<table>
<thead>
<tr>
<th>Centre name:</th>
<th>Le Cheile</th>
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<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0002825</td>
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<tr>
<td>Centre county:</td>
<td>Limerick</td>
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<tr>
<td>Type of centre:</td>
<td>Health Act 2004 Section 38 Arrangement</td>
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<tr>
<td>Registered provider:</td>
<td>Brothers of Charity Services Limerick</td>
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<tr>
<td>Lead inspector:</td>
<td>Margaret O'Regan</td>
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<tr>
<td>Support inspector(s):</td>
<td>None</td>
</tr>
<tr>
<td>Type of inspection</td>
<td>Unannounced</td>
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<tr>
<td>Number of residents on the date of inspection:</td>
<td>24</td>
</tr>
<tr>
<td>Number of vacancies on the date of inspection:</td>
<td>0</td>
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About monitoring of compliance

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:
• Registration: under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
• Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider’s compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:
• to monitor compliance with regulations and standards
• following a change in circumstances; for example, following a notification to the Health Information and Quality Authority’s Regulation Directorate that a provider has appointed a new person in charge
• arising from a number of events including information affecting the safety or well-being of residents

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. Where a monitoring inspection is to inform a decision to register or to renew the registration of a designated centre, all 18 outcomes are inspected.
Compliance 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 inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration decision. This monitoring inspection was unannounced and took place over 1 day(s).

The inspection took place over the following dates and times
From: 14 December 2017 14:00
To: 14 December 2017 17:30

The table below sets out the outcomes that were inspected against on this inspection.

<table>
<thead>
<tr>
<th>Outcome 08: Safeguarding and Safety</th>
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Summary of findings from this inspection
Background to the inspection:
The inspection was carried out to follow up on a specific matter that arose at the time of the January 2017 inspection. The finding in January 2017 was that there were inadequate measures in place to show how decisions were taken to spend residents' monies.

How we gather our evidence:
As part of the inspection, the inspector met with nine of the 24 residents. The majority of residents expressed their views non verbally in the way they reacted to staff, interacted with other residents, their facial expressions and their general demeanor. Overall, the inspector formed the view that residents were happy and comfortable in the company of staff.

The inspector observed how staff interacted with residents, observed the general comfort of the environment and the atmosphere within the houses. Interactions were characterized by a relaxed, competent and caring approach from staff.

The inspector sought the views of staff on the quality of care provided. The inspector met with members of the management team who explained the management and oversight systems in place.

The inspector examined documentation such as resident care plans, policies and risk management assessments and procedures. Documentation was generally well organised.

Description of the service:
The provider must produce a document called the statement of purpose that explains
the service they provide. The statement of purpose described the centre as one which endeavored to provide a homely environment for the residents. Overall, efforts were made to make each house within the centre as homely as possible.

This centre was campus based and the campus consisted of 15 bungalow style houses. The 15 houses were grouped under three separate centres and each centre had a person in charge. The centre which this report refers to catered for up to 24 residents. Services provided included residential care for adults, both male and female.

The service supported individuals who had a range of intellectual disability, some of whom also displayed behaviors that challenge. Many of the 24 residents had high physical support needs.

A number of residents availed of day services which were available on site.

Overall judgment of our findings:
As stated at the outset the primary purpose of this inspection was to follow up on a matter from the last inspection around the management of residents' finances. Overall, the inspector was satisfied that this issue had been addressed and measures put in place to facilitate transparency and prudence in handling residents' personal finances.

The inspector noted that:
* the policy on the "Handling of the Personal Assets of Adult Individuals who use the Services" was revised
* staff were familiar with this policy
* there was a practice in place whereby applications for funding for aids and appliances were being submitted to the Health Services Executive (HSE)
* staff on duty were able to describe and give examples of applications made to the HSE for aids and appliances
* the use by residents of private personal assistants had significantly reduced
* in instances where residents choose to engage the services of a private personal assistant (PA), there was an assessment for the need for same
* when personal assistants were engaged by a resident that the matter was discussed with the resident and/or their family
* any use of the personal assistant service was reviewed regularly including as part of the annual personal care plan review. These reviews were documented.
* one resident was refunded for a piece of furniture which the resident had purchased
* a national audit was underway to assess the effectiveness of the financial management systems. The focus was to determine the level of transparency around the decision making process from front line staff through to senior management level.

Since the previous inspection the provider had taken measures to improve the physical environment. A plan had been submitted to the Health Information and Quality Authority outlining the timeline for the upgrading of the fire alarm system and a plan of works to upgrade the physical environment. Registration of this centre is
conditional on the provider adhering to these work plans.

No actions were required from this single issue inspection.
Section 41(1)(c) of the Health Act 2007. Compliance 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.

<table>
<thead>
<tr>
<th>Outcome 08: Safeguarding and Safety</th>
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<tr>
<td>Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection. Residents are provided with emotional, behavioural and therapeutic support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.</td>
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| Theme: |
| Safe Services |

| Outstanding requirement(s) from previous inspection(s): |
| The action(s) required from the previous inspection were satisfactorily implemented. |

| Findings: |
| Inspectors noted on the previous inspection (January 2017) that a greater level of oversight was needed to ensure resident funds were appropriately used. The inspector viewed a sample of residents' personal financial accounts and saw that there were procedures in place to ensure that their monies could be accounted for. Items purchased by residents required a receipt and their personal monies were checked by two staff members daily to ensure accuracy. |

The inspector noted improvements in how resident finances were managed. These included:
* a review of the policy on the "Handling of the Personal Assets of Adult Individuals who use the Services"
* staff familiarity with this policy
* a clear practice in place whereby applications for funding for aids and appliances were being submitted to the Health Services Executive (HSE)
* staff on duty being able to describe and give examples of applications made to the HSE for aids and appliances
* transparency in how the multidisciplinary team made decisions when there was a delay in the provision of HSE equipment or other HSE services
* the supply of equipment to residents by the Brothers of Charity where there was a delay in the HSE providing such equipment e.g. wheelchair
* a reduction in the use by residents of private personal assistants
* a focus on the use of a personal assistant service as an adjunct to promote resident personal autonomy and independence
* an assessment of need being carried out where a resident choose to engage the services of a private personal assistant |
* the use of an easy to read "personal assistant programme form". This form was completed where this service was engaged by a resident
* documented discussions with the resident and/or their family around engaging a personal assistant (PA)
* the regular documented review in instances where the services of a personal assistant were engaged
* an evaluation of the effectiveness of the personal assistant service including a question on the review form to the effect "is the arrangement providing a quality value for money service" and if so details of this service
* a strengthening of the key worker system and the key workers role in determining the use and effectiveness of a personal assistant service
* the involvement of the person in charge in all decisions made with regards to personal care plans and PA
* the refund to one resident of the cost of a bed which the resident had purchased
* the carrying out by the Brothers of Charity Ireland, a national audit to assess the effectiveness of the financial management systems. The focus was to determine the level of transparency around the decision making process from front line staff through to senior management level
* the setting up of individual bank accounts for each resident
* the quarterly auditing of each resident's personal finances by the person in charge
* staff clarity on the process for making purchases on behalf of residents

**Judgment:**  
Compliant

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**Closing the Visit**

At the close of the inspection a feedback meeting was held to report on the inspection findings.

**Acknowledgements**

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

**Report Compiled by:**

Margaret O'Regan  
Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority