

**Health Information and Quality Authority
Regulation Directorate**

**Compliance Monitoring Inspection Report
Designated Centres under Health Act
2007, as amended**



Centre name:	Gascoigne House Nursing Home
Centre ID:	0038
Centre address:	37/39 Cowper Road
	Rathmines
	Dublin 6
Telephone number:	01 406 6414
Email address:	gascoigne@cowpercare.ie
Type of centre:	<input type="checkbox"/> Private <input checked="" type="checkbox"/> Voluntary <input type="checkbox"/> Public
Registered provider:	Cowper Care Centre Limited
Person authorised to act on behalf of the provider:	Seamus Shields
Person in charge:	Cheryl Tuliao
Date of inspection:	14 August 2013
Time inspection took place:	Start: 08:45 hrs Completion: 17:45 hrs
Lead inspector:	Gary Kiernan
Support inspector(s):	Deirdre Byrne
Type of inspection	<input type="checkbox"/> announced <input checked="" type="checkbox"/> unannounced
Number of residents on the date of inspection:	44
Number of vacancies on the date of inspection:	0

About monitoring of compliance

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by Regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:

- Registration: under section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
- Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider's compliance with the requirements and conditions of their registration.

Monitoring inspections take place to assess continuing compliance with the Regulations and Standards. They can be announced or unannounced, at any time of day or night, and take place:

- to monitor compliance with regulations and standards
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or wellbeing of residents.

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. Where a monitoring inspection is to inform a decision to register or to renew the registration of a designated centre, all 18 outcomes are inspected.

Summary of compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the *National Quality Standards for Residential Care Settings for Older People in Ireland*.

This inspection report sets out the findings of a monitoring inspection, in which 10 of the 18 outcomes were inspected against. The purpose of the inspection was:

- to inform a registration decision
- to inform a registration renewal decision
- to monitor ongoing compliance with Regulations and Standards
- following an application to vary registration conditions
- following a notification of a significant incident or event
- following a notification of a change in person in charge
- following information received in relation to a concern/complaint

The table below sets out the outcomes that were inspected against on this inspection.

Outcome 1: Statement of Purpose	<input type="checkbox"/>
Outcome 2: Contract for the Provision of Services	<input type="checkbox"/>
Outcome 3: Suitable Person in Charge	<input checked="" type="checkbox"/>
Outcome 4: Records and documentation to be kept at a designated centres	<input type="checkbox"/>
Outcome 5: Absence of the person in charge	<input type="checkbox"/>
Outcome 6: Safeguarding and Safety	<input checked="" type="checkbox"/>
Outcome 7: Health and Safety and Risk Management	<input checked="" type="checkbox"/>
Outcome 8: Medication Management	<input checked="" type="checkbox"/>
Outcome 9: Notification of Incidents	<input checked="" type="checkbox"/>
Outcome 10: Reviewing and improving the quality and safety of care	<input type="checkbox"/>
Outcome 11: Health and Social Care Needs	<input checked="" type="checkbox"/>
Outcome 12: Safe and Suitable Premises	<input checked="" type="checkbox"/>
Outcome 13: Complaints procedures	<input checked="" type="checkbox"/>
Outcome 14: End of Life Care	<input type="checkbox"/>
Outcome 15: Food and Nutrition	<input checked="" type="checkbox"/>
Outcome 16: Residents' Rights, Dignity and Consultation	<input type="checkbox"/>
Outcome 17: Residents' clothing and personal property and possessions	<input type="checkbox"/>
Outcome 18: Suitable Staffing	<input checked="" type="checkbox"/>

This monitoring inspection was unannounced and took place over one day. As part of the monitoring inspection inspectors met with residents, relatives, and staff members. Inspectors observed practices and reviewed documentation such as care plans, medical records, accident logs, policies and procedures and staff files.

While areas for improvement were identified, overall inspectors found a good level of compliance with the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the *National Quality Standards for Residential Care Settings for Older People in*

Ireland. Areas identified for improvement at the previous inspection had been addressed.

The healthcare needs of residents were met and residents had good access to general practitioner (GP) services and to a range of other allied health professionals. Some improvement was required in aspects of the care planning process.

Other areas for improvement related to notification of incidents to the Chief Inspector and the premises.

The provider and person in charge promoted the safety of residents. A risk management process was in place for all areas of the centre. Staff had received training and were knowledgeable about the prevention of elder abuse.

The quality of residents' lives was enhanced by the provision of a choice of interesting things for them to do during the day. The dining experience was well managed and the nutritional needs of residents were met. Staff numbers and skill mix were appropriate to meet the needs of residents.

These matters are discussed further in the report and in the Action Plan at the end of the report.

Section 41(1)(c) of the Health Act 2007

Compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the *National Quality Standards for Residential Care Settings for Older People in Ireland.*

Theme: Leadership, Governance and Management

Effective governance, leadership and management, in keeping with the size and complexity of the service, are fundamental prerequisites for the sustainable delivery of safe, effective person-centred care and support.

Outcome 3

The designated centre is managed by a suitably qualified and experienced nurse with authority, accountability and responsibility for the provision of the service.

References:

Regulation 15: Person in Charge
Standard 27: Operational Management

Action(s) required from previous inspection:

No actions were required from the previous inspection.

Inspection findings

The arrangements for person in charge were satisfactory.

The person in charge, Cheryl Tulliao, was present throughout the inspection. The person in charge was a registered general nurse, had the relevant necessary experience and worked full-time. She was responsible for three centres within the Cowper Care group in total. The person in charge stated that she was present in the centre two days each week to support the care manager who was responsible for the day to day clinical governance in the centre.

The care manager was on scheduled leave on the day of inspection. However, inspectors noted that he had good systems in place to audit and supervise the delivery of care and the documentation which was requested during the inspection was maintained up to date. Residents and relatives spoke highly of the care manager and said he was readily available to them and responded promptly to any queries or requests which they had on a daily basis.

The person in charge knew the residents in the centre well and was able to discuss their care needs with inspectors. All documentation requested was promptly provided. The person in charge had also maintained her continued professional development through attending mandatory training, on line medication management training and other short clinical courses. She had completed training in clinical negligence and clinical audit in 2012. She was also a certified dementia training facilitator and she was responsible for providing this training to all staff in the centre.

The person in charge was also supported by a general manager and service manager, both of whom were responsible for managing the non-clinical aspects of the three centres in the Cowper Care group. Satisfactory deputising arrangements were in place for the person in charge as provided by the three care managers. One of the senior staff nurses deputised in the absence of the care manager.

Theme: Safe care and support

Safe care and support recognises that the safety of service users is paramount. A service focused on safe care and support is continually looking for ways to be more reliable and to improve the quality and safety of the service it delivers.

In a safe service, a focus on quality and safety improvement becomes part of a service-wide culture and is embedded in the service's daily practices and processes rather than being viewed or undertaken as a separate activity.

To achieve a culture of quality and safety everyone in the service has a responsibility to identify and manage risk and use evidence-based decision-making to maximise the safety outcomes for service users.

Outcome 6

Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse.

References:

Regulation 6: General Welfare and Protection
Standard 8: Protection
Standard 9: The Resident's Finances

Action(s) required from previous inspection:

No actions were required from the previous inspection.

Inspection findings

Inspectors found that measures were in place to protect residents from being harmed or suffering from any form of abuse.

A detailed policy relating to the prevention, detection and response to elder abuse was in place. The policy was comprehensive and provided sufficient detail in order to guide staff on the steps to follow in the event of an allegation of abuse. The person in charge demonstrated knowledge and understanding of this policy and outlined the appropriate steps to take in the event that any allegation of abuse was made.

Inspectors found that staff on duty on the day of inspection, were knowledgeable with regard to their responsibilities in this area. The person in charge stated that staff members were required to attend this training annually and there was a training matrix in place which showed that this was taking place.

Inspectors reviewed the systems in place for safeguarding residents' money. The centre was responsible for safekeeping money and valuables for a number of residents. A locked, safe was provided for this purpose and it was accessible to the person in charge and the administrator only. Appropriate documentation was in place to monitor and record transactions and inspectors checked the recorded balances for a number of residents and found them to be in order.

Outcome 7

The health and safety of residents, visitors and staff is promoted and protected.

References:

Regulation 30: Health and Safety
Regulation 31: Risk Management Procedures
Regulation 32: Fire Precautions and Records
Standard 26: Health and Safety
Standard 29: Management Systems

Action(s) required from previous inspection:

The actions required from the previous inspection were satisfactorily implemented.

Inspection findings

Procedures were in place to promote the health and safety of residents, staff and visitors.

There was a risk management policy which met the requirements of the Regulations. Inspectors read the policy which had been reviewed since the previous inspection and found that it now included the arrangements for the identification, recording and learning from serious or untoward incidents. There were regular audits of all accidents and incidents on a monthly basis and inspectors found this supported the identification of trends and possible interventions to prevent reoccurrence of incidents. Individual accidents and incidents were recorded in detail. The records detailed the action taken and the treatment given where this was required. The person in charge reviewed each individual incident and care planning documentation was updated as appropriate.

There was a safety statement and risk register in place and at the time of inspection these documents were being reviewed and updated with the aid of a health and safety consultant. There was a health and safety committee in place which was responsible for carrying out monthly health and safety audits and updating the risk register as appropriate.

Inspectors reviewed the fire safety procedures and found that there were good systems in place. The records showed that the fire equipment including fire detection and alarm system, fire fighting equipment and the emergency lighting system were regularly serviced by an external consultant. Daily in-house checks on fire exits, fire fighting equipment and the fire alarm system was also carried out. The training records and training matrix showed that all staff had attended annual fire safety training and regular fire evacuation drills were carried out. All staff members spoken to by inspectors were able to describe the correct procedure to follow in the event of a fire.

The centre had an emergency plan in place which provided information to guide staff on the procedures to follow in the event of an emergency such as loss of heat, water supply or power. The plan also provided guidance with regard to the evacuation of the centre and details of alternative accommodation and transport in the event that an emergency evacuation was required.

The training matrix showed that staff had up-to-date training in moving and handling. Residents' moving and handling assessments were routinely assessed and inspectors saw staff using moving and handling equipment appropriately.

A small number of residents were smokers. The person in charge discussed the safety arrangements for these residents. Smoking was not permitted in the centre. Individual risk assessments were carried out for the residents who smoked in order to determine the level of assistance which they required. Inspectors saw that these risk assessments were routinely reviewed and residents had care plans based on these risk assessments.

Outcome 8

Each resident is protected by the designated centres' policies and procedures for medication management.

References:

Regulation 33: Ordering, Prescribing, Storing and Administration of Medicines
Standard 14: Medication Management

Action(s) required from previous inspection:

The action required from the previous inspection was satisfactorily implemented.

Inspection findings

Inspectors found that policies and processes were in place for the safe management of medication. However, inspectors did observe an issue relating to the safety of the medication round which was addressed at the time of inspection.

Inspectors observed part of the medication round and noted that the nurse administering medications in the morning was also responsible for receiving telephone calls. To do this she carried a portable telephone with her. This practice could cause the nurse to be distracted and could increase the risk of medication error. The person in charge addressed this matter at the time of inspection and inspectors observed that there was no repeat of this practice during the afternoon medication round.

There was a comprehensive medication management policy in place which gave detailed guidance to staff. Inspectors reviewed the prescription records and medication administration records for a sample of residents and found that this documentation was completed and maintained in accordance with the centre's policies and professional guidelines.

Medications were stored appropriately. Staff had received training and monthly audits were conducted to ensure compliance with the centre's policy and any discrepancies were rectified immediately. Written evidence was available which showed that three-monthly reviews were carried out.

Medications that required strict control measures (MDAs) were carefully managed and kept in a secure cabinet in keeping with professional guidelines and the centre's policy. Nurses kept a register of MDAs. The stock balance was checked and signed by two nurses at the time of administration and change of each shift. Inspectors checked the balances and found them to be correct.

Outcome 9

A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.

References:

Regulation 36: Notification of Incidents
Standard 29: Management Systems
Standard 30: Quality Assurance and Continuous Improvement
Standard 32: Register and Residents' Records

Action(s) required from previous inspection:

No actions were required from the previous inspection.

Inspection findings

Inspectors found that improvements were required in this area.

The person in charge was aware of the requirement to notify the Authority of incidents involving residents. Inspectors saw that a record was maintained of all incidents occurring in the centre in line with the requirements of the Regulations. However, inspectors were made aware of a resident who had developed a wound, which was classified as grade II in accordance with a validated grading tool. This wound had not been notified to the Authority as required by the Regulations. The person in charge undertook to notify this matter to the Authority retrospectively.

Theme: Effective care and support

The fundamental principle of effective care and support is that it consistently delivers the best achievable outcomes for people using a service within the context of that service and resources available to it. This is achieved by using best available national and international evidence and ongoing evaluation of service-user outcomes to determine the effectiveness of the design and delivery of care and support. How this care and support is designed and delivered should meet service users' assessed needs in a timely manner, while balancing the needs of other service users.

Outcome 11

Each resident's wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each resident's assessed needs are set out in an individual care plan, that reflect his/her needs, interests and capacities, are drawn up with the involvement of the resident and reflect his/her changing needs and circumstances.

References:

Regulation 6: General Welfare and Protection
Regulation 8: Assessment and Care Plan
Regulation 9: Health Care
Regulation 29: Temporary Absence and Discharge of Residents
Standard 3: Consent
Standard 10: Assessment
Standard 11: The Resident's Care Plan
Standard 12: Health Promotion
Standard 13: Healthcare
Standard 15: Medication Monitoring and Review
Standard 17: Autonomy and Independence
Standard 21: Responding to Behaviour that is Challenging

Action(s) required from previous inspection:

The actions required from the previous inspection were satisfactorily implemented.

Inspection findings

Inspectors were satisfied that residents healthcare needs were met and residents had opportunities to participate in meaningful activities appropriate to their interests, however some improvements were required in the care planning process.

The previous inspection found that clinical risk assessments had not been carried out for all residents and care plans did not address resident's identified needs. Inspectors found that this matter had been addressed. A range of risk assessments had been carried out and up-to-care plans had been developed based on these risk assessments. A system of audit had also been put in place in order to ensure that documentation was accurate and maintained up-to-date. However, inspectors noted that while there was evidence of consultation with some residents on the development of their individualised care plans this was not consistently carried out in all cases.

The previous inspection also indicated that improvements were required in the management of restraint. Inspectors found that this matter had been addressed. A comprehensive assessment was carried out in advance of any decision to use restraint. This document recorded the consideration of alternatives and also documented consultation with the resident and the nursing staff prior to using restraint. An up-to-date restraint register was maintained and documented checks were carried out for residents while using restraint. The records indicated that there had been a significant reduction in the use of restraint since the previous inspection.

Inspectors reviewed other clinical issues including wound care, nutritional care, falls management and dementia care including the management of behaviours that challenged and found they were managed in accordance with a high standard of nursing care and guided by robust policies. Residents had good access to appropriate medical and allied healthcare professionals and details of these appointments were recorded in the residents' records.

The previous inspection found that the activities programme did not provide for the needs of all residents. Inspectors found that a number of improvements had been made in this area and residents had opportunities to participate in meaningful activities. The activities programme had been expanded and a holistic therapist visited the centre on a weekly basis. Some staff members had also recently been trained in Sonas (a communication-based therapy particularly suitable for residents with dementia). Inspectors found that residents had social assessments and social care plans in place. The person in charge had also introduced a new monitoring document to record residents' participation in activities on a daily basis. However, these records were not maintained up to date in the case of large number of residents. The person in charge undertook to address this matter with the staff members responsible.

Outcome 12

The location, design and layout of the centre is suitable for its stated purpose and meets residents' individual and collective needs in a comfortable and homely way. There is appropriate equipment for use by residents or staff which is maintained in good working order.

References:

Regulation 19: Premises
Standard 25: Physical Environment

Action(s) required from previous inspection:

The actions required from the previous inspection were satisfactorily implemented.

Inspection findings

The premises were maintained to a good standard and were found to be clean and hygienic. However, there continued to be a number of multi-occupancy bed rooms which did not meet the requirements of the Regulations and the Authority's Standards.

Inspectors visited a number of bedrooms and found that they were clean and well maintained. Rooms were provided with suitable lighting and call bells were in easy reach. The majority of bedrooms were single rooms with en suite shower and toilet. There were also four two-bedded rooms. However, there were two three-bedded rooms which inspectors found did not meet the requirements of the Authority's Standards. While inspectors did not observe any negative impact for residents in these three-bedded rooms inspectors found that there was no costed plan in place to ensure that these multi-occupancy rooms would comply with the Authority's Standards in advance of 2015.

The previous inspection found that the dementia unit was not decorated and organised in a way that would appeal to residents with a cognitive impairment. Inspectors found that this matter had been addressed. Bright and colourful, multi-sensory decorations had been placed on the walls, there was improved signage and resident's artwork was also displayed.

The previous inspection also found that certain areas in the communal rooms were not adequately heated. The matter had also been addressed. The general manager discussed this matter with inspectors and described improvements which had been made to the heating and insulation further to a geo-thermal survey of the building which had been carried out. These improvements included an upgrading of the insulation in the walls and roof and the use of computerised room sensors to monitor, record and control the temperature of rooms on a daily basis.

There were two secure gardens which residents could access. These areas were well maintained and provided with garden furniture for residents' use. Residents stated that they liked to go out to these areas during the fine area.

Provision for storage was found to be adequate and it was noted that assistive equipment such as hoists, specialised beds, mattresses and chairs were appropriately stored and did not hinder the movement of residents at the time of inspection. Maintenance records were in place to show that equipment was routinely serviced.

Theme: Person-centred care and support

Person-centred care and support has service users at the centre of all that the service does. It does this by advocating for the needs of service users, protecting their rights, respecting their values, preferences and diversity and actively involving them in the provision of care. Person-centred care and support promotes kindness, consideration and respect for service users' dignity, privacy and autonomy.

Outcome 13

The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.

References:

Regulation 39: Complaints Procedures
Standard 6: Complaints

Action(s) required from previous inspection:

The action required from the previous inspection was satisfactorily implemented.

Inspection findings

There was evidence of good practice in the area of complaints management.

Inspectors noted that there was a policy in place which provided guidance to staff on the management of complaints. The complaints procedure was displayed in the entrance hall and each resident's bedroom.

The person in charge demonstrated a positive attitude towards complaints. The complaints log was read and inspectors found evidence of good complaints management, including a record of the complainant's level of satisfaction with the outcome of a complaint investigation. The previous inspection found that verbal complaints were not recorded. Inspectors found that this matter had been addressed. Verbal complaints had been logged and staff were knowledgeable regarding the procedure for verbal complaints.

Outcome 15

Each resident is provided with food and drink at times and in quantities adequate for his/her needs. Food is properly prepared, cooked and served, and is wholesome and nutritious. Assistance is offered to residents in a discreet and sensitive manner.

References:

Regulation 20: Food and Nutrition
Standard 19: Meals and Mealtimes

Action(s) required from previous inspection:

The action required from the previous inspection was satisfactorily implemented.

Inspection findings

Inspectors were satisfied that residents received a nutritious and varied diet that offered choice and mealtimes were unhurried social occasions that provided opportunities for residents to interact with each other and staff.

Residents' dietary requirements were met to a high standard. The chef discussed with inspectors the special dietary requirements of individual residents and a documented record of each residents' dietary needs and preferences was available in the kitchen. Inspectors noted that the nursing staff kept this information up to date.

The previous inspection found that the meal time was disorganised and some residents had to wait for assistance. Inspectors found that this matter had been addressed and the meal service was well managed and coordinated. Staff were seen to assist residents discreetly and respectfully with their meals if required. Residents confirmed that they enjoyed the food. Residents stated they could have anything they wanted at meal times and inspectors saw that residents' individual requests were provided for on the day of inspection.

Inspectors saw residents being offered a variety of snacks and staff regularly offered drinks to residents. Residents told inspectors that they could have tea or coffee and snacks any time. Relatives also confirmed that they were frequently offered refreshments.

Weight records were examined which showed that residents' weights were checked monthly or more regularly if required. Nutritional assessments were used to identify residents at risk and were also repeated on a monthly basis. Inspectors reviewed residents' records and saw where residents were reassessed if they had lost weight. A dietician had been contracted to work with the Cowper Care group and visited the centre regularly. The dietician had reviewed residents who had experienced weight loss and inspectors noted that instructions from the dietician were incorporated into the care plans and were being followed.

Inspectors visited the kitchen and noticed that it was well organised and had a plentiful supply of fresh and frozen food which was stored appropriately.

Theme: Workforce

The workforce providing a health and social care and support service consists of all the people who work in, for, or with the service provider and they are all integral to the delivery of a high quality, person-centred and safe service. Service providers must be able to assure the public, service users and their workforce that everyone working in the service is contributing to a high quality safe service.

Outcome 18

There are appropriate staff numbers and skill mix to meet the assessed needs of residents, and to the size and layout of the designated centre. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.

References:

Regulation 16: Staffing
Regulation 17: Training and Staff Development
Regulation 18: Recruitment
Regulation 34: Volunteers
Standard 22: Recruitment
Standard 23: Staffing Levels and Qualifications
Standard 24: Training and Supervision

Action(s) required from previous inspection:

The actions required from the previous inspection were satisfactorily implemented.

Inspection findings

The inspector found that practice in relation to the recruitment of staff and the level of staffing and skill mix was satisfactory.

Nursing cover was provided 24 hours each day. The person in charge stated that she assessed staffing levels having regard to the assessed dependency levels of the residents. Inspectors reviewed the rosters and found that there was adequate numbers and skill mix of staff to meet the needs of the residents. The staffing issue identified at the previous inspection, which related to the provision of on-call cover for the adjacent independent living accommodation had been addressed. Staff stated to inspectors that they no longer provided this cover as an arrangement was in place with staff external to the centre.

There was a comprehensive written operational staff recruitment policy in place. A sample of staff files was reviewed and the inspectors noted that the required documentation was in place in line with the requirements of Schedule 2 of the Regulations. Inspectors requested the an Bord Altranais agus Cnáimhseachais na hÉireann registration numbers for all nursing staff and found that all were in place.

Staff members were encouraged to maintain their continued professional development. A training schedule was in place and staff stated they were encouraged to attend courses. There was a system in place to carry out formal staff appraisals on an annual basis. The records showed that training had been provided for staff in relevant areas such as behaviours that challenged, palliative management, infection control and cardio pulmonary resuscitation (CPR) training.

A small number of volunteers visited the centre to provide valued services to the residents. Inspectors found that Garda Síochána vetting and appropriate documentation was in place for these individuals.

Closing the visit

At the close of the inspection visit a feedback meeting was held with the provider, the person in charge, and the service manager to report on the inspectors' findings, which highlighted both good practice and where improvements were needed.

Acknowledgements

The inspectors wish to acknowledge the cooperation and assistance of the residents, relatives, provider and staff during the inspection.

Report compiled by:

Gary Kiernan
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

16 August 2013

Provider's response to inspection report *

Centre Name:	Gascoigne House Nursing Home
Centre ID:	0038
Date of inspection:	14 August 2013
Date of response:	16 September 2013

Requirements

These requirements set out the actions that must be taken to meet the requirements of the Health Act 2007 as amended, the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the *National Quality Standards for Residential Care Settings for Older People in Ireland*.

Theme: Safe care and support

Outcome 9: Notification of incidents

The person in charge is failing to comply with a regulatory requirement in the following respect:

A wound, requiring notification, had not been notified to the Chief Inspector.

Action required:

Give notice to the Chief Inspector without delay of the occurrence in the designated centre of any serious injury to a resident.

Reference:

Health Act, 2007
Regulation 36: Notification of Incidents
Standard 29: Management Systems
Standard 30: Quality Assurance and Continuous Improvement

* The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.

Please state the actions you have taken or are planning to take with timescales:	Timescale:
<p>Provider's response:</p> <p>Our policy on risk management, which includes notification of any serious injury to residents, has been reviewed and re-circulated to the nursing staff and managers. Awareness in relation to reporting procedure and timeframe of any grade 2 wounds (or higher) has been increased through re-training . This was also communicated to staff in clinical meetings.</p> <p>Any wound sustained by resident is also to be discussed in the weekly clinical meeting between the person in charge and care manager to ensure that wounds classified as grade 2 (or higher) are notified to the chief inspector in timely manner.</p>	<p>Complete and ongoing</p>

Theme: Effective care and support

Outcome 11: Health and social care needs

<p>The person in charge is failing to comply with a regulatory requirement in the following respect:</p>	
<p>Residents were not consistently consulted regarding the development of their care plans.</p>	
<p>Action required:</p> <p>Revise each resident's care plan, after consultation with him/her.</p>	
<p>Action required:</p> <p>Notify each resident of any review of his/her care plan.</p>	
<p>Reference:</p> <p>Health Act, 2007 Regulation 8: Assessment and Care Plan Standard 10: Assessment Standard 11: The Resident's Care Plan</p>	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
<p>Provider's response:</p> <p>1. All residents' care plans were reviewed and where there is no written evidence of consultation with a resident and/or their family, the process of development of specific care plans was repeated to ensure that the care plan is discussed, agreed and</p>	<p>30 September 2013 and ongoing</p>

<p>developed with the resident and/or their family, including those with cognitive impairment. If the resident is not able to participate or is unwilling to take part in the process, this must also be documented.</p> <p>2. The care plan is currently updated by the nurse on duty based on the changing needs of the resident. Nursing staff and managers were instructed to ensure that changes in the care plan are communicated to the resident and/or their family. This will be documented in the care plan of the resident.</p> <p>3. The care manager and person in charge will include these reviews and updates as part of their weekly audits of the care plans with additional focus on written evidence of the consultation process.</p>	
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Outcome 12: Safe and suitable premises

<p>The provider is failing to comply with a regulatory requirement in the following respect:</p> <p>There were two three-bedded rooms which did not meet the requirements of the Authority's Standards. There was no costed plan in place to address these rooms.</p>	
<p>Action required:</p> <p>Ensure the physical design and layout of the premises meets the needs of each resident, having regard to the number and needs of the residents.</p>	
<p>Action required:</p> <p>Ensure the size and layout of rooms occupied or used by residents are suitable for their needs.</p>	
<p>Reference:</p> <p>Health Act, 2007 Regulation 19: Premises Standard 25: Physical Environment</p>	
<p>Please state the actions you have taken or are planning to take with timescales:</p>	<p>Timescale:</p>
<p>Provider's response:</p> <p>Up to the date of our last inspection it has been our understanding that our three-bedded rooms were acceptable as they are designated for occupancy by high dependent persons requiring a high level of monitoring. At our last inspection we were advised of the Inspectorates</p>	

<p>requirements and of their interpretation of regulations relating to high dependent care in multiple bedded rooms. It was explained that such multiple bedded spaces required 24/7 nursing presence within the designated space. As we are not in a position to provide this level of staff input, we will change these two rooms to the same lay-out as the adjacent rooms.</p> <p>This proposition was discussed with the inspectors on the day and found to be acceptable. An architectural drawing of the proposed re-configuration from a three bedded room to a combination of a two bedded plus a single room is attached. This proposed work will be completed in advance of the re-registration of Gascoigne House.</p>	31/03/2014
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