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

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| Name of designated centre: | Peacehaven Trust |
| Name of provider: | Peacehaven Trust CLG |
| Address of centre: | Wicklow |
| Type of inspection: | Unannounced |
| Date of inspection: | 05 March 2020 |
| Centre ID: | OSV-0003690 |
| Fieldwork ID: | MON-0025173 |

## About the designated centre

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

Peacehaven trust provides full-time residential care and support for 17 adults with mild or moderate intellectual disabilities across three locations on the east coast of Co. Wicklow. Each house is close to a variety of local amenities and residents have access to private transport to support them to access their community. Each resident has their own bedroom and has access to communal rooms including a choice of sitting area, kitchens, laundry rooms, gardens, private spaces, adequate storage, waste disposal, and private transport. Care and support is provided for residents as required within the context of a 24/7 service. The staffing team consists of a person in charge, social care workers and relief staff.

**The following information outlines some additional data on this centre.**

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| Number of residents on the date of inspection: | 16 |

## 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 - 2015 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 |
|---|---|---|---|
| Thursday 5 March 2020 | 09:15hrs to 19:15hrs | Andrew Mooney | Lead |

## What residents told us and what inspectors observed

The inspector had the opportunity to meet with and speak to a number of residents. Residents spoken with said they were very happy in their home and with the support they received from staff. Residents told the inspector they enjoyed busy lives which included attending day services, local community groups and other social activities. Residents told the inspector they were supported to maintain friendships and to see their family.

The inspector observed that residents appeared very comfortable in the presence of staff and staff were seen engaging with residents in a positive manner throughout the inspection. The inspector also noted that the centre was homely and had been adapted to meet residents individual support needs.

## Capacity and capability

Overall, while a safe service was being delivered the current governance and management arrangements in place negatively impacted the centres capacity and capability.

There were clearly defined management structures in place which identified the lines of authority and accountability within the centre and the centre was managed by a suitably qualified and experienced person in charge. The person in charge had implemented a local auditing system that included monthly audits based upon the regulations. However, there was a lack of appropriate oversight of the centre by the provider and in certain instances, a lack of a clear understanding of the providers regulatory responsibilities. The provider had not put an adequate system in place to monitor and review the quality of services provided within the centre. For instance, there was no annual review available on the day of inspection. Additionally, the registered provider had not conducted an unannounced visit to the centre at least every six months and had not produced a report on the safety and quality of care and support provided in the centre. Furthermore, the cumulative impact of non compliance across the inspection highlighted that the arrangements in place were insufficient to ensure the service was effectively monitored.

The provider had ensured that staff had the required competencies to manage and deliver person-centred, effective and safe services to the residents of the centre. Staff were supported and supervised to carry out their duties to protect and promote the care and welfare of residents. During the inspection the inspector observed staff interacting in a very positive way with residents.

The provider had ensured that staff had the appropriate skills and training to

provide support to residents. Training such as safeguarding vulnerable adults, medication, epilepsy, fire prevention and manual handling was provided to staff, which improved outcomes for residents. Staff were supported and supervised appropriately to protect and promote the care and welfare of the residents within the centre.

There was a planned approach to new admissions within the centre. This included new residents having the opportunity to visit the centre prior to admission. The provider also had a clear admissions policy and procedure in place. However, improvements in the centres adherence to this policy was required. For instance, not all residents had a signed contract of care in place. Furthermore, not all new admissions to the centre had a compatibility risk assessment completed prior to their admission to the centre. By not following their own admissions policy the provider risked undermining the compatibility of residents living within the centre.

The inspector completed a review of adverse incidents within the centre. The provider promoted an open and transparent culture within the centre and incidents were logged appropriately. However, not all specified incidents had been notified to the Office of the Chief Inspector as required.

## 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

The education and training available to staff enabled them to provide care that reflected up-to-date evidence-based practice. Staff were supervised appropriate to their role.

Judgment: Compliant

## Regulation 23: Governance and management

The cumulative impact of the non compliance identified across this inspection, demonstrated that the provider did not have sufficient governance and management arrangements in place to effectively monitor the centre.

There was no annual review available on the day of inspection. The registered provider did not conduct a unannounced visit to the centre at least every six months and produce a report on the safety and quality of care and support provided in the centre.

Judgment: Not compliant

## Regulation 24: Admissions and contract for the provision of services

Residents' admissions were not in line with the centre's admissions policy. There was no impact assessment of residents prior to admission. Not all residents had a written agreed contract in place.

Judgment: Not compliant

## Regulation 31: Notification of incidents

Not all required notifications had been submitted to the Office of the Chief Inspector as required.

Judgment: Not compliant

## Quality and safety

There were systems and procedures in place to protect residents and promote their welfare. However, concerns relating to safeguarding practices and access to appropriate allied health care professionals, negatively effected the quality and safety of the centre.

The service worked together with residents and their representatives to identify and support their strengths, needs and life goals. Residents were supported to access and be part of their community in line with their preferences. Residents were assisted in finding opportunities to enrich their lives and maximise their strengths and abilities. This included residents engaging in a variety of meaningful activities within the local and wider community, including attending day services of their choosing and attending local support groups. There were appropriate arrangements in place to ensure that residents had a personal plan in place. However, the process for assessing residents' health and social care needs required enhancement. Assessments of need were not always comprehensive in nature and there was a lack of allied health care input. This negatively impacted aspects of residents' personal

plans as the centre did not always have timely access to appropriate allied health care professionals.

The provider had systems in place to safeguard residents. Staff had a good understanding of safeguarding processes and this ensured residents were safe. However, not all incidents had been investigated in accordance with the centre's safeguarding vulnerable adults policy. Improvements were required in relation to how safeguarding concerns were investigated and subsequently notified to the Health Service Executive (HSE) safeguarding team and where appropriate to the Office of the Chief Inspector. By not adhering to the provider's policy on safeguarding vulnerable adults, the provider risked not protecting residents appropriately.

Residents' health care needs were well supported. Residents had regular and timely access to a general practitioner (GP) of their choice. During times of illness, residents' health needs were appropriately supported in consultation with their GP and appropriate referrals were made to other allied health care professionals. However, improvements were required in how the centre ensured all residents received appropriate annual reviews of specific health care related needs, such as speech and language therapy reviews. There was appropriate guidance available to staff to support residents with their health care needs and staff demonstrated a comprehensive understanding of residents' needs. This resulted in residents' health being appropriately supported.

Arrangements were in place to support and respond to residents' assessed support needs. This included the ongoing review of behaviour support plans. Staff were very familiar with residents' needs and any agreed strategies used to support residents. All staff received positive behaviour support training and this enabled staff to provide care that reflected up-to-date, evidence-based practice. However, some support plans required further development to ensure that adequate guidance was in place to inform consistent staff practice. For instance in some cases, external resources were available to guide staff practice but this guidance had not been incorporated into individual support plans. This approach risked staff not adhering to one consistent approach.

There was a system in place for identifying and reviewing restrictive practices. Restrictive practices within the centre were assessed and reviewed by the provider's restrictive practice committee. However, this review system required some enhancements as it was not always clear that the least restrictive option was always used.

The inspector completed a walk through of the centre and found the physical environment was clean and kept in good structural and decorative repair. Residents' bedrooms were personalised to their tastes and there was suitable storage facilities available for the personal use of residents. The communal areas within the designated centre were appropriately decorated and this contributed to a warm and homely feel to the centre. Appropriate facilities were in place to ensure residents with mobility difficulties could access their environment and this promoted residents'

autonomy and independence within the centre.

There were appropriate systems in place for the prevention and detection of fire and all staff had received suitable training in fire prevention and emergency procedures. Regular fire drills were held and accessible fire evacuation procedures were on display in the centre. Suitable fire equipment was provided and serviced as required. There was adequate means of escape, including emergency lighting.

## Regulation 17: Premises

The premises meets the needs of all residents and the design and layout promotes residents' safety, dignity, independence and well-being.

Judgment: Compliant

## Regulation 28: Fire precautions

There were appropriate systems in place for the prevention and detection of fire and all staff had received suitable training in fire prevention and emergency procedures.

Judgment: Compliant

## Regulation 5: Individual assessment and personal plan

A comprehensive assessment of the health, personal and social care and support needs of each resident had not taken place.

Judgment: Not compliant

## Regulation 6: Health care

While concerted efforts had been made, not all residents had access to appropriate allied health professional reviews. While initial allied health care assessments were conducted, these were not always reviewed annually.

Judgment: Substantially compliant

## Regulation 7: Positive behavioural support

Support interventions had been developed to meet residents' assessed needs, however some required further enhancement to ensure there was adequate guidance to inform consistent staff practice. It was unclear that restrictive practices used were the least restrictive and for the shortest duration possible.

Judgment: Substantially compliant

## Regulation 8: Protection

Safeguarding concerns were not appropriately investigated in accordance with the centre policy.

Judgment: Not 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 - 2015 as amended and the regulations considered on this inspection were:

| Regulation Title | Judgment |
|---|---|
| **Capacity and capability** | |
| Regulation 15: Staffing | Compliant |
| Regulation 16: Training and staff development | Compliant |
| Regulation 23: Governance and management | Not compliant |
| Regulation 24: Admissions and contract for the provision of services | Not compliant |
| Regulation 31: Notification of incidents | Not compliant |
| **Quality and safety** | |
| Regulation 17: Premises | Compliant |
| Regulation 28: Fire precautions | Compliant |
| Regulation 5: Individual assessment and personal plan | Not compliant |
| Regulation 6: Health care | Substantially compliant |
| Regulation 7: Positive behavioural support | Substantially compliant |
| Regulation 8: Protection | Not compliant |

# Compliance Plan for Peacehaven Trust OSV-0003690

## Inspection ID: MON-0025173

## Date of inspection: 05/03/2020

**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 23: Governance and management | Not Compliant |
| Outline how you are going to come into compliance with Regulation 23: Governance and management:<br>The registered provider will nominate Melanie Bowman to complete 2 unannounced inspections each year using the Governance and Management report template. Any follow up actions from the visits will be carried out as necessary and closed off depending on the nature of them and prior to the next visit.<br>An annual review of the quality and safety of care of residents will also be undertaken.<br>The first physical unannounced visit will take place after the current covid 19 guidance is revised to enable such visits to take place. | |
| Regulation 24: Admissions and contract for the provision of services | Not Compliant |
| Outline how you are going to come into compliance with Regulation 24: Admissions and contract for the provision of services:<br>Prior to all admissions any outstanding assessments or reports will be sought from the appropriate authorities as necessary.<br>Going forward an impact assessment will be completed on all residents' prior to their first admission stay and there will be an agreed contract in place, as per regulation 24 (3). | |
| Regulation 31: Notification of incidents | Not Compliant |
| Outline how you are going to come into compliance with Regulation 31: Notification of incidents:<br>Going forward all adverse incidents occurring in Peacehaven will be notified to the Chief Inspector in writing within 3 working days as per regulation 31 (1)(f) | |
| Regulation 5: Individual assessment and personal plan | Not Compliant |

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| Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:<br>Prior to any admission of a new resident any outstanding assessment or review required will be referred back to the relevant health care professional coordinating the admission to Peacehaven as per regulation 5 (1)(a). | |
| Regulation 6: Health care | Substantially Compliant |
| Outline how you are going to come into compliance with Regulation 6: Health care:<br>All care noted in the personal plan for each resident is carried out within the capacity of Peacehaven and outside agencies (SALT, psychology etc) when referred and sourced from the HSE. A recent meeting between the provider, director of services in Peacehaven and with the HSE, indicated that additional support will be forthcoming from them (after this current emergency) to support Peacehaven staff responding to the residents identified care needs. Whilst timely review is usually ongoing by health professionals for residents in Peacehaven, completion of this review/ or change to a plan, will be dependent on this external resource to do this. | |
| Regulation 7: Positive behavioural support | Substantially Compliant |
| Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:<br>Planned review of restrictive practices by the Peacehaven internal committee will continue, as this ensures there is regular review of all restrictive practices. In addition to this the internal safeguarding champion in the organization will also be consulted to ensure these are for the shortest duration. | |
| Regulation 8: Protection | Not Compliant |
| Outline how you are going to come into compliance with Regulation 8: Protection:<br>In relation to the current reporting of any incident, allegation or suspicion of abuse, the internal safeguarding champion will also be notified for information, support and/ or further guidance as necessary, within 24 hours. | |

## 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 23(1)(c) | The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored. | Not Compliant | Orange | 31/08/2020 |
| Regulation 23(1)(d) | The registered provider shall ensure that there is an annual review of the quality and safety of care and support in the designated centre and that such care and support is in accordance with standards. | Not Compliant | Orange | 30/09/2020 |
| Regulation 23(2)(a) | The registered provider, or a person nominated by the registered provider, shall carry out an | Not Compliant | Orange | 30/09/2020 |

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| | unannounced visit to the designated centre at least once every six months or more frequently as determined by the chief inspector and shall prepare a written report on the safety and quality of care and support provided in the centre and put a plan in place to address any concerns regarding the standard of care and support. | | | |
| Regulation 24(1)(b) | The registered provider shall ensure that admission policies and practices take account of the need to protect residents from abuse by their peers. | Not Compliant | Orange | 30/04/2020 |
| Regulation 24(3) | The registered provider shall, on admission, agree in writing with each resident, their representative where the resident is not capable of giving consent, the terms on which that resident shall reside in the designated centre. | Substantially Compliant | Yellow | 30/04/2020 |
| Regulation 31(1)(f) | The person in charge shall give the chief inspector notice in writing within 3 working days of the following adverse | Not Compliant | Orange | 30/04/2020 |

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| | incidents occurring in the designated centre: any allegation, suspected or confirmed, of abuse of any resident. | | | |
| Regulation 31(3)(a) | The person in charge shall ensure that a written report is provided to the chief inspector at the end of each quarter of each calendar year in relation to and of the following incidents occurring in the designated centre: any occasion on which a restrictive procedure including physical, chemical or environmental restraint was used. | Not Compliant | Orange | 30/04/2020 |
| Regulation 05(1)(a) | The person in charge shall ensure that a comprehensive assessment, by an appropriate health care professional, of the health, personal and social care needs of each resident is carried out prior to admission to the designated centre. | Not Compliant | Orange | 30/04/2020 |
| Regulation 06(1) | The registered provider shall provide appropriate health care for each resident, having | Substantially Compliant | Yellow | 30/04/2020 |

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| | regard to that resident's personal plan. | | | |
| Regulation 07(1) | The person in charge shall ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to behaviour that is challenging and to support residents to manage their behaviour. | Substantially Compliant | Yellow | 31/08/2020 |
| Regulation 07(5)(c) | The person in charge shall ensure that, where a resident's behaviour necessitates intervention under this Regulation the least restrictive procedure, for the shortest duration necessary, is used. | Substantially Compliant | Yellow | 30/04/2020 |
| Regulation 08(3) | The person in charge shall initiate and put in place an Investigation in relation to any incident, allegation or suspicion of abuse and take appropriate action where a resident is harmed or suffers abuse. | Not Compliant | Orange | 30/04/2020 |