



# 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:	Unannounced
Date of inspection:	20 July 2021
Centre ID:	OSV-0007923
Fieldwork ID:	MON-0031449

## 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 was accessible throughout and observed to be suitably decorated with adequate furnishings. There were two bedrooms on the ground floor, which were both en suite, and two sitting areas, large kitchen come dining area, and three bathroom facilities. On the second floor, there were four bedrooms which included three residents bedrooms and a staff office come sleepover room and a large bathroom facility. Each resident has their own bedroom which has been decorated to the residents taste and choice. There was transport available to all residents in order to ensure that they could access nearby towns and engaged in preferred activities. There were large 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 - 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 20 July 2021	10:00hrs to 15:15hrs	Catherine Glynn	Lead

## What residents told us and what inspectors observed

The inspection was unannounced and was undertaken in a manner so as to comply with public health guidelines and reduce the risk of infection to the residents and staff in the centre.

Through observations and review of residents' information, the inspector found residents received appropriate care and support. Where possible, residents were supported to engage in activities of their choosing, and the centre's staff team supported residents in a way that promoted their views and rights. The inspector observed warm and friendly interactions between residents and the staff team supporting them throughout the inspection.

On arrival to the centre, the inspector observed one resident engaging with a staff member in the kitchen come dining area. Another resident was utilising a gaming device in the sitting room. The inspector was supported to engage with each resident at different time periods during the day. All residents appeared happy in their environment and the staff members supporting them were aware of the residents' communication needs and preferences. The inspector enjoyed engaging with three residents in a conversation in a communal area and discussing recent sporting events such as the European championship final.

The inspector met a fourth resident who was enjoying a quiet day as their day programme was on a reduced hours approach due to public health guidelines. The person in charge supported a conversation between the resident and the inspector. The resident was relaxing in their environment and informed the inspector they were very happy with their service, and felt safe.

A review of residents' information demonstrated that they were receiving person centered care that was developed in line with their needs. Weekly residents meetings were held that gave residents the opportunity to choose meals and activities they wished to engage in. There were also regular individual work sessions being carried out between residents and staff members. These sessions were linked to goals that had been identified between residents and staff members during the development of their personal social activities plans. Residents were supported to attend a three day social activities programme locally. This involved skill building; including horticulture, cooking and animal welfare and educational activities. The person in charge spoke about planned opportunities for residents once public health guidelines returned to normal to enable such activities.

There was evidence that residents were beginning to re-engage in community activities following the lifting of restrictions. One of the residents had returned from a planned visit with family. Overall there were strong auditing practices regarding residents' information that ensured that the changing needs of residents were being monitored and responded to.

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 impacted the quality and safety of the service being delivered.

## Capacity and capability

The provider's management arrangements ensured that a good quality and safe service was provided for people who lived in this centre. There were strong structures in place to ensure that care was delivered to a high standard and that staff were suitably supported to achieve this.

There was a strong management presence in the centre at all times. There was a suitably qualified and experienced person in charge who was based in the centre and who knew the residents and their support needs. The person in charge worked closely with staff and the wider management team. Arrangements were also in place to ensure that staff could contact a senior manager if required.

The person in charge held team meetings with the staff in the centre every month at which relevant information was discussed and shared. These included the ongoing care, support and progress of each resident, and the quality improvement plan and how it was progressing. Actions from previous staff and COVID-19 were included at every staff meeting.

Audits were being carried out by the person in charge and the staff team carried out audits in the centre such as medication management, finances and cleaning checks. Staff also carried out a range of safety checks in the centre including reviews of fire safety, vehicles, first aid supplies and food safety. Unannounced audits were being carried out, and had commenced from the opening of the centre in 2020 on behalf of the provider. The provider was aware of their responsibility to complete an annual review of the quality and safety of care provided in the centre each year. The provider was aware of the need to gather relevant information such as, residents and representatives views.

The provider had developed a comprehensive contingency plan to reduce the risk of COVID-19 entering the centre, and for the management of the infection should it occur. Furthermore, the centre was suitably resourced to ensure the effective delivery of care and support to residents.

The provider had ensured that there was sufficient staff available to support residents, and that staff were competent to carry out their roles. A staffing roster had been developed and accurately reflected the staff on duty at the time of this inspection. The centre currently had its quota of wholetime equivalent staff. On review of four staffing files, the inspector found that they contained the information as required by schedule 2 of the regulations.

Staff had received extensive training relevant to their roles, such as training in

medication management, first aid, autism care and communication, in addition to up-to-date training in fire safety, behaviour management and safeguarding. The inspector noted that schedules were in place to ensure completion of refresher training required, and plans were in place for new staff to complete mandatory training the week after the inspection. Additional training in various aspects of infection control had also been provided to staff in response to the COVID-19 pandemic. There was also a range of policies to guide staff in the delivery of a safe and appropriate service to residents.

Records reviewed during the inspection, such as staff training records, personal plans, COVID-19 and infection control, were comprehensive, informative and up-to-date. There was an informative statement of purpose which gave a clear description of the service and met the requirements of the regulations.

Overall, there was a good level of compliance with regulations relating to the governance and management of the centre.

### Regulation 14: Persons in charge

The person in charge held the overall responsibility for this centre and she was regularly present to meet with staff and residents. She had strong knowledge of residents' needs and of the operational needs of the service delivered to them. She was also appointed as supernumerary in her role as person in charge which allowed her appropriate time to manage and supervise the service effectively.

Judgment: Compliant

### Regulation 15: Staffing

The centre's staffing arrangement was subject to regular review, ensuring a suitable skill-mix and number of staff were at all times on duty to support residents. Arrangements were also in place, should additional staffing be required.

Judgment: Compliant

### Regulation 16: Training and staff development

Staff were suitably trained and there were arrangements in place to ensure all staff had access to the training required suitable to their role. In addition, all staff were subject to regular supervision to ensure they could carry out their role effectively.

Judgment: Compliant

### Regulation 19: Directory of residents

The person in charge had ensured the directory of residents contained all the prescribed information as specified by the regulations.

Judgment: Compliant

### Regulation 23: Governance and management

The provider ensured this centre was adequately resourced in terms of equipment, staffing and transport. The person in charge regularly met with her staff team to discuss resident care related issues. She also held regular contact with her line manager to review all operational matters. Audits were occurring in-line with requirements of the regulations and where improvements were identified, time bound action plans were in place.

Judgment: Compliant

### Regulation 3: Statement of purpose

On review of the statement of purpose, the inspector found that this contained all information as specified by the regulations. This document amongst others was available in the centre.

Judgment: Compliant

### Regulation 31: Notification of incidents

The person in charge has ensured that all adverse events as listed in the regulations that occurred in the centre were reported within prescribed period.

Judgment: Compliant



## Quality and safety

There was a good level of compliance with regulations relating to the quality and safety of the service. Residents received person-centred care that ensured that each resident's wellbeing was promoted at all times, that personal development and community involvement was encouraged, and that residents were kept safe.

Review meetings were planned annually, at which residents' support needs for the coming year were planned. This ensured that residents' social, health and developmental needs were identified and that supports were put in place to ensure that these were met. The plans viewed during inspection were clearly recorded and up-to-date.

The centre was located on the outskirts of a large town, it was spacious, clean, comfortably furnished and decorated, suitably equipped and well maintained. The centre comprised a large house which included a well equipped kitchen, adequate communal and private space and gardens at the front and rear of the house.

Residents had access to the local community and were involved in activities that they enjoyed in the centre. There were a variety of amenities and facilities in the surrounding areas and transport and staff support was available to ensure that these could be accessed by residents. The provider particularly ensured that there was sufficient staff available to support each resident in the community if required. There were adequate staff through out the day and evening to support all residents in the centre, as they wished. During the inspection, the inspector saw that residents were spending most of their time out and about doing things that they enjoyed in the local area.

The provider also ensured that information of importance was made available to residents in a format that was easy for them to understand. Some of the techniques used included clear, pictorial activity plans, and computerised devices. Staff also spoke clearly to residents in line with their communication plans.

There were suitable systems to control the spread of infection in the centre. There was extensive guidance and practice in place to reduce the risk of infection, including robust measures for the management of COVID-19. These included adherence to public health guidance, availability of personal protective equipment (PPE), staff training and daily monitoring of staff and residents' temperatures. A detailed cleaning plan had also been developed and was being implemented in the centre.

The provider had systems in place to ensure that residents were safe. Arrangements were in place to safeguard residents from harm. These include safeguarding training for all staff, development of personal and intimate care plans to guide staff, the development of safeguarding plans and the support of a designated safeguarding officer as required.

The provider also had systems in place to support residents with behaviours of concern. These included the involvement of behaviour support specialists and healthcare professionals, and the development, implementation and frequent review of behaviour support plans.

### Regulation 10: Communication

The residents were supported to communicate and had comprehensive assessments completed and in place in the centre. These assessments were under regular review by the person in charge and the staff supporting the residents.

Judgment: Compliant

### Regulation 17: Premises

The design and layout of the centre met the aims of the service, and the needs of the resident, in a person centred way.

Judgment: Compliant

### Regulation 20: Information for residents

On review of the residents guide, the inspector noted that the person in charge had ensured it contained all relevant information as specified by the regulations. In addition, it was provided in an accessible format for residents in the centre.

Judgment: Compliant

### Regulation 26: Risk management procedures

The centre had appropriate risk management procedures in place. There was also policies and procedures for the management, review and evaluation of adverse events and incidents.

Judgment: Compliant

## Regulation 27: Protection against infection

The provider and person in charge had adopted procedures consistent with the standards for the prevention and control of healthcare-associated infections published by the authority and public health guidelines.

Judgment: Compliant

## Regulation 28: Fire precautions

The provider had ensured that effective measures were in place to protect the residents and staff from the risk of fire.

Judgment: Compliant

## Regulation 5: Individual assessment and personal plan

The provider's multidisciplinary team and person in charge had developed individualised supports for residents and these were promoting positive outcomes for residents.

Judgment: Compliant

## Regulation 6: Health care

The health needs of residents were under review. They had access to appropriate healthcare services on the same basis as others in order to maintain and improve their health status.

Judgment: Compliant

## Regulation 7: Positive behavioural support

There were arrangements in place that ensured residents had access to positive behavioural support if required.

Judgment: Compliant

### Regulation 8: Protection

The provider had ensured that there were suitable systems in place to respond to safeguarding concerns. There were policies and supporting procedures to ensure that each resident was protected from all forms of abuse.

Judgment: Compliant

### Regulation 9: Residents' rights

Residents were facilitated and empowered to exercise choice and control across a range of daily activities and had choices and decisions respected.

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 - 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 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
<b>Quality and safety</b>	
Regulation 10: Communication	Compliant
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	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