



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:	Announced
Date of inspection:	25 April 2023
Centre ID:	OSV-0005632
Fieldwork ID:	MON-0030922

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 Company Unlimited Company providing care and support to people with disabilities. It is situated close to a large town in Co. Louth where residents have access to amenities such as cafes, shops, 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. The service provides high quality living accommodation for up to twelve 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). Both houses are equipped with a full 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 consisting of a person in charge, a team leader, a clinical nurse manager I (CNM I), 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
--	----

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 25 April 2023	10:00hrs to 16:00hrs	Raymond Lynch	Lead

What residents told us and what inspectors observed

This inspection took place over the course of one day and in a manner so as to comply with current public health guidelines to minimise potential risk to the residents and staff. At the time of this inspection, there were 12 residents living in the centre and the inspector met with five of them. Written feedback on the quality and safety of care from both residents and family representatives was also viewed by the inspector as part of this inspection process.

The centre comprised of two detached bungalows side by side in a residential area close to a large town in Co. Louth. Six residents lived in one of the bungalows and six in the other.

On arrival to the centre the inspector observed that both houses were clean, well maintained and spacious. While a number of medical appliances and/or equipment was required to meet the assessed needs of the residents, the person in charge and staff team ensured that this did not take from the ambiance of the houses. For example, they were both welcoming, homely and decorated to suit the individual style and preference of the residents.

There was a shared courtyard to the front of the houses which provided ample space for private parking and, there was a large private back garden area which was shared between both houses. All twelve residents could access the back garden via patio doors from their bedrooms. Some residents liked to plant flowers in the garden and one had recently planted a small flower bed outside their patio bedroom doors. Planting and tending to this flower bed formed part of a goal they wanted to achieve as was documented in their individual plans.

On viewing some of the bedrooms the inspector observed that they were laid out to meet the needs of the residents and, were personalised to the their individual likes and preferences. For example, some residents had pictures of family members and friends on display in their rooms.

While some residents did not directly communicate with the inspector, staff were observed to be person-centred, attentive and caring in their interactions with them. For example, one resident liked to have breakfast in their bedroom and staff ensured that this was provided for. Additionally, the inspector observed that a number of options about what to have for breakfast was made available to the resident so as to ensure their individual choice and preference was catered for.

Both houses had a multi-sensory room equipped with soft lighting and other relevant sensory-related items. The inspector observed one resident lying down in one of these rooms and they appeared very relaxed and calm in this environment.

The person in charge informed the inspector that the staff team had undergone training in human rights and, some had undertaken training in capacity and consent.

One staff member spoken with informed the inspector that this training was very good as it further supported the values of the centre in promoting and supporting the rights of the residents and respecting their individual choices. For example, one resident had a pet dog and another had a pet cat and the staff member said it was the right of the residents to have pets. Staff provided support to the residents in taking care of their pets and on the day of this inspection, the inspector observed one of the residents taking the dog for a walk with staff support.

The staff member also reported that one of the other residents wanted to go on a foreign holiday. It had been a considerable length of time since the resident had last been abroad but staff provided a number of supports to the resident to make their goal a reality. The inspector observed pictures of the resident on their holiday and they appeared to have enjoyed this break very much. They enjoyed the social aspect of being abroad, going to bars and restaurants and to a number of various live music shows. The resident also enjoyed time relaxing in the swimming pool while on their holiday.

Additionally, another resident had recently reached a milestone birthday and had voiced exactly how they wished to celebrate their big day. They made the decision that it would be a black tie party, held in a hotel of their choice and invited their friends and family to celebrate their big day with them. The resident had very specific requests on what type of birthday cake they wanted to include the design. Staff ensured appropriate supports were provided so as the residents choices were respected and, the inspector saw pictures of the resident enjoying and celebrating their birthday with their family and friends.

The concept of human rights, capacity and consent were also discussed at a recent staff meeting and with residents at one of their weekly meetings. The staff member spoken with said it was important the individual choices and preference of the residents were supported and, as a number of them were non-verbal, it was important to continue to explore ways so as to ensure their voice was heard and respected. This was achieved through understanding and respecting the communication style and preference of each resident (with allied healthcare professional support as required), ensuring easy-to-read materials were available in the service and through the use of objects of reference and photographs.

Eleven of the residents were supported by staff to provide written feedback on the quality and safety of care provided in the centre. One resident choose not to engage in this process and their decision was respected by the staff team. Overall residents reported that they were happy in their home, happy with their accommodation (to include the garden area), happy with the menu options available and with the level of social activities provided. Residents also reported that they were happy with the staff team and that they had no complaints about the service provided.

Feedback from family members was equally as positive. For example, family members reported that they were happy with the care and support provided to the residents, the care was excellent, residents were happy and content living in the service and they were very well looked after. Family members also reported that the staff team were very kind in their interactions with the residents, they provided the

best possible care, were helpful and always made family members feel welcome when visiting their relatives. One family member commented that staff would send photographs to them of their relative enjoying various day trips or parties which they very much appreciated and another reported that they felt nothing could be improved upon. Additionally, the inspector observed that one of the residents had recently been unwell and on the day of this inspection, a family member had sent a card to the staff team thanking them for the very good care provided to their relative while they were unwell.

Over the course of this inspection the inspector observed staff supporting the residents in a professional, person-centred and caring manner. They were at all times attentive to the needs of the residents and, residents were observed to be relaxed and comfortable in their home. Additionally, staff were respectful of the individual choices and preferences of the residents and feedback from both family members and residents on the quality and safety of care was positive and complimentary.

The next two sections of the report outline the findings of this inspection in relation to the governance and management arrangements in place in the centre and how these arrangements impacted on the quality and safety of the residents' lives.

Capacity and capability

Residents appeared happy and content in their homes and systems were in place to meet their assessed needs.

The centre had a clearly defined management structure in place which was led by a person in charge. They provided leadership and support to their staff team and were supported in their role by an assisted director of services, a team leader and a clinical nurse manager I (CNM I).

The person in charge was employed on a full-time basis with the organisation and was a qualified nursing professional with a number of years experience of working in and managing services for people with disabilities. Over the course of this inspection, they demonstrated a good knowledge of the residents' assessed needs and were aware of their responsibilities and legal remit to S.I. No. 367/2013 - Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (the regulations).

The team leader and CNM I were also spoken with by the inspector over the course of the inspection and they too demonstrated a very good knowledge of the assessed needs of the residents.

A review of a sample of rosters from March 2023 indicated that there were sufficient staff on duty to meet the needs of the residents as described by the person in charge on the day of this inspection. The provider also had contingency plans in

place to manage planned and unplanned leave.

Staff spoken with had a good knowledge of residents' care plans and systems were in place so as to ensure they were receiving formal supervision and support from a member of the management team. From a small sample of documentation viewed, staff also had vetting and references on file as required by the regulations.

From a sample of training records viewed, the inspector found that staff were provided with training to ensure they had the necessary skills to respond to the needs of the residents. For example, staff had undertaken a number of in-service training sessions which included safeguarding of vulnerable adults, fire safety, manual handling, first aid and the safe administration of medicines.

Additionally, the person in charge informed the inspector that staff had undertaken training in human rights and some had also undertaken training in capacity and consent. Examples of how staff put this additional training into practice so as to further support the rights and individual choices of the residents were included in the first section of this report: 'What residents told us and what inspectors observed'.

The provider had systems in place to monitor and audit the service. An annual review of the quality and safety of care had been completed for 2022 and, a six-monthly unannounced visit to the centre had been carried out in December 2022. On completion of these audits, an action plan was developed to address any issues identified in a timely manner.

Registration Regulation 5: Application for registration or renewal of registration

The provider submitted a complete application for the renewal of the registration of this designated centre.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge was a qualified and experienced nursing professional and was found to be aware of their legal remit to S.I. No. 367/2013 - Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (the regulations). They were also found to be well prepared for and responsive to the inspection process.

Judgment: Compliant

Regulation 15: Staffing

A review of a sample of rosters from March 2023 indicated that there were sufficient staff on duty to meet the needs of the residents as described by the person in charge on the day of this inspection.

The provider also had contingency plans in place to manage planned and unplanned leave.

Staff were also receiving formal supervision and from a small sample of files view, had vetting and references on file.

Judgment: Compliant

Regulation 16: Training and staff development

From a sample of training records viewed, the inspector found that staff were provided with training to ensure they had the necessary skills to respond to the needs of the residents.

For example, staff had undertaken a number of in-service training sessions which included;

- safeguarding of vulnerable adults
- fire safety
- manual handling
- basic first aid
- safe administration of medicines
- health and safety
- Children First
- Positive Behavioural Support

Additionally, staff had undertaken training in human rights, capacity and consent.

Judgment: Compliant

Regulation 19: Directory of residents

The provider submitted an up-to-date directory of residents as required for the renewal of the registration of the centre.

Judgment: Compliant

Regulation 22: Insurance

The provider submitted up-to-date insurance details as part of the renewal registration process for the designated centre.

Judgment: Compliant

Regulation 23: Governance and management

The centre had a clearly defined management structure in place which was led by a person in charge. They provided leadership and support to their staff team and were supported in their role by an assisted director of service, a team leader and a CNM I.

The provider also had systems in place to monitor and audit the service as required by the regulations. An annual review of the quality and safety of care had been completed for 2022 and, a six-monthly unannounced visit to the centre had been carried out in December 2022.

On completion of these audits an action plan was developed to address any issues identified.

For example, some issues had been identified with paintwork in parts of the premises and with some of the window blinds. These issues had been addressed at the time of this inspection.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose was reviewed by the inspector and found to meet the requirements of the regulations.

It detailed the aim and objectives of the service and the facilities to be provided to the residents.

The person in charge was aware of their legal remit to review and update the statement of purpose on an annual basis (or sooner) as required by the regulations.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge was aware of their legal remit to notify the Health Information and Quality Authority (HIQA) of any adverse incident occurring in the centre in line with the regulations.

Judgment: Compliant

Quality and safety

The residents living in this service were supported to live their lives based on their individual preferences and choices and, systems were in place to meet their assessed health and social care needs.

Residents' assessed needs were detailed in their individual plans and from a sample of files viewed, they were being supported to achieve goals of their choosing and frequent community-based activities. Some residents were more active than others and this was represented in the activities they wished to pursue and participate in.

Residents were being supported with their healthcare-related needs and had as required access to a range of allied healthcare professionals. Hospital appointments were facilitated as required and each resident had a number of healthcare-related plans in place so as to inform and guide practice. One staff spoken with was able to guide the inspector through an epilepsy care plan in place for one of the residents.

Residents were supported to experience positive mental health and where required, had access to psychiatry and behavioural support. Positive behavioural support plans were also in place which guided staff on how to provide person-centred care to residents that required support with behavioural issues. Again, one staff spoken with was aware of how to support residents in a person-centred manner and in line with their positive behavioural support plans.

Systems were in place to safeguard the residents and where or if required, safeguarding plans were in place. However, at the time of this inspection there were no safeguarding concerns in the centre. Systems were also 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 well being. Additionally, infection prevention and control (IPC) measures were in place to mitigate against the risk of an outbreak of COVID-19 and other infectious diseases in the centre.

Adequate fire fighting systems were in place to include a fire alarm, fire doors, fire extinguishers and emergency lighting. Equipment was being serviced as required by the regulations. Staff also completed as required checks on all fire equipment in the centre and had training in fire safety. Fire drills were being conducted as required and each resident had an up-to-date personal emergency evacuation plan in place.

The inspector observed that it could take over five minutes to evacuate the residents during night-time drills as opposed to under two minutes for day time drills. The inspector enquired of the person in charge if they had reviewed these time differences. The person in charge informed that the local fire fighting service was visiting the centre on 16 May 2023 and they would seek advice on this and if required, implement any recommendations.

Overall this inspection found that the individual choices and preferences of the residents were promoted and they were being supported to choose their daily routines and engage in activities of their preference and liking.

Regulation 17: Premises

The premises were laid out to meet the assessed needs of the residents. Each resident had their own bedroom (some en-suite) which were decorated to their individual style and preference.

The premises were large and spacious and each house had a multi-sensory room available for residents to relax in.

The premises were also well maintained, clean, spacious, warm and welcoming.

Judgment: Compliant

Regulation 26: Risk management procedures

Systems were 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 well being.

For example, where a resident was at risk of choking a number of control measures were in place to manage this risk to include:

- staff training in first aid
- a care plan was in place to support the resident (to include support at meal

times)

- qualified nursing staff were available twelve hours per day in the centre and
- the resident had as required access to allied healthcare professional support.

Additionally, where 1:1 staffing support was required, it was provided for.

Judgment: Compliant

Regulation 27: Protection against infection

Infection control measures (IPC) were in place to mitigate against the risk of an outbreak of COVID-19 and other infectious diseases in the centre.

Additionally, staff had been provided with training in IPC related topics to include:

- Infection Prevention Control and Anti-Microbial Stewardship
- Cleaning and Disinfecting Healthcare Equipment Management of Spills
- Hand Hygiene
- Respiratory Hygiene and Cough Etiquette
- Donning and Doffing of Personal Protective Equipment

The person in charge informed the inspector that there were also adequate supplies of PPE available and hand sanitising gels were in place throughout the centre.

Additionally, the inspector observed that there were a number of cleaning schedules in place which were being adhered to.

The premises were also laid out to meet the needs of the residents and on the day of this inspection, appeared clean and well maintained.

Judgment: Compliant

Regulation 28: Fire precautions

Adequate fire fighting systems were in place to include a fire alarm, fire doors, fire extinguishers and emergency lighting. Equipment was being serviced as required by the regulations. Staff also completed as required checks on all fire equipment in the centre and had training in fire safety.

Fire drills were being conducted as required and each resident had an up-to-date personal emergency evacuation plan in place.

However, it could take over five minutes to evacuate the residents during night-time drills as opposed to under two minutes for daytime drills. The inspector enquired of

the person in charge if they had reviewed these time differences.

The person in charge showed evidence to the inspector that the local fire fighting service had visited the centre in April 2023 and were satisfied with the fire arrangements in place.

However, they were also providing a follow up visit to the centre on 16 May 2023 and the person in charge informed the inspector that they would ask the fire fighting service to review the times it takes to evacuate the residents during night-time drills.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Residents' assessed needs were detailed in their individual plans and from a sample of files viewed, they were being supported to achieve goals of their choosing and frequent community-based activities. Some residents were more active than others and this was represented in the activities they wished to pursue and participate in.

For example, as discussed earlier in this report, some residents were recently supported to go on a holiday abroad as part of their person-centred plans.

Other residents preferred activities such as a hand and facial massage, getting their hair done or relaxing in one of the multi-sensory rooms.

Residents also liked activities such as

- shopping
- going to the pub or having a meal out
- trips on ferries
- going to the cinema
- walking their dog/taking care of their pets
- going for drives.

Residents were also supported to keep in regular contact with their families.

Judgment: Compliant

Regulation 6: Health care

Residents were being supported with their healthcare-related needs and had as required access to a range of allied healthcare professionals.

This included as required access to the following services:

- general practitioner (GP)
- physiotherapy
- occupational therapy
- dietitian
- dentist
- chiropody

Additionally, each resident had a number of healthcare-related plans in place so as to inform and guide practice and one staff spoken with was able to guide the inspector through an epilepsy care plan in place for one of the residents.

Hospital appointments were facilitated as required and each resident had a hospital passport on file.

Judgment: Compliant

Regulation 7: Positive behavioural support

Residents were supported to experience positive mental health and where required, had access to psychiatry and behavioural support.

Positive behavioural support plans were also in place which guided staff on how to provide person-centred care to residents that required support with behavioural issues.

One staff spoken with was aware of how to support residents in a person-centred manner and in line with their positive behavioural support plans.

Judgment: Compliant

Regulation 8: Protection

Systems were in place to safeguard the residents and where or if required, safeguarding plans were in place. However, at the time of this inspection there were no safeguarding concerns in the centre.

The inspector also noted the following:

- staff spoken with said they would have no issue reporting a safeguarding concern to management if they had one
- the concept of safeguarding was discussed at staff and with residents at their weekly meetings

- information on advocacy was available in the centre and feedback from family members on the service was positive and complimentary. Additionally, they raised no concerns about the quality or safety of care provided to the residents
- there were no complaints about any aspect of the service on file for this service.

Judgment: Compliant

Regulation 9: Residents' rights

The individual choices and preferences of the residents were promoted and supported by management and staff.

Residents were supported to choose their daily routines and engage in activities they liked and enjoyed.

Additionally, residents were consulted with about decisions that impacted them and were involved in their personal plans and goals.

Staff were observed to be respectful of the individual communication style and preferences of the residents and ensured supports were in place so as the residents voice was heard and respected.

Where required, easy-to-read materials, objects of references and pictures were utilised to support residents communicate their choices, preferences and goals.

Staff also had training in human rights, capacity and consent.

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	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	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