



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:	13 September 2022
Centre ID:	OSV-0007923
Fieldwork ID:	MON-0035225

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 are both ensuite. Also on the ground floor there are two sitting areas, large kitchen come dining area, and three bathroom facilities. On the first floor, there are three resident bedrooms, a staff office and a large 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 is 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:	5
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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 September 2022	09:46hrs to 17:40hrs	Karena Butler	Lead

What residents told us and what inspectors observed

This inspection was carried out to assess the arrangements in place in relation to infection prevention and control (IPC) and to monitor compliance with the National Standards for Infection Prevention and Control in Community Services (2018) and the associated regulation (Regulation 27: Protection against infection). This inspection was unannounced.

Overall, there were some good IPC practices and arrangements in place. However, some improvements were required in relation to the organisation's policy, IPC oversight arrangements, personal protective equipment (PPE) usage, residents equipment, premises, and the centre's cleaning. These identified issues will be discussed further in the report.

The inspector met and spoke with the person in charge, the staff members who were on duty, and met with all five of the residents who lived in the centre, throughout the course of the inspection. The inspector also observed residents in their home at different times, as they went about their day.

On arrival to the house, the inspector observed the infection prevention and control measures necessary on entering the designated centre. There was a dedicated IPC station in the hallway. The process included temperature checks, completing a visitor sign in book and symptom check form, hand hygiene in the form of hand sanitiser, and clean face masks available for use.

The inspector observed the person in charge and for the most part the staff members on duty appropriately use PPE, in line with best practice and national guidance throughout the course of the inspection. This will be discussed further in the report.

The inspector completed a walk-around of the premises. Each resident had their own bedroom with adequate storage facilities. Two resident bedrooms had en-suite bathroom facilities and the other three residents shared one bathroom. There was an additional water closet facility on the ground floor to cater for staff and visitors. While the house appeared to be visibly clean and well-maintained in most areas, some premises risks were identified during the walk-around and some areas required a more thorough clean. These areas will be discussed further in the course of this report.

Staff members employed in the centre were responsible for the cleaning and upkeep of the premises. This included, cleaning on a day-to-day basis and with regard to the enhanced cleaning tasks that were implemented at the start of the COVID-19 pandemic. Residents also participated in some of the routine cleaning of their home. In addition, the organisation employed a full-time cleaner to complete a weekly deeper clean of this centre and they rotated their time between different designated centres. The cleaner worked in the centre for three hours per week and there was a

separate cleaning rota in place for them to complete.

The centre had its own vehicle which was used by residents as required and there was a vehicle cleaning protocol in place for staff to complete after each journey.

The inspector found that there were arrangements in place for hand hygiene to be carried out effectively, such as warm water, soap and disposable hand towels. There were a number of hand-sanitising points located throughout the centre and all were in good working order.

At the time of this inspection, there had been no recent admissions or discharges to the centre. The last admission to the centre was October 2021 and they had received a COVID-19 test prior to moving into the centre. The person in charge confirmed that there were no restrictions in place with regard to visiting the centre.

Residents were supported during the COVID-19 pandemic to undertake safe leisure and recreational activities of interest to them, such as football, cycling and outdoor dining. Since government restrictions were lifted residents had re-engaged in other activities of interest to them. For example, some residents had attended matches and some had attended two concerts in recent months.

Residents' rights were seen to be promoted with a range of easy-to-read documents, pictures, posters and information supplied to them in a suitable format regarding COVID-19 and IPC information. For example, with regard to hand washing techniques and the colour coded cleaning system used in the house to prevent cross contamination. There were weekly resident meetings and IPC was a standing agenda item. In addition, regular key-working sessions were held with discussions and social skills lessons around different topics, for example, hand sanitising and cough etiquette.

Three residents spoken with, were able to explain how to keep themselves safe from the spread of infectious illnesses. For example, they explained to the inspector how to wash their hands and when to use hand sanitiser. They explained that staff members kept them informed and up-to-date on important information. They were able to talk the inspector through, what it was like in centre when there was an outbreak of COVID-19. They said they felt supported and had access to outdoor space. Additionally, residents were supported to receive COVID-19 vaccines.

The following sections of the report will present the findings of the inspection with regard to the capacity and capability of the provider and the quality and safety of the service.

Capacity and capability

In general, the inspector found that the provider was demonstrating capacity and capability to provide care and support in a manner that reduced the risk of

healthcare associated infections. Some improvements were required, in relation to the organisational IPC policy and the oversight tool used by the person in charge.

Staff members had access to the latest public health guidance within the centre and the provider had a recently reviewed policy from July 2022 which clearly guided staff in many areas of IPC. However, it required further review to ensure standard and transmission based precautions were adequately explained in order to guide staff appropriately. For example, the subsection headings of transmission based precautions were mentioned in the policy, however, they were not explained and therefore did not guide staff appropriately on precautions to take, if required.

The provider had arrangements for an annual review and six-monthly provider-led visits. The findings of the annual review and two recent provider-led visit reports were reviewed by the inspector, the most recent had occurred in Aug 2022, however, this report was yet to be compiled by the auditor and therefore was not accessible to the inspector. The six-monthly visits reports were viewed and were found to include a review of the infection prevention and control risks within the centre.

The person in charge was the IPC lead for the centre and they had completed a self-assessment tool against the centre's current infection prevention and control practices. This was to ensure the centre was implementing appropriate measures to protect the safety and welfare of the residents and the centre staff. The tick-box sections of the assessment were completed in full and on occasion there was some minor elaboration on sections. However, it would benefit from additional review to provide more information and accuracy around monitoring, and specific governance and management arrangements in place.

The inspector found that there was a reporting structures in place regarding the management for escalation of IPC risks for the centre. The person in charge explained, that risks would be reported to the head of care, who was the person participating in management for the centre. In addition, they held the overall role of IPC lead for the organisation. There was a clear organisational chart on display to demonstrate the reporting structure and accountability in relation to IPC and how to escalate risks, if required. There was an additional resource for the organisation to seek advice from, in the form of a dedicated trained IPC link practitioner and they completed monthly audits in the centre. The provider had also arranged for an external clinical nurse to undertake an audit within the centre in June 2022 and actions from this audit were found to be completed. In addition, the person in charge had completed IPC competency assessments with all centre staff and those assessments were due to be completed every six months.

The provider had ensured that there were adequate consistent staffing in place at all times in the centre to meet the assessed needs of the residents. Additionally, there was a staffing contingency plan available if required. There were sufficient staff employed in the centre to ensure the centre could be cleaned and maintained on a daily basis.

The centre had an outbreak contingency plan in the event of a suspected or

confirmed outbreak of a notifiable disease and it clearly guided staff on steps to take. For example, it guided staff to entry and exit points, and what rooms were considered clean and dirty rooms for the purpose of PPE donning and doffing. There were centre specific and individual IPC risk assessments in place. For example, there were risk assessments in place with regard to the impact on reduced staffing in the event of an outbreak and also regarding visiting.

There were monthly staff team meetings occurring and the majority of meetings had included discussion regarding COVID-19 and IPC. IPC was recently added as a permanent agenda item on team meetings. One staff member on duty communicated to the inspector, the procedures to follow in the event of an outbreak of COVID-19, such as where to safely doff PPE after leaving a resident's bedroom and entry and exit points in the centre. They also communicated how to clean a bodily fluid spillage.

Staff had received a suite of training opportunities to support them in their role, such as donning and doffing PPE, bodily fluid spills, and hand hygiene. The person in charge was recently trained to complete hand hygiene visual competencies with the centre staff. At the time of this inspection, the majority of staff had completed their visual competency and there was a set date to complete the training with any outstanding staff members. The organisational policy was clear as to mandatory training for staff and all staff had completed the mandatory training as per the schedule.

Quality and safety

It was evident that the provider was endeavouring to provide a safe, high quality service to residents. The inspector found that residents were being kept up-to-date and well informed in relation to infection prevention and control measures that were required in the centre and the community. However, improvement was required to the premises, cleaning, resident equipment, and PPE usage.

As stated previously residents were supported to understand and were kept informed of IPC practices, and updates that may impact them both in the community and in their home. This was through easy-to-read information, key-working sessions and resident meetings.

The communication needs and preferences of the residents were detailed in their personal plans. The person in charge had completed a health-related hospital passport which contained information about residents' assessed needs and how best to communicate with them. This hospital passport could be shared with other healthcare professionals and it had been updated to include some information regarding IPC.

The inspector found evidence that staff members were routinely self-monitoring and recording for symptoms and temperatures, which may help to identify early

symptoms of infectious illnesses. For example, there were procedures in place for staff to record their own and residents' temperatures and symptom observations twice per day.

There was a personal plan and risk assessment in place for a resident with a history of a specific colonisation, which adequately guided staff. However, a staff member spoken with was not aware of the resident's history with regards to that colonisation. This limited the capacity of the provider to ensure that appropriate transmission based precautions would be implemented in the event that the resident became symptomatic and in turn couldn't ensure that other residents would be protected from acquiring a healthcare associated infection.

There were systems in place to promote and facilitate hand hygiene, such as there was warm water for hand washing, disposable towels available for use, hand washing signage displayed, and sanitising gel was available in several convenient locations throughout the centre.

The provider had sufficient stock of PPE and there were weekly stock count checks being conducted by staff members. The majority of staff were observed to wear PPE in line with current public health guidance. One staff member was observed, to wear their mask under their nose instead of covering it, as per best practice and public health guidance.

Laundry was completed on site using a domestic washing machine and the centre had water-soluble laundry bags for the laundering of contaminated garments on site, if required. There was guidance in place for each resident, with regard to supports they required with their laundry and how to minimise cross contamination with other residents' laundry.

The inspector completed a walk-through of the centre. It was found to be generally clean and tidy with clear recording of cleaning conducted. Some areas required a more thorough cleaning, such as the oven, microwave and the air-fryer were found to have food residue on them. In addition, some residue or debris was observed around some taps and in some presses. For example, some debris was found in the press where the clean mop heads were being stored. Furthermore, a resident's shower chair required addition to the centre's cleaning checklist to ensure regular cleaning.

Some areas required to be repainted in order to ensure effective cleaning of the surfaces. For example, some paint was peeling on a resident's wall under their windowsill and on part of the banister of the stairs.

There were arrangements in place to manage general waste. For example, there were foot-pedal-operated bins in each room, as required. The person in charge and a staff member spoke of the arrangements in place with regard to waste management and removal of clinical waste, if required.

There was a colour-coded system in place for cleaning the centre, such as cloths, buckets, and mops. This was to minimise the risk of cross contamination and guidance regarding this colour-coded system was prominently displayed for staff

members and residents.

Shared learning from outbreaks that occurred in other centres in the organisation along with general learning and information on IPC, was shared at the person in charge monthly management meetings. The person in charge had completed a post outbreak analysis and learning after a COVID-19 outbreak, that had occurred in the centre a few months prior to the inspection. In addition, the provider had conducted an outbreak review meeting post outbreak with the person in charge, head of care and the COVID-19 committee.

Regulation 27: Protection against infection

The provider had generally met the requirements of Regulation 27 and the National Standards for Infection Prevention and Control in Community Services (2018), however, some improvements were required in order to be fully compliant with those standards.

Areas requiring improvement in order to comply with the standards included:

- the provider's policy required review to ensure standard and transmission based precautions were adequately explained in order to appropriately guide staff
- review of the oversight tools was required in relation to the IPC self-assessment tool to ensure any identified issues were actioned
- review was required in the provider's assurance of staff's adherence of PPE usage, to ensure PPE was worn in accordance with best practice
- improvements were required to ensure all surfaces were clean and conducive to cleaning
- any equipment used to support residents, required to be included on the centre's cleaning checklist to ensure regular cleaning, such as a resident's shower chair
- review was required in the provider's assurance of staff's knowledge, with regard to a resident's history of a specific colonisation.

Judgment: Substantially 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	
Quality and safety	
Regulation 27: Protection against infection	Substantially compliant

Compliance Plan for Candoris OSV-0007923

Inspection ID: MON-0035225

Date of inspection: 13/09/2022

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 27: Protection against infection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection:</p> <p>We have reviewed our Infection Prevention and Control Policy to ensure the provider's standard and transmission based precautions are further explained with examples of each given in order to appropriately support staff in IPC practices.</p> <p>We have reviewed all IPC audit documents to ensure any areas which allow for actions to be identified are actioned and closed following completion.</p> <p>We will ensure further training will be given to all staff around the usage of PPE for IPC measures and the important of wearing masks correctly at all times whilst on duty.</p> <p>We will ensure a deep clean is complete in the centre and maintenance will address any areas in the centre which were identified as not conducive to cleaning.</p> <p>We will ensure that all equipment which is used to support residents has been included on the centres cleaning checklist.</p> <p>We will ensure that all staff working in the centre will receive further training with regards to the IPC impact given a resident's history of a specific colonisation.</p>	

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 27	The registered provider shall ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.	Substantially Compliant	Yellow	01/10/2022