



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

Name of designated centre:	Broadleaf Manor
Name of provider:	Broadleaf Manor
Address of centre:	Kildare
Type of inspection:	Announced
Date of inspection:	05 December 2018
Centre ID:	OSV-0003397
Fieldwork ID:	MON-0025819

About the designated centre

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

The centre is a large detached residence located in a rural setting but close to a small village in Co. Kildare. The property is subdivided into four separate living areas two of which are self contained apartments. The property is homely, well maintained, spacious and clean. The centre provides 24hour care to both male and female adults, all of whom require support around their mental health needs. The provider has supplied a number of cars in order to transport residents to their day services (in line with their preferences) and to access local amenities. The staffing levels in the centre comprise of the person in charge, a team leader, a nurse, social care workers and assistant social care workers. Residents have access to a range of allied health professionals in order to support them.

The following information outlines some additional data on this centre.

Current registration end date:	14/06/2021
Number of residents on the date of inspection:	5

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
05 December 2018	10:20hrs to 13:20hrs	Anna Doyle	Lead

Views of people who use the service

The inspector met one resident who was observed to be interacting with staff in a positive manner in the centre. They were able to tell the inspector about the changes to the lay out of the centre that the provider was undertaking. They were also aware that a new resident would be transferring in to the centre and said that they were happy about this.

Capacity and capability

This inspection was in response to the provider submitting an application to the Health Information and Quality Authority to vary the conditions of registration of the centre. The provider was changing the layout of the centre to include a self contained apartment on the ground floor of the designated centre.

The inspector also followed up on the actions from the last inspection completed in the centre in July 2018.

Overall the inspector found that the actions from the last inspection had been implemented. Renovations were still ongoing to the layout of the centre. However, the provider intended to have this completed by Friday 7th December 2018.

Registration Regulation 8 (1)

The provider submitted the required documents as part of their application to vary conditions of the registration of the designated centre.

Judgment: Compliant

Regulation 15: Staffing

The inspector was satisfied that the staffing arrangements proposed in the Statement of Purpose were sufficient to meet the needs of the residents in the

centre. A support intensity scale assessment had been completed for the proposed new resident which informed the supports required. The inspector found that this was in line with their assessed needs.

Judgment: Compliant

Regulation 16: Training and staff development

Training had been provided to staff for the proposed new residents' assessed needs. This included on site training on the use of a medical device. Staff were also trained in basic life support and manual handling.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

The admission procedure for the centre considered the need to protect other residents in the centre. An impact assessment had been completed which outlined the control measures in place to mitigate potential risks. Some measures included the living arrangements being provided. The provider also intended to ensure that the staffing profile were consistent with the needs of the resident. For example one female staff member would be assigned per shift to support the resident.

It had also been agreed at a senior management and clinicians meeting that the resident would not benefit from a phased transition in line with their assessed needs.

Judgment: Compliant

Regulation 3: Statement of purpose

The Statement of Purpose outlined the changes to the lay out of the centre and contained all of the requirements under Schedule 1 of the regulations.

Judgment: Compliant

Quality and safety

Overall the inspector found that the provider and the person in charge had completed the actions from the last inspection. The inspector completed a walk around of the new apartment which was still being renovated at the time of the inspection and found that once complete it would meet the requirements of the regulations.

This reconfiguration was in response to the the provider meeting the needs of a proposed new resident being admitted to the centre who required an individualised support service.

Regulation 17: Premises

The changes to the layout of the centre met the requirements under Schedule 6 of the regulations. The new layout included a reconfiguration of the ground floor to include a single bedroom, a kitchen/dining area/ sitting room, a large bathroom that was being adapted to meet the needs of the proposed new resident. While there was no cooking facilities in the apartment, a senior manager outlined how this would form part of a review of the residents needs in the future.

The changes observed to the layout of the centre would not impact on the other residents residing in the centre at the time of the inspection.

Judgment: Compliant

Regulation 25: Temporary absence, transition and discharge of residents

The actions from the last inspection were completed as a resident had been discharged from this centre since the last inspection. Another resident was due to be discharged from the centre in January 2019, this transition was being conducted on a phased basis.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

The actions from the last inspection had been completed. The provider had reviewed medication practices in the centre. The protocols for the administration of as required medication were now specific to the resident and their needs. A new reporting pathway had also been introduced for the administration of this

medication.

The provider had also employed an external pharmacy company who going forward would be conducting medication audits in the centre. This company would also provide an out of hours on call service to support and advise staff on any potential medication errors that may occur in the centre.

Judgment: Compliant

Regulation 7: Positive behavioural support

The actions from the last inspection had been completed. The person in charge had coordinated a review of one prescribed restrictive intervention. This resulted in the intervention being discontinued. A guideline had also been developed to guide staff practice should the need for this intervention be required in the future.

Judgment: Compliant

Regulation 9: Residents' rights

The actions from the last inspection had been completed. This included the removal of the majority of CCTV cameras in use in the centre. One resident had also been transferred to an alternative placement where their needs could be met.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 8 (1)	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 25: Temporary absence, transition and discharge of residents	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 9: Residents' rights	Compliant