



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

Issued by the Chief Inspector

Name of designated centre:	Carlinn Heath
Name of provider:	Dundas Unlimited Company
Address of centre:	Louth
Type of inspection:	Unannounced
Date of inspection:	03 November 2021
Centre ID:	OSV-0005632
Fieldwork ID:	MON-0034543

About the designated centre

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

Carlinn Heath is a full-time residential service, operated by Dundas Ltd. The centre provides a service for adults both male and female over the age of 18 years with intellectual disabilities, acquired brain injuries or on the autistic spectrum and who may also have mental health difficulties and behaviours which challenge. Carlinn Heath is situated close to a large town in Co. Louth where residents have access to amenities such as cafes, shopping centres and restaurants. Facilities offered within Carlinn Heath support residents to experience life in a home like environment and to engage in activities of daily living typical of those which take place in many homes, with additional supports in place in line with residents' assessed needs. Carlinn Heath provides high quality living accommodation for up to twelve (12) residents. It consists of two adjacent community houses, each house has five individualised bedrooms, and one self-contained living unit (bedroom with en-suite, with adjacent living room and kitchen area). The houses are also equipped with a domestic kitchen and dining room. Each house has a private garden to the rear, which is linked to the house with a paved patio area. Residents receive supports on a 24-hour basis from a team of staff nurses and direct support workers.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	12
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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
Wednesday 3 November 2021	11:00hrs to 16:40hrs	Christopher Regan- Rushe	Lead

What residents told us and what inspectors observed

This inspection was an unannounced inspection to monitor and inspect the arrangements the provider had put in place in relation to infection prevention and control. The inspection was completed over one day. The inspector met with the residents and spoke with staff throughout the course of the inspection. Residents living in this centre required support to communicate their views and choices. While residents were unable to tell the inspector about their own experiences directly, the inspector observed the daily interactions and lived experience of residents in the centre.

Residents were receiving a good quality service, in modern buildings, and were supported by a caring and skilled group of staff. Upon arrival at the centre, the inspector was shown around the facility by the person in charge and introduced to the residents living in the centre and the staff working there. The inspector noted that the centre was very clean, free from clutter and the overall impression was that this was a warm, light and comfortable home for the residents to enjoy.

During this walk around the inspector noted staff were engaging residents in different activities. It was evident that staff in the centre knew the residents very well and the inspector could see from the residents communication passports and other care and support documentation that staff had developed a good understanding of the activities that residents found most rewarding during the day. For example, in one room a resident was throwing and catching a ball with a member of staff. The inspector could see from this interaction, that this was an activity that the resident enjoyed. The inspector noted that upon completion of the activity the staff member sanitised their hands and the ball before moving on to another task within the centre. In another part of centre, residents were enjoying the sensory rooms. One resident was observed to be comfortably lying on a couch in one of these rooms listening to soft music, while another was enjoying the lights being displayed in a soothing sequence across the ceiling. The person in charge told the inspector that these lights were a relatively new addition to the sensory room and the residents really enjoyed using them.

During the walk around, staff were seen to be engaged in a variety of activities, both in terms of directly supporting the residents and in also completing tasks such as cleaning, laundry, preparing the lunchtime menu and preparing medication for the residents. In one of the kitchens, a member of staff was preparing the lunch time meal. One of the residents was in the kitchen with the member of staff and mentioned the name of a favorite singer. The staff member responded to this verbal cue and supported the resident to go to their room to listen to some music.

Staff were observed to be following all of the current public health measures in relation to long-term residential care facilities. This included regular and frequent hand hygiene and touch point cleaning and the wearing of masks, where staff were involved in direct activities with residents; or where social distancing could not be

maintained. The inspector noted throughout the inspection that the centre was being maintained to a very high standard and was very clean. The inspector was shown a plaque that had been given to the staff team by a resident's family, thanking them for their hard work keeping residents safe; and the care they had provided during the current pandemic. Staff working in the centre told the inspector how very proud they were of the work they were doing to support the residents stay safe while living in the centre.

The remainder of this report will provide an overview of how the provider has ensured they have met the requirements of regulation 27: Protection against infection, and how the provider has ensured they have implemented the National Standards for infection prevention and control in community services (2018).

Capacity and capability

The provider had put in place a range of policies and procedures, supported by a comprehensive suite of training for staff to ensure that they had the knowledge and skills to ensure good infection prevention and control (IPC) in this centre. The provider had also ensured that practices, which support good IPC, were subject to regular audit and review and that there was evidence of ongoing and regular discussion with staff in relation to IPC and the current global pandemic. This meant the provider was ensuring they had taken all the necessary precautions in this centre to keep residents safe, and to reduce the risk of an outbreak of infection.

The person in charge of this centre is responsible on a day-to-day basis for the overall implementation of the providers policies and procedures as they relate to IPC. However; to support the person in charge, the provider has put in place an effective mechanism for the overall governance and oversight of their services. For example, the provider had developed a Strategic Committee, chaired by the chief executive of the organisation to monitor and respond to the evolving public health emergency. This committee took the senior leadership responsibility for overseeing the impact of COVID-19 with the provider's services, including monitoring any outbreaks, responding to and deploying any changes in national policy, procedures and practice, monitoring, purchasing and dispatching essential supplies and equipment to the services and the overall effectiveness of the organisations business continuity plans.

Between the strategic committee and the person in charge there was an operational steering group which provides a mechanism for cascading any information from the strategic committee to front line services. The operational steering group was also a place where the person in charge could bring and report any operational issues and risks emerging in centres so that these could be resolved or escalated as required. The notes from these meetings were made available to staff working in the centres and also discussed in the staff team meetings, organised by the person in charge on a regular basis.

The inspector reviewed a number of documents the provider has in place to support the effective delivery of their operation. These included policies and procedures relating to IPC, training records, risk assessments and the providers contingency planning documents. The inspector found that these documents were kept up-to-date and had been subject to ongoing and regular review. For example; the provider's contingency plan available in the centre was previously issued in July 2021. This document set out the arrangements and various stages of response that the provider would take in the event of an increase in COVID-19 cases in the centre and at an organisational level.

The document was clear and consistent with the national response to the pandemic and guidance issued by both the Health Service Executive (HSE) and the Health Protection and Surveillance Centre (HPSC). The document included detailed information which would effectively guide staff on how to respond in a number of different scenarios and phases of an outbreak in the centre, including where a number of staff were unable to work due to illness. The person in charge advised that this document had recently been reviewed and was able to provide a copy of the new contingency plan, which was issued on the day of the inspection, again this document was very clear and included updates following recent changes in public health advice.

There were sufficient staff on duty to support residents to meet their needs. These staff had been supported to access a range of training in infection prevention and control which included both the measures for standard precautions, for example; donning and doffing personal protective equipment (PPE) and hand hygiene. Staff had also completed training in transmission based precautions and had access to the HSE's training programme. All staff had completed this training within the last year.

Following a recent video conference delivered by HIQA in relation to upcoming infection prevention and control inspections the person in charge has asked all staff to complete updated refresher training, to ensure that staff were being kept up-to-date with current IPC practice. The inspector noted that this was being rolled out to good effect to all staff.

Quality and safety

Residents living in this centre had a range of communication needs, while some residents were able to verbally indicate their preferences some residents were not. These residents may communicate or express their needs through gestures or behaviours. To support this communication and to ensure that residents were able to contribute to their support planning, the provider had developed communication passport and hospital passport documents for each of the residents. These documents included key information about each residents that would help staff working in the centre, or in another facility such as a hospital, understand any communication cues and guide them in how to respond.

Residents living in this centre had been living with each other for a long time, and each resident had their own bedroom, some with ensuite facilities. The provider had considered this when developing their IPC risk assessments and residents living in this centre. For example, should there be an outbreak of infection in the centre, where possible residents would be supported to isolate in their own rooms. Where residents did not have their own ensuite, the provider had designated a bathroom that could be used for the residents personal care needs and had identified that specific staff would be allocated to support the resident each day, using appropriate PPE. The staff employed in the centre included a nurse on duty each day, and there was access to a local GP and health services which would visit the centre should the need arise. This meant that residents could, where possible, remain in their own homes and not have to be admitted to an isolation unit or hospital, unless clinically indicated.

During the course of the current pandemic, the provider had reported an episode of COVID-19 within the staffing of this centre. This was an isolated event and the provider and staff working in the centre have been able to prevent an outbreak of COVID-19 within the resident group. The provider was able to demonstrate how they had reviewed the occurrence in their steering group meetings and provide guidance and support to staff during this period.

The inspector was able to see how staff were following the current phase of the provider's contingency planning document and the provider's general policies and procedures, through the practices that were in place in the centre. Examples of these were noted throughout the course of the inspection and included staff being observed to be appropriately wearing PPE when in proximity to residents or other staff, in accordance with public health guidance, regular completion of hand hygiene, both prior to a post close interventions with residents and also at regular intervals when moving about the centre.

The inspector met with a number of staff in the centre, including a nurse, the housekeeper, a direct support work, the person in charge and a senior manager in the organisation. Each of these staff members were able to discuss, with confidence, the provider's arrangements for the management of infection prevention and control in the centre. The staff on duty understood the risks associated with the transmission of a potential infection in the centre, and were able to tell the inspector of the range of equipment and policies in place to support good infection prevention and control practice. For example, where and how they would access PPE and what type of PPE would be needed in the event of an outbreak of infection, where spill kits were located for both vomit and urine or blood and how to use these if required.

Staff who undertook procedures requiring the use of needles were able to show the inspector where these would be disposed of, and discuss what actions they would take in the event of a needle stick injury. Staff were also able to describe the practice in the centre for management of laundry and waste, in terms of the standard arrangements that would be in place and the enhanced arrangements that would be in place, in the event of an infection or risk of infection transmission. These included the separation of soiled linens, the use of water soluble bags for containing soiled linens and the temperatures that these items would be washed at.

The staff also advised the inspector that their standard procedure was to run the washing machine on a boil wash (90 degrees) in between each use to ensure that the washing machine was sufficiently clean prior to, and post, each use.

There was a housekeeper employed within the service who worked in this centre for three days a week and in another for two days of the week. The inspector met with the housekeeper during the course of the inspection and they were able to tell the inspector of their responsibilities in relation to good infection prevention and control and the additional precautions that were currently in use for enhanced cleaning, as detailed in the contingency plan. The housekeeper was able to discuss the range and type of chemical-based cleaning products being used currently in the centre to both clean and disinfect the premises and the frequencies at which each of these tasks were to be undertaken. The housekeeper told the inspector that each of these products had a product information leaflet stored in the office which clearly described to staff the correct method to dilute and use the product and what to do in the event one was spilled or ingested.

The provider had introduced a color coding system for equipment such as mops and buckets, cloths and sweeping brushes. These helped staff to clearly identify which equipment should be used when completing tasks in different areas. This practice supported staff to minimise the risk of the transmission of potential infections, and staff were able to clearly identify this system to the inspector and discuss which item would be used in which area of the centre. In addition, the housekeeper showed the inspector documentation that was being maintained in the centre to monitor and demonstrate that these tasks were being completed and that they were subject to regular audit.

The inspector reviewed these checklists and audits and found them to be a very comprehensive account of the cleaning activities being undertaken by both the housekeeper and staff working in the centre. These covered routine cleaning tasks such as regular cleaning of the floors and resident's bedrooms, but also included schedules for weekly deep cleaning tasks and daily touch point cleaning and disinfection, in order to support the prevention of infection transmission.

The inspector noted a number of pieces of equipment in use in the centre, however; where possible to provider had ensured that these were only used by one resident, such as shower chairs in each ensuite. Where equipment was used by more than one resident, for example a shower trolley or a weighing chair, cleaning records demonstrated that these were being cleaned both prior and post use. The inspector discussed this with the person in charge who also described how this practice had been extended to the vehicles in use in the centre. The inspector looked at all this equipment and the vehicle during the course of the inspection and saw that they were clean and free from any residues.

Both the housekeeper and members of staff working in the centre told the inspector that they had worked with the residents in their previous homes, and during this time had been supported to attend specific training in cleaning and decontamination. They informed the inspector that they had used this knowledge to support all staff working in the centre to develop skills and knowledge in good

cleaning and decontamination techniques, due to the overall vulnerability of the residents living in the centre.

Regulation 27: Protection against infection

The provider has put in place effective systems and process in relation to infection prevention and control in this centre. Staff have received regular and timely training in infection prevention and control and are confident and competent in their IPC practice. The surveillance systems and oversight of the person in charge has been a critical component in the overall delivery of the quality and safety of this service. The person in charge is supported by a well-structured and well-governed leadership team.

In addition, throughout the course of the inspection there has been very good evidence of staff adherence to good IPC practice. As a result, residents were being kept safe from the risk of infection by the adoption of these practices in the centre.

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
Capacity and capability	
Quality and safety	
Regulation 27: Protection against infection	Compliant