract for the provision of services
Residents had contracts of care, which were clear and included the terms under which they lived in the centre.
Judgment: Compliant

## Regulation 30: Volunteers

A small number of volunteers were associated with the centre, and had their role identified clearly and received garda vetting disclosures.

Judgment: Compliant

## Regulation 4: Written policies and procedures

Schedule 5 policies were up to date and available in the centre.

Judgment: Compliant

## Quality and safety

Resident's health and their care needs were well managed, supported by clear care plans. The centre was safe, and recent renovations and refurbishments were completed to a high standard.

A wide sample of care plans were reviewed, and found to be up to date and had been regularly reviewed. In case where residents had accessed specialist interventions, the care plans had been updated to reflect new recommendations. Care plans were person centred, and daily notes referenced the key aspects of residents care.

Residents had recreational care plans, and all had had recreational assessments developed by nursing staff. Resident's attendance at activities and their engagement levels were recorded by the activity staff member. A system to link these sets of information was being discussed on inspection. Residents who presented for admission had had comprehensive assessment using standardised assessment and on the day of admission nursing staff were assigned additional hours to facilitate the admission.

Residents had a choice of general practitioners and could be referred for specialist interventions if required.

Resident's rights were upheld in the centre in a variety of ways. Their privacy was enhanced by staff knocking on doors, and net curtains on bedroom windows if required. Facilities for recreation were provided in the form of activity groups and activities in communal area, and both a courtyard and terraced garden. Religious services were available and residents had arrangements in place to vote. There was



a residents committee running in the centre and the minutes taken indicated that this resulted in actions being taken by the person in charge to meet the residents requests.

Residents could also access a resident's information guide which was clear and up to date.

A risk management policy was available to staff in the centre which included identified hazards. A risk register and an on-going process of risk assessment was also in place in the centre. Recent building works had been assessed and controls developed to minimise risk and disruption to residents.

### Regulation 20: Information for residents

A clear and up to date resident guide was available in the centre.

Judgment: Compliant

### Regulation 26: Risk management

The risk management policy in the centre, identified hazards and controls available. Measure were in place to assess and manage specified risks.

Judgment: Compliant

### Regulation 5: Individual assessment and care plan

Residents needs were met through up to date care plans, and specialist intervention as required. Care plans were reviewed regularly.

Judgment: Compliant

### Regulation 6: Health care

Care provided was evidence based and residents had a choice of GP if they wished.

Judgment: Compliant

### Regulation 9: Residents' rights

Residents had opportunities to participate in activity in the centre. Their religious beliefs were support and they could make choice about their day.

Judgment: Compliant

## Appendix 1 - Full list of regulations considered under each dimension

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 30: Volunteers	Compliant
Regulation 4: Written policies and procedures	Compliant
<b>Quality and safety</b>	
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 9: Residents' rights	Compliant