peacehaventrust

Bi-Annual Report

January to June 2017

Provider Nominee:	Lily (Elizabeth) King
Director of Services:	Michael Williams 15th May to date.
Director of Services (Acting):	Mervyn Bothwell (August 2016 to 14th May 17)
Care Managers:	Salome Murphy
	Sean Kelly
Report Completed by:	Michael Williams
Date:	19th January 2018

Introduction

Peacehaven Trust is a voluntary organisation based in Greystones, County Wicklow. The Trust manages 3 Residential services for people with disabilities, mainly for people with Intellectual Disabilities. 16 people are currently supported in total across the three homes with an office attached to one of the services-Lydia House; Blake House and Applewood Heights are the other two services. Capacity 17 persons.

Peacehaven Trust continued to be governed by a group of Directors. Take over proceedings are underway with the Council for Social Witness of the Presbyterian Church in Ireland.

Core funding continued to be provided by HSE.

Peacehaven Trust has 'assumed registration' by HIQA.

Method

This Bi-Annual report is based on the monthly monitoring reports; plus complaints, incidents and staffing data for the reporting period. The monitoring reports throughout the space of a full year cover all 31 outcomes as listed in SI367. Therefore the reporting period covers approximately half of those outcomes.

The table below outlines the schedule for which outcomes are monitored within which month. The highlighted months indicate a major monitoring inspection, which are unannounced. All other monitoring visits may also be unannounced or may be planned.

January	7	Resident's Rights
	1	Statement of Purpose
February	6	Protection

(Unannounced)	9	Visits
	17	Directory of Residents
	18	Information for Residents
March	5	Positive Behaviour Support
	26	Medicines and Pharmaceutical Support
April	8	Communications
	27	Volunteers
May	16	Food and Nutrition
	28	Notification of Incidents
	29	Notification of Periods when Person in Charge is Absent
	30	Notification of Procedures and Arrangements for Periods when Person in Charge is Absent
June	19	Records
	24	Protection against Infection
	25	Fire Precautions
July	10	Personal Possessions
	31	Complaints Procedures
August	11	General Welfare and Development
	13	Staffing
	14	Training and Staff Development
	23	Risk Management
September	3	Individual Assessment and Personal Plans
	2	Written Policies and Procedures
October	4	Health Care
	12	Person in Charge
November	21	Admission and Contract for the provision of Services
	22	Temporary absence, transition and discharge of resident
December	20	Governance and Management
	15	Premises

Separate reports are completed for each location within the Designated Centre; Applewood Heights, Blake House and Lydia House. This report summarises all locations within the Designated Centre - Peacehaven Trust.

This system of monthly monitoring was introduced to Peacehaven Trust by the new Director Of Services – Michael Williams – in June 2017. Earlier in the year Monitoring reports were completed for Applewood Heights [Feb 17], for Blake House [Aug 16], for Lydia House [Nov 16]. Actions from these reports where brought forward. Key actions for completion included beginning audit of incidents and accident (Completed); Mandatory Fire Safety Training (Completed); Actions from HIQA [April 16] audit to be completed – (Completed); Core staff to learn sign language (Completed); Safety Statements to be signed (Completed).

The outcomes monitored in June were ’19 Records’, ’24 Protection Against Infection’ and ’25 Fire precautions’.

The monitoring reports found that all HR records needed to be comprehensively audited to ensure they met with schedule 2. i.e. copies of qualification, start dates, interview notes, references missing in some files; and some gaps not explained in CV’s. These were all addressed by end of August 17.

For residents’ files, the system in place was not working effectively. Files where over crowded, essential documents not present in some cases, and some documents needing to be updated. New or revised forms, file system and archive system to be introduced. This was completed by end of Oct 17.

The Statement of Purpose and Function was in date and present in all locations – within a newly constructed ‘HIQA’ folder for easy access by staff; which include the Directory of Residents – along with dates of absence.

The Admission Policy and Procedure is in place, and in date, but needs reviewing. This was completed by end of Nov 17.

Group meetings had occurred sporadically. A new system of scheduled monthly meetings introduced for each location.

The complaints procedure was reviewed to update new Complaints officer and flow chart developed and distributed to each location.

Each resident had a contract of care, and a resident’s guide, and a residents handbook [tenancy agreement].

The monitoring report found that no clear infection control policy existed. This was developed and implement by end of August 17.

The fire safety systems were adequate – though better recording of fire drills could be considered. This is with a new Health and Safety Committee.

The report found some errors in the medication storage, and set actions for correction – these were completed on time. Comments form the staff and residents were positive, but had room for improvement regarding personal care.

The general condition of the houses was fine, with tidiness and cleanliness needing small improvement in most areas.

Staffing Issues:

Lily continued as the Provider Nominee, until Michael Williams took over this role in June. Michael Williams was appointed Director of Services following a recruitment campaign in February 17. Mervyn Bothwell departed from the service as acting Director of Services in May 17.

The staffing structure as of June 17 are;

-1 x Director of Services, full time

-1 x Administration Manager, part time

-2 x Social Care Managers, full time

-Social Care Workers, full time and part time

There were 3 relief Social Care Workers appointed in this period – no departures. Two members of staff were on maternity leave during this period, with I staff member returning in this period.

Staff Meetings were generally held weekly.

A new staff training policy was created and a schedule was implemented to ensure mandatory training occurred for Occupational First Aid, Medication Management, Fire Safety, Safe Guarding of Vulnerable Adults and Manual Handling.

Governance:

In June 2017 a large number of Directors retired from their roles (remaining as members of the company). Two new Directors were appointed – thus the board is now comprised of Mr Clive Evans (Chair), Mr Stuart Ferguson (Secretary) and Mrs Sylvia Sloane. The takeover proceedings with the Council for Social Witness of the Presbyterian Church continued.

Michael Williams replaced Lily King as the Provider Nominee mid June 2017.

To comply with the action plan of the HIQA April 16 audit, Michael Williams initiated monitoring schedules and reports which are shared with the staff team, and also with the Board of Directors.

Complaints:

There were 2 complaints received in this reporting period – both of a maintenance nature – neither was resolved within this reporting period – though both were resolved by the end of Oct 17.

Incidents and Medication Errors:

There were 74 incidents reported in the reporting period – mostly seizure activity. Seizure activity is now recorded on a seizure record sheet and not as an incident. There were 4 incidents, which required report to HIQA and/or the HSE Safe Guarding Team. Safe Guarding plans are in place for one resident in relation to the Internet.

33 Medication errors were reported to management, with actions assigned to each. For the first quarter the rate of errors was 0.21%, which increased slightly to 0.40% in the second quarter with omissions being the largest error. Re-training was initiated for two staff. A new tracker system was introduced to determine which staff were consistently effective in medication handling and those who were not. Using a points system staff will be able to identify their own performance. Management will discuss poor performance and take appropriate action as required.

The breakdown of medication errors for the reporting period [in both quarters] is as follows over leaf:

January 2017 - March 17 Statistics		**April 2017 - June17 Statistics**	
Late Administration	0	Late Administration	2
MAR Recording Error	3	MAR Recording Error	0
MAR Sheet Error	1	MAR Sheet Error	0
Near Miss - no medication in stock	1	Near Miss - no medication in stock	0
Near Miss - recording error	0	Near Miss - recording error	1
Near Miss - wrong blister pack used	1	Near Miss - wrong blister pack used	0
Omission	3	Omission	9
Overdose	1	Overdose	1
Overdose/ Wrong day	0	Overdose/ Wrong day	1
Recording Error	0	Recording Error	1
Refusal	0	Refusal	2
Resident Omission	0	Resident Omission	3
Spoiled Medication	1	Spoiled Medication	0
Stock Error	0	Stock Error	1
Total Number of Errors for Quarter	11	Total Number of Errors for Quarter	21

Total number of Passes for Quarter	5214	Total number of Passes for Quarter	5214
Percentage of medication errors	0.21%	Percentage of medication errors	0.40%

As seen above, review of medication errors and identifying themes commenced during the period of the report.

People supported:

No new residents in this reporting period. 5 people supported in Applewood, 6 people supported in Blake House and 5 people supported in Lydia House.

As at 30th June no vacancies existed in Peacehaven Trust although there was potential for an additional resident to be considered for Lydia House – which would require a change to the staffing compliment.

Environmental Issues:

Consideration and planning occurred regarding the physical environment of Blake House with a view to improve lighting on the first floor and facilitate the provision of en suite facilities for all residents. The planning work continued throughout this reporting period.

Financial:

No audit in this reporting period.

Actions:

Action to be completed	By Whom	Date for Completion.
Health and Safety Committee – to devise better fire drill recording systems	S Kelly	31.12.17
To complete all mandatory staff training	M Williams	31.12.17
To review all policies for effectiveness and best practice standards.	M Williams	31.12.17
Monitoring Visits to continue with actions identified.	M Williams	31.12.17

	or S Kelly, S Murphy	
Management Team meetings to continue with actions identified.	M Williams	31.12.17
Continue to work on the reduction of Medication Errors and repeat offenders.	M Williams	31.12.17
Continue with planning building works for Blake House with view to complete by end of November	M Williams	30.11.17

Michael Williams

Director of Services.