



Report of an inspection of a Designated Centre for Disabilities (Adults).

Issued by the Chief Inspector

Name of designated centre:	Candoris
Name of provider:	GALRO Unlimited Company
Address of centre:	Westmeath
Type of inspection:	Announced
Date of inspection:	13 June 2023
Centre ID:	OSV-0007923
Fieldwork ID:	MON-0031435

About the designated centre

The following information has been submitted by the registered provider and describes the service they provide.

Candoris is a full time residential service that can provide appropriate quality care and support to individuals with an intellectual disability and or Autism Spectrum Disorder, Acquired Brain Injury and who may display behaviours of concern or have medical needs. Candoris can accommodate five residents both male and female over the age of 18 years. The centre consists of a two storey house, situated outside a large town in County Westmeath. The ground floor of the centre is accessible throughout and is suitably decorated with adequate furnishings. There are two bedrooms on the ground floor, which one has a water closet and another has an en-suite. Also on the ground floor there are two sitting areas, kitchen-cum-dining room, and another water closet facility. On the first floor, there are three resident bedrooms, a staff office and a bathroom facility. Each resident has their own bedroom which has been decorated to their taste and choice. There is transport available to all residents in order to ensure that they have access to nearby towns and engage in preferred activities. There are garden areas to the front and rear of the centre. Residents are supported 24 hours a day, seven days a week by a person in charge, social care workers and support workers.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (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 13 June 2023	09:55hrs to 18:25hrs	Karena Butler	Lead

What residents told us and what inspectors observed

On the day of the inspection, the inspector found that the governance and management arrangements in the centre were found to facilitate good quality, person-centred care and support to residents. Residents were supported to contribute to the running of the centre and engage in meaningful activities that maximised their potential.

The inspector had the opportunity to meet all four residents that lived in the centre. Two residents chose to speak to the inspector together before they went out for lunch and to get a phone belonging to one of the residents fixed. The other two residents spoke individually to the inspector. Two residents had recently started work experience which they both said they enjoyed. One of them attended their work experience that day and another attended a class. All residents said they liked living in the centre and that the staff were lovely. One resident told the inspector "I said it before and I'll say it again, I don't want anything to change because I am very happy".

One resident spoke to the inspector about a recent course they had organised and delivered to other people in the organisation to support them to use technology. They called the course 'Tech Savvy' and said that it had 'gone very well'. They said they might consider doing it again in the future if they could think of more technology areas to cover as class topics.

In addition to the person in charge, there were three staff members on duty during the day of the inspection. The person in charge and a staff member spoken with demonstrated that they were familiar with the residents' support needs and preferences.

The inspector conducted a walk around of the centre, the house appeared tidy and for the most part very clean. There were suitable in-house recreational equipment available for use, for example televisions, jigsaws and games. The inspector observed that personal pictures were displayed in different areas of the house.

Each resident had their own bedroom and two residents had either a private water closet or an en-suite facility. There was sufficient storage facilities for their personal belongings in each room. Residents' rooms had personal pictures displayed and each room was personally decorated to suit the personal preferences of each resident. For example, some residents spoken with confirmed they chose their own room colours.

The centre had a reasonably sized back garden with a garden table and chairs. There were also soccer goals and a large swing for residents to use.

As part of this inspection process residents' views were sought through questionnaires provided by the Health Information and Quality Authority (HIQA).

Feedback from the questionnaires returned was provided by way of residents themselves or staff representatives. They communicated that they were very happy with all aspects the care and supports provided in the centre. One resident stated that the staff were very nice and another resident had written in several places that they were happy and did not want anything to change. All residents communicated that they knew how to make a complaint if required. Of those that had previously made a complaint, they stated that they had felt listened to and another commented that it was dealt with quickly.

The inspector also had the opportunity to speak to one family member. They communicated that they were very happy with the service provided. They said "I can't fault them in any way shape or form". They felt very reassured as a parent that their family member was well looked after.

The provider had also sought resident and family views on the service provided to them by way of an annual questionnaire. Feedback received indicated that residents and families communicated with were happy with the service provided.

The next two sections of this report present the findings of this inspection in relation to the governance and management in the centre, and how governance and management affects the quality and safety of the service being provided.

Capacity and capability

This inspection was undertaken following the provider's application to renew the registration of the centre. This centre was last inspected in September 2022 where an infection protection and control (IPC) only inspection was undertaken. At that inspection, the provider had for the most part governance and management arrangements that were effective in assessing, monitoring and responding to infection control risks. However, it was observed that some improvements were required to ensure the centre was operating in full compliance with Regulation 27: Protection against infection and associated standards. Actions from the previous inspection had been completed by the time of this inspection.

Overall, the provider and person in charge had ensured that there were effective systems in place to provide a good quality service to residents.

There was a defined management structure in place which included the person in charge. From evidence reviewed and observed, they provided good leadership to their team and knew the residents well. In addition, the provider had taken out a contract of insurance against injury to residents.

The provider had completed an annual review of the quality and safety of the service and had carried out unannounced visits twice per year. There were other local audits and reviews conducted in areas, such as documentation audits,

medication management, and health and safety.

There was a planned and actual roster in place. A review of the rosters demonstrated that there was sufficient staffing in place to meet the assessed needs of the residents.

There were established supervision arrangements in place for staff. The person in charge monitored staff training and development needs. They ensured that staff had the required training to carry out their roles. For example, staff had training in fire safety and epilepsy.

Regulation 14: Persons in charge

There was a suitably qualified and experienced person in charge in place managing the centre. The person in charge worked in a full-time role and was supported in their role by a data administrator.

The person in charge demonstrated a good understanding of residents and their needs. In addition, they had appropriate systems in place to ensure the service provided was monitored on an ongoing basis.

Judgment: Compliant

Regulation 15: Staffing

Staff had the necessary skills to meet residents' assessed needs. There was a planned and actual roster maintained that reflected the staffing arrangements in the centre. The centre had a high staffing ratio to residents in order to promote choices and ensure safeguarding arrangements.

Staff personnel files were not reviewed on this inspection.

Judgment: Compliant

Regulation 16: Training and staff development

The person in charge ensured that staff had access to a suite of training and development opportunities. For example, staff had mandatory training as well as other training deemed necessary by the provider in order to support the residents, such as epilepsy training.

In addition, there were established supervision arrangements in place for staff that included formal supervision and what the provider called operational supervision. The operational supervision was a means by which the provider was assuring themselves that staff were aware of the policies and procedures within the organisation.

Judgment: Compliant

Regulation 22: Insurance

The provider had taken out a contract of insurance against injury to residents.

Judgment: Compliant

Regulation 23: Governance and management

There was a defined management structure in place which included the person in charge and the head of care for the organisation.

The provider had completed an annual review of the quality and safety of the service and had carried out unannounced visits twice per year. The annual review provided for consultation with residents and their family representatives. The person in charge arranged for monthly team meetings to occur to ensure there was shared learning and consistency among the team.

There were other local audits and reviews conducted in areas, such as IPC, medication management, and health and safety. In addition, the provider had also arranged for a local pharmacist to complete an annual medication audit.

Judgment: Compliant

Quality and safety

Overall, the inspector found that the residents in this centre were supported to enjoy a good quality life which was respectful of their choices and wishes. The person in charge and staff were striving to ensure that residents lived in a supportive environment where they were empowered to live as independently as possible. There were a variety of systems in place to ensure that residents were consulted in the running of the centre.

The provider had ensured that assessments of residents' health and social care needs had been completed. These assessments, along with residents' support plans, were under regular review and demonstrated that multidisciplinary professionals were involved in the development of care being provided. Care and support was provided in line with their care needs and any emerging needs.

The inspector found that restrictive practices were logged and regularly reviewed. It was evident that efforts were being made to reduce some restrictions to ensure the least restrictive were used for the shortest duration. Where residents presented with behaviour of concern, the provider had arrangements in place to ensure these residents were supported and received regular review.

There were arrangements in place to protect residents from the risk of abuse, including an organisational policy. There was an identified designated officer, and it was found that any concerns in the past of potential safeguarding risks were investigated and reported to relevant agencies.

The centre was being operated in a manner that promoted and respected the rights of residents. Residents were being offered the opportunity to engage in activities of their choice and how they spent their day.

The premises was homely and for the most part found to be very clean. Some areas in the bathroom required a more thorough clean and a gutter required repair. Any identified areas were dealt with on the day by the provider with evidence shown to the inspector.

There were systems in place to manage and mitigate risk and keep residents safe in the centre. There was a policy on risk management available and each resident had a number of individual risk assessments on file so as to support their overall safety and wellbeing.

The inspector reviewed matters in relation to IPC management in the centre. The provider had systems in place to control the risk of infection both on an ongoing basis and in relation to COVID-19. For example, staff had received a suite of training related to IPC.

There were systems in place for fire safety management and the centre had suitable fire safety equipment in place which was serviced as required. There was evidence of regular fire evacuation drills taking place and up-to-date personal emergency evacuation plans (PEEPS) in place which outlined how to support residents to safely evacuate in the event of a fire.

Regulation 17: Premises

The premises was homely and was appropriate in meeting the assessed needs of the residents. For the most part it was found to be very clean and in a good state of repair. However, some areas required a more thorough clean. For example, some

residue and or limescale was observed around some areas of the bath panel and taps. The provider arranged for it to be cleaned prior to the end of the inspection with evidence shown to the inspector.

Additionally, one area of an outside gutter had been broken due to the recent heavy rain in the area which was not observed by the provider. However, they arranged for it to be fixed on the day of the inspection.

Judgment: Compliant

Regulation 26: Risk management procedures

There were appropriate systems in place to manage and mitigate risks and keep residents and staff members safe. For example, there was a risk management policy. In addition, centre specific and individual risk assessments had been developed and control measures in place as required. In addition, all incidents were signed off by the person in charge and they completed a monthly review of all incidents with learning discussed at team meetings. Additionally, the centre's boiler had recently been serviced.

Judgment: Compliant

Regulation 27: Protection against infection

There were measures in place to control the risk of infection in the centre, both on an ongoing basis and in relation to COVID-19. The centre for the most part was maintained in a clean and hygienic condition throughout. There were hand washing and sanitising facilities available for use and infection control information and protocols were available to guide staff. There was a clear colour coded system in place to help minimise cross contamination in order to help prevention a healthcare related infectious illness. Actions from the last IPC inspection were completed by the time of this inspection. In addition, the provider had arranged for their IPC link practitioner to complete an audit of the centre in April 2023.

Judgment: Compliant

Regulation 28: Fire precautions

There were suitable systems in place for fire safety management, for example the centre had fire safety equipment in place which was regularly serviced. There was

evidence of regular fire evacuation drills taking place which included drills that took place during the hours of darkness. In addition, drills had taken place with maximum numbers of residents participating and minimum staffing levels. Furthermore, each resident had an up-to-date PEEPS in place which outlined how to support them to safely evacuate in the event of a fire.

The inspector had a query with regard to emergency lighting for one exit. The provider was quick to have their competent fire person review the property and adequate assurances were provided to the inspector after the inspection.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Each resident had an assessment of need completed and there were personal plans in place for any identified needs. Personal plans were reviewed at planned intervals for effectiveness. For example, there were plans in place for specific healthcare needs. In addition, residents were supported to develop life goals for themselves to work on for the coming year. For example, two residents wanted to undertake a course.

Judgment: Compliant

Regulation 6: Health care

Residents' healthcare needs were well assessed, and appropriate healthcare was made available to each resident. For example, each resident had attended an annual medical review in the last 12 months. They had access to a general practitioner (G.P) and a wide range of allied health care services, such as neurology and orthopedics if required.

Judgment: Compliant

Regulation 7: Positive behavioural support

The inspector reviewed the arrangement in place to support residents' positive behaviour support needs. While there were some restrictive practices in place, such as cleaning products locked away daily and sharps locked away only when required, they were to help mitigate safety risks. Restrictive practices were subject to regular review and oversight.

Where necessary, residents received specialist support to understand and alleviate the cause of any behaviours that may put them or others at risk.

Judgment: Compliant

Regulation 8: Protection

There were arrangements in place to protect residents from the risk of abuse. For example, staff were appropriately trained in adult safeguarding. Where potential safeguarding risks were identified, these were investigated, relevant parties were informed and there were safeguarding plans put in place. While there were some open safeguarding concerns at the time of the inspection the provider had appropriate interim safeguarding measures in place to protect residents. For example, the provider had increased staffing levels at night time.

In addition, other methods were in place that promoted safeguarding within the centre, for example intimate care plans were in place as required. There were systems in place to safeguard residents' finances in the centre. For example, staff completed daily checks of each resident's money, a finance officer completed weekly checks and the person in charge completed monthly checks in order to provide appropriate oversight.

Judgment: Compliant

Regulation 9: Residents' rights

Residents were assisted and empowered to exercise choice and control across a range of daily activities and had their choices and decisions respected. Some methods by which the centre was demonstrating this was by conducting weekly residents' meeting to ascertain their feedback on the service, choose meals, activities, and house chores for the week ahead. In addition, there were monthly advocacy meetings held and each resident received individual key-working sessions with a staff member. Residents communicated to the inspector that they felt listened to.

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 Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant