



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:	Announced
Date of inspection:	27 July 2018
Centre ID:	OSV-0000038
Fieldwork ID:	MON-0024565

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:	41

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
27 July 2018	10:00hrs to 12:30hrs	Gearoid Harrahill	Lead

Views of people who use the service

The purpose of this site visit inspection was to ensure that the newly configured and currently unoccupied section of the building was safe and suitable for accommodation of new residents, and that arrangements around increased staffing and frequency of new admissions were in place to ensure that the care provided to any future residents was consistent and person-centred. While residents and families were not spoken with on this visit, the inspector observed people having their breakfast and strolling around the centre alone or with assistance, and chatting to staff and other residents in a relaxed and comfortable atmosphere.

Capacity and capability

Due to the purpose of this inspection, only the staffing and governance arrangements related to increasing the maximum occupancy of the service were reviewed on this visit.

The provider held regular meetings to continuously review staffing levels and rosters in accordance with the number, needs and dependency levels of residents. Some extension of care assistant shifts had occurred since the last inspection, and recruitment was ongoing to add new staff and shifts to ensure the service was sufficient to meet the needs of additional residents, and to ensure that new staff had completed all induction, vetting and mandatory training before being included on the service roster. Daily routines had been reviewed and a plan was established around break time cover and the presence of management during the day to ensure consistency in care provision throughout the day in both units of the centre.

Management had conducted sessions of reviewing engagement and interaction between staff and residents to ensure that care was person-centred, making notes of where improvement could be made and summarising and communicating findings to staff. Similar sessions were also in progress with persons in charge of other designated centres under this provider reviewing each others' services to share learning and promote quality improvement. Audits were also in progress for resident care plans to ensure these were updated, person-centred and reflected the needs and care requirements of each resident.

Admission plans were in place for the times and frequency of new resident admissions to ensure that admissions and assessments were completed appropriately and in a personal fashion to each new resident admitted to the centre.

Registration Regulation 7: Applications by registered providers for the variation or removal of conditions of registration

All required documentation related to the application to vary conditions of registration has been submitted by the provider.

Judgment: Compliant

Regulation 15: Staffing

Staffing levels and rosters were under regular review to ensure that the number and skill-mix of staff was appropriate for the needs of residents in the centre.

Judgment: Compliant

Regulation 23: Governance and management

Reviews and audits were carried out to ensure the service had sufficient resources for effective delivery of care. Monitoring reviews were ongoing to ensure the care provided was appropriate, consistent and person-centric.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose contained all information required by Schedule 1 of the regulations.

Judgment: Compliant

Quality and safety

Due to the purpose of this inspection, only the new area of the service and the arrangements for it to be occupied were reviewed on this visit.

A new wing of resident bedrooms had been developed in the centre. This wing

consisted of six single-occupancy bedrooms with en-suite shower and toilet facilities, as well as a new communal sitting room. The wing overall was completed to a good standard and was designed to allow for safe navigation by residents. Handrails were available in all areas and the floors were free of steps or trip hazards. Bedrooms were of a size suitable to accommodate residents with mobility equipment such as wheelchairs or hoists. Bedrooms were home-like and comfortable in decoration, and had space to be personalised to the residents' preferences or to add residents' own furniture if desired. There was sufficient storage space for residents' clothing and personal belongings, including lockable storage for cash or valuables. Bathrooms were suitable for use by residents, including sensor lights and support features to allow people with reduced mobility use the facilities safely. Dementia-friendly design elements were in use to aid independent navigation on the unit. Bedroom doors were contrasted against the walls, were distinctively coloured and had the option of adding a picture aids to assure the resident they were at the correct bedroom. All areas of the new wing were equipped with call bells, and these were fully linked into the call bell system for the building as a whole. The new wing was equipped with sufficient fire safety equipment, and the alarm unit and emergency exits were fully connected to the fire safety system for the building.

The provider had drafted a revised schedule for recreational activities in the centre. This included exercises, regular bus outings, games and puzzles, sensory activities and gardening. Arrangements were in place for visiting musicians and pet therapists. Multiple options for recreation were on offer for each time slot to adapt each session based on the choices and interests of residents. A similar schedule was composed for the dementia focused unit which included more individual and sensory therapies for residents who would benefit more from these types of interactions. A dedicated activities coordinator had been recruited to oversee activities provision, and to record attendance and level of engagement with each session. This information would allow for review of the activities plan to ensure that recreation opportunities were suitable for residents based on changing capacities, interests and preferences.

Regulation 17: Premises

The new section of the building was safe and suitable for use by residents, and conformed to the requirements outlined in Schedule 6 of the regulations.

Judgment: Compliant

Regulation 28: Fire precautions

Systems for detecting, containing and extinguishing smoke and flame in the event of a fire in the new section of the building were in working order.

Judgment: Compliant

Regulation 9: Residents' rights

A dedicated activities coordinator had been recruited and the activities and outings plan enhanced to ensure that residents were provided with facilities for recreation in accordance with their personal interests and capacities.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 7: Applications by registered providers for the variation or removal of conditions of registration	Compliant
Regulation 15: Staffing	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 9: Residents' rights	Compliant