



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

Name of designated centre:	Carlinn Heath
Name of provider:	Dundas Ltd
Address of centre:	Louth
Type of inspection:	Unannounced
Date of inspection:	02 May 2018
Centre ID:	OSV-0005632
Fieldwork ID:	MON-0023409

About the designated centre

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

The centre is a community centre offering residential support to 12 people with an intellectual disability. The centre comprises of two spacious detached houses each with five bedrooms, a self contained apartment and a private wheelchair accessible garden. The houses are in close proximity to a local town in Louth.

The following information outlines some additional data on this centre.

Current registration end date:	23/10/2020
Number of residents on the date of inspection:	12

How we inspect

To prepare for this inspection the inspector or 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
02 May 2018	10:30hrs to 16:30hrs	Andrew Mooney	Lead

Views of people who use the service

The views of the people who use the service were established by speaking with residents and observing them throughout the day. Additionally, documentation relating to complaints & complements were reviewed.

The inspector met and engaged with eight residents in line with their assessed needs and preference's. The inspector observed positive interactions between residents and staff. It was clear residents were comfortable in the company of staff. Staff engaged positively with residents and demonstrated that they knew and understood the individual communication needs of residents. Residents spoke fondly of the staff and stated that they were happy and felt safe in the centre.

One resident highlighted some concerns to the inspector. The provider was aware of these concerns and was working in cooperation with the resident to come to a resolution.

Capacity and capability

The centre had the capacity and capability to positively support residents in all aspects of their lives.

The residential service had effective leadership, governance and management arrangements in place and clear lines of accountability. The person in charge had a schedule of monthly audits that covered areas such as health and safety, risk management, notifications and medication. These were reviewed during monthly governance meetings between the person in charge and the registered provider representative. The provider also facilitated monthly person in charge meetings, which acted as a mechanism to share learning among persons in charge employed by the provider.

The use of available resources were planned and managed to provide person-centred services to the residents within the centre. Staff had the required competencies to manage and deliver person-centred, effective and safe services to the residents living in the centre. This included the availability of nursing staff on a 24 hour basis and staff being provided with specific training to meet the individual needs of residents.

Information on the complaints procedure was available and explained to the residents in an accessible and appropriate format. This included posters being displayed in prominent positions within the centre. Furthermore, the inspector

reviewed minutes from residents meetings that highlighted the complaints procedure.

Regulation 15: Staffing

There was enough staff with the right skills, qualifications and experience to meet the assessed needs of residents at all times.

Judgment: Compliant

Regulation 16: Training and staff development

Staff were able to deliver care and support to residents because their learning and development needs had been met.

Judgment: Compliant

Regulation 23: Governance and management

Management systems were in place to ensure that the service provided was safe, appropriate to residents' needs, consistently and effectively monitored.

Judgment: Compliant

Regulation 34: Complaints procedure

The complaints process was user-friendly, accessible to all residents and displayed prominently.

Judgment: Compliant

Quality and safety

The centre provided a quality and safe service to residents which enhanced their

quality of life.

Each resident had a personal plan which detailed their needs and outlined the supports they required to maximise their personal development and quality of life. Each resident exercised choice and control in their daily life, in line with their preferences and assessed needs. Residents were proactively supported to pursue meaningful goals, which included keeping pets and engaging in meaningful community activities.

The privacy and dignity of each resident was respected. Residents were not subjected to restrictive procedures unless a restriction was assessed as being required due to a serious risk to safety and welfare. Such restrictions were under regular review with appropriate allied healthcare professionals. Where required residents had access to positive behaviour support and this was utilised to support their assessed needs.

Each resident received comprehensive health assessments and were given appropriate support to meet any identified needs. This included appropriate assessments from allied healthcare professionals such as dieticians, occupational therapists and speech and language therapists. Residents' food and nutritional needs were assessed, supported and robustly monitored.

The centre had medication management policies and procedures in place that complied with legislative and professional regulatory requirements and best practice. However, there were some small gaps in documentation that required further attention. This included further detail in the guidance of "PRN" administration. During the inspection, some of these actions were completed, whilst other actions required additional time to be fully implemented. Furthermore, some of the centres own documentation relating to the maintaining of medication stock levels were not always completed fully.

Regulation 13: General welfare and development

Each resident was provided with appropriate care and support in accordance with evidence-based practice, having regard to the nature and extent of the resident's disability and assessed needs and his or her wishes.

Judgment: Compliant

Regulation 18: Food and nutrition

Sufficient numbers of trained staff were present to offer residents assistance, when necessary, in a sensitive and appropriate way. Additionally, the advice of dieticians

and other specialists was implemented fully.
Judgment: Compliant
Regulation 26: Risk management procedures
The risk management policy included all required information and there is a system in place for responding to emergencies.
Judgment: Compliant
Regulation 29: Medicines and pharmaceutical services
Safe medicines management practices were in place but there were some gaps in documentation that did not lead to significant risk.
Judgment: Substantially compliant
Regulation 6: Health care
Appropriate healthcare was made available to residents, having regard to their personal plans.
Judgment: Compliant
Regulation 7: Positive behavioural support
Where restrictive procedures such as environmental restraint were used, such procedures were applied in accordance with national policy and evidence based practice.
Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 13: General welfare and development	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant

Compliance Plan for Carlinn Heath OSV-0005632

Inspection ID: MON-0023409

Date of inspection: 02/05/2018

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 29: Medicines and pharmaceutical services	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:</p> <p>PRN protocol in place for when two analgesics are prescribed to guide nursing staff. Protocol has been signed by the GP 09/05/18.</p> <p>PRN stock check commenced 06/05/18 and will be carried out weekly. Pharmacy provided additional training on online ordering and retrieving of reports on 16/05/18.</p> <p>11/05/18 Staff Nurse meeting held with all members of the nursing team to discuss outcome of inspection. Nursing staff aware that on receipt of all monthly medication balance checks to be carried out and documentation to be completed.</p> <p>Monthly medications audits are completed by the PIC and any actions arising from the audits will be rectified</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 29(4)(b)	The person in charge shall ensure that the designated centre has appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that medicine which is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident.	Substantially Compliant	Yellow	16/05/2018