Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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:	27 May 2026
Centre ID:	OSV-0005632
Fieldwork ID:	MON-0041818

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:	10

How we inspect

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
Wednesday 27 May 2026	09:30hrs to 18:30hrs	Brendan Kelly	Lead

What residents told us and what inspectors observed

This announced inspection of Carlinn Health was carried out to inform on a decision regarding the provider's application to renew the registration of this designated centre. The inspection was also aimed at monitoring the provider's ongoing compliance with The Health Act 2007 (Care and Support of Residents in Designated Centres (Children and Adults) with Disabilities) Regulations 2013.

Overall, this inspection showed full compliance with the regulations inspected. Residents in the centre were observed to be happy in their homes and supported by a staff team that promoted the residents rights.

Carlinn Health is a designated centre that comprised of two bungalows next door to each other in a quiet housing estate in Co. Louth. The centre is currently registered for 12 residents and on the day of this inspection the provider had two resident vacancies. The person in charge told the inspector that one resident had been identified for one of the vacancies with this resident's transition underway. No resident had yet been identified for the second vacancy.

On the day of this inspection the inspector spent time in both bungalows. The inspector observed that both bungalows were similar in layout. Both bungalows had a main house and an adjoining single occupancy apartment. The first bungalow the inspector visited consisted of five bedrooms in the main house, four of which were en-suite. The resident living in the single occupancy apartment in this centre was not present on the day of the inspection. The bungalow also consisted of a kitchen/dining space, a day room, a visitors room, a sitting room, a sensory room, utility space, two bathrooms including an accessible bathroom and, three store rooms.

The second bungalow also consisted of five bedrooms in the main house, four of which were en-suite. The resident living in the single occupancy apartment was at home on the day of this inspection. The inspector briefly met with the resident and observed that that the apartment was clean, tidy and decorated to the resident's choosing. For example, there was evidence on the walls in the apartment of the resident's favourite sports team. This bungalow also consisted of a kitchen/dining space, two bathrooms including an accessible bathroom, utility space, store rooms, sensory room, day room and, sitting room.

On the day of this inspection the inspector had the opportunity to meet with and speak with three of the residents. The inspector also met with the person in charge, clinical nurse manager, two of the providers senior management team and one of the front line staff team

On arriving at the centre the inspector was met by the person in charge who completed a walk-around of both bungalows with the inspector. The bungalows

were observed by the inspector to be clean, homely and in a good state of repair. The bungalows were laid out to meet the complex needs of residents including accessible bathrooms and spacious corridors and bedrooms to accommodate mobility aids. Bedrooms were decorated in line with resident choices with the inspector observing that each bedroom was decorated individually. Bedrooms contained evidence of residents favourite sports teams and photographs of family and friends. Residents who met with the inspector each said they were happy with their bedroom. The inspector also observed that residents who wished had access to smart technology such as televisions and mobile phones.

The inspector had the opportunity to meet with one resident in the staff office. The resident told the inspector that the centre was "a special place to live". The resident told the inspector that they "felt understood and treated equally". The resident spoke about some of the activities they are involved in such as chair yoga and a community club, both of which they attend weekly. The resident told the inspector they would be listened to if they had an issue and they would be comfortable bringing issues to the staff team. The resident also told the inspector that they feel the provider looks after all of their medical needs.

The inspector then met with a second resident who had recently moved into the centre. The resident told the inspector they had settled in well and liked the centre. The resident told the inspector that the food was a positive and that they were able to remain in close contact with their family. The resident told the inspector that they had a mobile phone and were waiting for a call from a family member on their phone.

Throughout the inspection the inspector observed residents engaging in various arts and crafts activities with the residents. One resident showed the inspector a bracelet they had made that day.

The inspector observed that the provider had systems in place that allowed for resident and family feedback. In the provider's annual review of 2025 the inspector observed that feedback from residents and their families was documented. Feedback on the service was overwhelmingly positive. One resident was observed to have commented that their human rights were being met, a second resident commented that they enjoyed the fact their family could visit them every week. Resident families also commented that the staff approaches were "excellent", that their loved one was "always happy, content and well looked after" and, "staff were always very friendly"

Staff who met with the inspector were knowledgeable in terms of key resident plans and assessments. The staff who spoke with the inspector spoke positively regarding centre management. Throughout the inspection the inspector observed a staff team who were meeting residents' needs in person centred and caring manner. The inspector observed that the residents appeared comfortable in the presence of the staff team.

The next two sections of this report will outline in greater detail the governance and management arrangements in the centre and how these systems impacted on the quality and safety of the care provided to the residents.

Capacity and capability

This inspection showed that the provider had both the capacity and capability to over see the functions of the designated centre.

The centre had a clearly defined management structure led by a person in charge and two clinical nurse managers. The person participating in management supported the local management team. The management team ensured via a series of meetings and audits that that the centre was working towards continual improvement.

Staffing in the centre was as laid out in the provider's statement of purpose and the inspection showed that the provider had increased the staffing compliment as resident numbers had increased.

Staff had been in receipt of appropriate training to meet the assessed needs of the residents and were provided with professional supervision.

Registration Regulation 5: Application for registration or renewal of registration

The provider had submitted within the specified timeline all documentation required for the renewal application of their registration to be assessed.

The provider had submitted the following documentation with their application; the statement of purpose, insurance documents, residents guide, information on the management team and the appropriate renewal application form.

All information submitted was in line with the requirements of the regulation.

Judgment: Compliant

Registration Regulation 9: Annual fee to be paid by the registered provider of a designated centre for persons with disabilities

The provider had submitted to the Chief Inspector evidence of payment of their annual fee.

Judgment: Compliant

Regulation 15: Staffing

The provider had ensured that the centre had an appropriate number and skill mix of staff to support the assessed needs of the residents. On the day of this inspection the provider had no staffing vacancies in the centre.

The provider had planned and actual rosters in the centre. The person in charge had responsibility for the oversight of the rosters. On the day of this inspection the inspector reviewed rosters from April and May 2026.

In reviewing the rosters the inspector observed the following:

- staff in both houses worked day shifts from 08:00-20:00 and waking nights from 20:00-08:00
- the staff team consisted of staff nurses and direct support workers
- in line with a previous inspections compliance plan, a staff nurse was on shift in each house 24/7
- all shifts for the months reviewed by the inspector were covered

All rosters were well maintained. For example, the rosters showed the names and grades of all staff in the centre.

The person in charge told the inspector that the contingency plan for planned and unplanned leave was the use of familiar relief staff and the permanent team working additional hours. In addition, if nursing cover was required this could also be sourced at short notice due to the resources available to the provider.

Judgment: Compliant

Regulation 16: Training and staff development

The systems in place regarding staff training and supervision were being utilised effectively on this day of this inspection.

The provider had an online training log that evidenced the mandatory and refresher training completed by the staff team. The training log was maintained by the person in charge as part of their oversight responsibilities.

The inspector observed that the provider had completed all actions from a compliance plan from a previous inspection report. All non-nursing staff had completed training in relation to the management of choking incidents and first aid training.

On the day of this inspection the inspector reviewed the training log and observed that the staff team had completed training in areas such as:

- positive behaviour support
- fire safety
- human rights
- feeding, eating, drinking and swallowing
- safeguarding
- children's first
- diabetes

The inspector observed that the provider had scheduled refresher training where staff required such training. The inspector observed that refresher training was scheduled for:

- fire safety
- human rights
- diabetes

The person in charge and clinical nurse manager had oversight of the supervision arrangements. The person in charge had a supervision schedule in place for 2026. The inspector observed that the schedule met the requirements of the provider's supervision policy. Staff who met with the inspector spoke positively about the supervision processes. Staff spoke of the supports the management team had in place to navigate a recent difficult period in the centre.

Judgment: Compliant

Regulation 23: Governance and management

The provider had ensured robust governance systems were in place that allowed for effective oversight of the centre.

A competent person in charge with the required qualifications, knowledge and experience was employed on a full-time basis. The person in charge was supported by clinical nurse managers on a day-to-day basis and the person in charge reported to the person participating in management. The person participating in management was present in the centre on an at least monthly basis to review the care and support provided.

The provider had systems in place to audit and monitor the day-to-day and long term care and support provided in the centre. These systems included an annual

review, provider-led unannounced six monthly audits, governance meetings, local team meetings and on-going local audits. On the day of this inspection the inspector reviewed a sample of each of the documents outlined.

In reviewing the documents the inspector observed that each meeting and audit had a corresponding time bound action plan. The inspector observed actions such as:

- staffing to be increased following resident admission
- staff training to be planned
- various risk assessments and care plans to be updated
- maintenance works identified
- annual reviews of residents person centred plans
- updated policies to be reviewed

The inspector observed evidence of actions either completed or in progress. For example, a March 2026 audit identified choking risk assessments that needed to be updated. The inspector observed that the assessments were updated in April 2026. Person centered plans for two residents were identified by the provider as requiring review, the inspector observed that updates were made to the plans in May 2026.

The inspector reviewed a sample of local audits completed by the staff team in 2026. The inspector observed audits had been completed in areas such as:

- health and safety
- staffing
- medication
- residents rights
- protection

Overall, auditing system in place was found to be effective and aimed at improving service delivery in the centre.

Judgment: Compliant

Quality and safety

Residents living in the centre were supported to live their lives in line with both their assessed needs and preferences.

Residents had a set of comprehensive care plans that gave staff detailed guidance on diagnosed medical conditions, health care issues and positive behaviour supports. Residents had access to a range of health and social care professionals as they required.

Risk management, protection and fire safety were subject to strong oversight systems. Residents had access to their own bedrooms that were decorated and laid out to meet their individual needs. All residents had ample storage for clothing and personal belongings.

Regulation 10: Communication

Residents in the centre were being supported to communicate their choices and preferences in line with their needs and wishes.

On the day of this inspection the inspector reviewed the communication supports in place for three of the residents in the centre. The inspector observed that the supports in place were individual to each resident and supports promoted the preferred communication methods of residents.

Communication plans gave staff specific individualised guidance on how residents prefer to communicate and how to interpret resident communications. For example, staff were guided on one resident's objects of reference and what each object means to the resident. In addition, communication plans outlined the importance on the use of visuals. On the day of this inspection the inspector observed multiple visual supports in place for residents, such as time tables, menus and staff rosters. Communication plans also accounted for how a resident expressed emotions and pain.

Do's and don'ts for staff were also explained in resident communication plans. For example, in one plan staff were informed that a resident prefers staff to speak slowly and allow extra processing time. Staff were also told that the resident does not like it when staff talk over them or overload sentences with too much information. This ensured that the plans were specific to each resident's specific needs around communication.

The inspector also observed that the staff team had been in receipt of communication training.

Communication plans in the centre were effective in ensuring staff could build meaningful and trusting relationships with residents and that residents continued to have an individual voice.

Judgment: Compliant

Regulation 12: Personal possessions

Overall, the management of residents' personal possessions, including their finances was in line with the requirements of the regulation.

The provider had submitted a notification to the Chief Inspector regarding the oversight of a residents' finances. On the day of this inspection the inspector reviewed the subsequent actions in place and spoke to centre management regarding plans to ensure effective oversight of the residents' finances. The inspector observed that the provider had taken suitable actions in responding to the concern and had effective measures were in place to ensure on-going and effective oversight of resident finances.

The inspector observed that residents in the centre had access to mobile phones, internet and smart technology in line with their wishes and preferences.

Each resident had access to their own bedrooms. Resident bedrooms were decorated individually and in line with their choices. The inspector observed that each resident had ample storage in their bedrooms for clothing and personal items.

Judgment: Compliant

Regulation 26: Risk management procedures

The provider had effective systems in place to identify, assess, mitigate and review risk in the centre.

The provider had a risk management policy in place that informed risk practices in the centre. Risk registers were in place for centre and individual specific risks. Each risk register was the responsibility of the person in charge to oversee and ensure reviews were undertaken in line with recommendations.

On the day of this inspection the inspector reviewed the risk register regarding centre specific risk and three individual resident risk registers. All risk assessments were observed to be reviewed between December 2025 and May 2026 with each assessment having a reminder date. The inspector observed risk assessments in place in areas such as:

- epilepsy
- cross contamination
- falls
- choking
- resident finances
- behaviour of concern

The inspector reviewed a falls risk assessment for one resident in detail. The risk assessment was last reviewed in May 2026. Control measures for this assessment included:

- the use of aids such as a moulded wheelchair, lap belt and bed rails
- Occupational Therapy and physiotherapy input
- manual handling training for staff

The inspector observed that the control measures outlined were in place and effective in mitigating the risk of increased falls for the resident.

Judgment: Compliant

Regulation 28: Fire precautions

The inspector observed that the provider had effective fire fighting systems in place. Systems observed by the inspector included fire detection and alarm, fire doors, fire extinguishers, emergency lighting and fire signage.

On the day of this inspection the inspector reviewed the centre's fire folder and completed a walk-around of the premises. On completing a walk-around of the centre the inspector observed that the fire doors in the centre were all operational and connected to self closing devices. The centre had adequate fire fighting measures in place such as extinguishers and a fire blanket that were serviced in July 2025. Each resident had their own individual personal emergency evacuation plan including their photograph located on the wall near their bedroom door.

In reviewing the centre's fire folder the inspector observed the following:

- the centre fire alarm had last been serviced in April 2026
- the centre's emergency lighting had last been serviced in April 2026
- daily, weekly and monthly checks were completed by the staff team with no gaps observed for the month of May 2026
- fire drills were conducted on a regular basis with evidence of ski sheets and wheelchairs used during drills

The inspector also observed that all staff in the centre had completed mandatory fire safety training and refresher training for staff had also been scheduled.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The provider had ensured that all residents in the centre had comprehensive assessments and care plans that guided staff on supporting residents with assessed care needs.

The inspector reviewed a sample of care plans in place from three residents. The inspector observed that the residents had care plans in place for diagnosed medical conditions and day-today living such as:

- epilepsy
- skin integrity
- mental health
- visual impairments
- medication management
- bone density

The inspector reviewed one resident's care plan regarding skin integrity. This plan guided staff to support this care need with a with a number of measures aimed at promoting healthy skin integrity. Staff were guided on the use of a pressure relieving mattress, how to complete daily charts on the monitoring of the resident's skin, the importance of the resident's moulded wheelchair and, when to contact the resident's doctor if concerns were present. The inspector observed that the resident had a pressure relieving mattress in their bedroom and used a moulded wheelchair daily.

The inspector also reviewed a resident's care plan in regard to epilepsy. The care plan informed staff on the types of seizure the resident may have, what medication the resident takes, details of the resident's hospital based clinic and seizures were documented as they occurred.

The inspector also observed a person centred discussion with the resident regarding additional seizure monitoring options that were explored with the resident. It was clear from the plan that the residents wishes regarding these potential additional options were listened to and respected.

Judgment: Compliant

Regulation 6: Health care

The inspection showed that residents were being supported with their health care needs and had access as they required to a range of health and social care professionals.

The previous inspection of the centre identified that some improvements were required in relation to aspects of healthcare monitoring. The inspector observed that the provider had taken sufficient action in this area and had implemented a new more accurate recording system of monitoring a resident's fluid intake. On the day of this inspection staff guided the inspector through the improvements made in this area.

The inspector reviewed three residents' care plans on the day of inspection and observed resident appointments in 2026 with the following:

- general practitioner (GP)
- chiropody
- speech and language
- occupational therapy
- dentist
- optician
- neurology

The inspector also spoke with members of the front line staff team regarding residents' assessed health care needs. Staff were competent in discussing key health care plans with the inspector, for example staff were knowledgeable regarding residents' feeding, eating, drinking and swallowing plans.

Judgment: Compliant

Regulation 7: Positive behavioural support

Where required residents had access to positive behaviour supports. Residents had detailed plans in place that were specific to their assessed needs.

On the day of this inspection the inspector reviewed the behaviour supports in place for one resident. In reviewing the behaviour support guidance the inspector observed the following:

- a detailed background information and resident history section
- perceived functions or rationales for behaviours
- proactive and reactive strategies based on a traffic light system
- skills teaching recommendations

The inspector observed that staff were guided on the types of behaviour the resident may engage in and what may cause the resident's anxiety levels to increase.

The resident's plan was last reviewed by the behaviour support specialist in March 2026. In reviewing incident reports from the centre the inspector observed that the behaviour support strategies were being utilised and incidents of behaviour of concern remained low. For example, in 2026 there had been one incident of a challenging behaviour nature.

Judgment: Compliant

Regulation 8: Protection

Effective systems were in place to safeguard the residents and support their safety in the service.

On the day of this inspection the provider had safeguarding plans in place to promote resident safety. The inspector observed that the safeguarding incidents had been reported in line with both provider and national guidance. The safeguarding plans reviewed by the inspector showed effective measures in place that were aimed at keeping residents safe. The inspector also observed easy reads used with the residents to explain the measures that were in place.

The inspector also noted:

- detailed and individualised intimate care plans were in place for all residents
- staff who met with the inspector confidently and competently explained the provider's safeguarding processes to the inspector
- safeguarding was a standing item discussed at all centre meetings
- information on advocacy and information on the provider's safeguarding team was located throughout the centre

The inspector observed that the provider had ensured that all staff were aware of the safeguarding systems and their responsibilities as staff had completed training in safeguarding, open disclosure and children's first.

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
Registration Regulation 9: Annual fee to be paid by the registered provider of a designated centre for persons with disabilities	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 26: Risk management procedures	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