

25/03/2024

# Peacehaven Annual Report

2023

CAROLINE YEOMANS

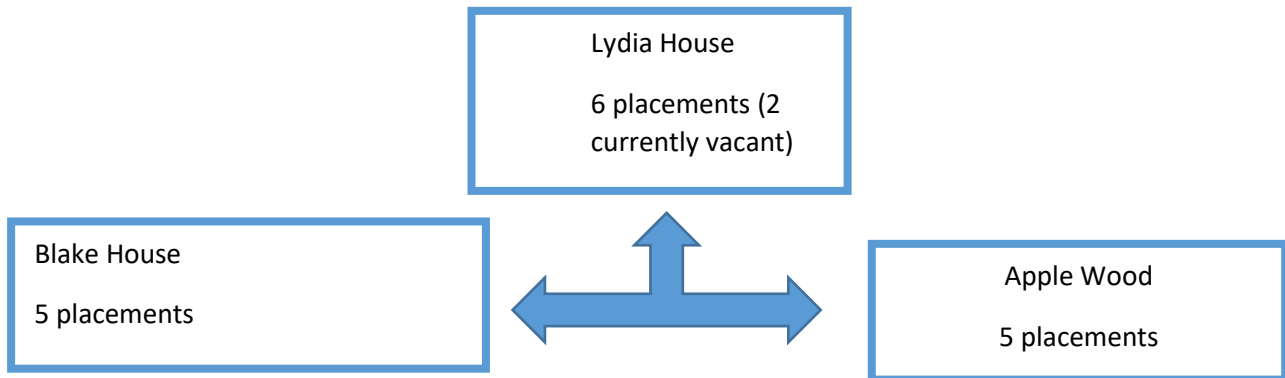
Regional Care Manager

Council for Social Witness

PEACEHAVEN TRUST  
PRESBYTERIAN CHURCH IN IRELAND; COUNCIL FOR SOCIAL WITNESS

## PEACEHAVEN ANNUAL REPORT 2023

Designated Centre ID	003690
Registered Provider	Stuart Ferguson
Person in Charge	Michael Williams
Person Participating in Management	Caroline Yeomans



## PEACEHAVEN – CURRENT OPERATIONS

Peacehaven is a community-based, person centred residential service, which prioritise the goals and ambitions of each resident. Peacehaven recognises that all people are equally and wonderfully made in God's image, and everybody has something unique to bring to the community.

Residents and staff are enthusiastic to be integrated in community events, churches, societies and employment, so we can all live our best lives.

Peacehaven provides residential support across three neighbourhood houses for adults with an intellectual disability in Greystones, County Wicklow.

The Peacehaven vision is **EACH LIFE IS A LIFE WORTH LIVING**

Currently Peacehaven operates its residential service across three separate houses

Applewood House



Blake House



Lydia House



PCI/Peacehaven has an experienced and competent staff team led in Greystones by a Director of Services with three Care Managers. Governance and support are provided through the Presbyterian Church in Ireland's Regional Care Manager. In addition, we have an Administration Manager and maintenance support.

PCI/Peacehaven employ 29 people in a combination of full and part roles to deliver high-quality services across our three locations.

Peacehaven is now a Limited Company. The Health Service Executive is supportive, as is the Health, Information and Quality Authority (HIQA).

## Regulation 23 1)(d)

### *Assessing performance against the national standards for residential services for children and adults with disabilities*

Regulation 23 (1) (d) requires a provider to *"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 standard"*.

Regulation 23(1) (e) also requires the provider to *"ensure that the review referred to in subparagraph (d) shall provide for consultation with residents & and their representatives"*

Through this report Peacehaven Trust endeavour to:

- Undertake and record an annual review of quality and safety of care and support in the three separate houses that make up Peacehaven Trust, and make judgments about our performance against the standards.
- Measure our performance against the national standards, and to identify areas for ongoing improvement of the service.

Peacehaven Trust commits to assessing its performance against each standard and developing a plan to address any areas for improvement.

SECTION 1: QUALITY AND SAFETY

Theme 1: Individualised Supports and Care

<b>Resident Experience</b> – What do people who use the service experience on a day-to-day basis?	<b>Ensuring</b> – How does the Person in Charge ensure that best practice occurs as a matter of routine within the service?	<b>Assured</b> – How is the Registered Provider assured of the quality and safety of care & compliance?
<b>Standard 1:1 The rights and diversity of each person are respected and promoted</b>		
<p>Residents are at the centre of the needs assessment and care planning process – all plans reflect their individual views and wishes.</p> <p>All residents have access to independent advocates should they wish to have support in this area – PHT staff regularly remind residents of this opportunity.</p> <p>Weekly planning meetings with residents takes place. In addition House Meetings occur monthly at which a number of topics are discussed and their opinions and wishes for their home are sought.</p> <p>All residents have their own bedroom and ensuite, which is decorated according to their likes and wishes.</p> <p>PHT does acknowledge that at times, due to roster/ staffing issues, that we may not be able to respond straight away to a personalised request, but do endeavour to respond as soon as its practicable.</p>	<p>PHT has a robust training programme in place, many of which had the particular focus on respecting and promoting the rights of residents, including:</p> <ul style="list-style-type: none"> <li>- <b>Fire Safety (March '23)</b></li> <li>- <b>Manual Handling (March '23)</b></li> <li>- <b>Meds Management (March '23)</b></li> <li>- <b>Rights Restrictions (May '23)</b></li> <li>- <b>Dementia (Feb '23)</b></li> <li>- <b>Open Disclosure (May '23)</b></li> <li>- <b>First Aid (May '23)</b></li> <li>- <b>Managing Signs of Distress (Sept '23)</b></li> <li>- <b>Person Centred Practice (Oct '23)</b></li> <li>- <b>Key Working (Nov '23)</b></li> <li>- <b>Ongoing HSELand.ie training in Adult Safeguarding, Children First, Human Rights, Cyber security, PPE &amp; Hygiene and more.</b></li> </ul> <p>The training programme is under constant review and can and has been amended to ensure staff are equipped to meet the changing needs of residents, this is evidenced through the introduction of dementia training in 2023 to train staff in the best practices in supporting individuals with a diagnosis of dementia.</p> <p>The Restrictive Interventions Review Committee is made up of parental and neutral representatives with experience in human rights and restrictive practice. The RIRC is committed to meeting regularly to review</p>	<p>The PIC carries out monthly audits of each service, which includes a section that asks residents opinions of the service. The last quarter was missed due to additional pressures created by safeguarding events.</p> <p>A complaints policy and procedure are in place</p> <p>Reflective practice and discussion occur monthly with staff during staff meetings</p> <p>Annual family reviews also take place</p> <p>A survey was completed with residents in relation to their experiences of key working and to ensure that their rights and diversity were upheld throughout the process. A report of the findings was produced in August '23.</p>

	<p>and discuss current and potential restrictions. During this committee and subsequent practices, the focus is on assuring residents' rights and promoting these alongside balancing possible risks. Decisions are based on current guidelines and meet HQIA standards ensuring that the resident is central to any decision reached.</p> <p>A decision was made in later 2023 to change providers of Positive Behaviour Support to Evolve APC from Studio 3. This change and the level of input has been monitored since the changeover in October 2023 and the results are positive. We have availed of 1-1 forensic psychology assessments, renewed PBS training for staff, which is values focused. We also <b>through Evolve</b> have access to an integrated sensory occupational therapist, physiotherapist and PBS specialists.</p>	
--	--	--

**Standard 1:1 The rights and diversity of each person are respected and promoted**

**ACTION PLAN**

Area for Improvement	Responsibility	Completion Date
Continue to review the impact of change of PBS provider over 2024.	All staff	31/12/24
Continue to ensure the training programme is under continuous review to ensure prompt and live response to any changing needs of residents.	PIC/ Care Managers	31/12/24
Ensure monthly monitoring resumes	PIC	31/03/24

**Resident Experience** – What do people who use the service experience on a day-to-day basis?

**Ensuring** – How does the Person in Charge ensure that best practice occurs as a matter of routine within the service?

**Assured** – How is the Registered Provider assured of the quality and safety of care & compliance?

**Standard 1.2 The privacy and dignity of each person are respected.**

<p>Staff will always knock a resident's bedroom and wait to be advised it is ok to come in.</p> <p>All residents have an intimate care support plan in place, which takes into account their needs, the support they require and their wishes around this support.</p>	<p>All residents have an en suite bathroom to ensure and promote privacy at all times.</p> <p>Respecting the dignity of residents is core to all training that is provided for staff.</p> <p>A core focus of staff team meetings is to review practices and ensure that at all times a resident's privacy and dignity is respected – this is promoted through the use of reflective practice. Due to a Trust in Care event, it is evident that some practices were not brought to team meetings for discussion.</p>	<p>All residents have the opportunity to raise any concerns via a range of methods:</p> <ul style="list-style-type: none"> <li>- Complaints procedure</li> <li>- Key working sessions</li> <li>- Residents' meetings</li> <li>- Monthly visits from PIC</li> </ul> <p>Intimate Care Policy has recently been reviewed and amended.</p>
--	---	--

<b>Standard 1:2 The privacy and dignity of each person are respected.</b>		
<b>ACTION PLAN</b>		
Area for Improvement	Responsibility	Completion Date
Ensure any practices which deviate from Care Plans are brought to Managers attention and discussed at team meetings	Staff/ Care Managers/ PIC	31/03/24

<b>Resident Experience</b> – What do people who use the service experience on a day-to-day basis?	<b>Ensuring</b> – How does the Person in Charge ensure that best practice occurs as a matter of routine within the service?	<b>Assured</b> – How is the Registered Provider assured of the quality and safety of care & compliance?
<b>Standard 1.3 Each person exercises choice and control in their daily life in accordance with their preferences</b>		
<p>In all areas of support, we endeavour to ensure choice is at the centre.</p> <p>Support plans are a key tool in looking at routines, work placements, voluntary roles and day opportunities are of and derived from their wants, wishes and interests.</p> <p>Example: All residents are invited to plan the weekly menu and shopping list etc. All residents are encouraged to choose meals of their preference.</p>	<p>Key worker model is in place to ensure residents have ample opportunity to express their feelings and views</p> <p>Each person PHT support has individual care plans, which includes their wishes in relation to personal care, health &amp; wellbeing, community inclusion etc</p>	<p>File audits are conducted to review the extent to which residents are involved in the completion of care plans.</p> <p>House meetings should take place monthly and residents are asked to contribute to the planning and daily running of the service, i.e., weekly menu planning. There are some missing monthly meetings from 2023</p> <p>Resident survey focusing on their experiences of keyworking was completed in June '23.</p>

**Standard 1.3 Each person exercises choice and control in their daily life in accordance with their preferences**

**ACTION PLAN**

Area for Improvement	Responsibility	Completion Date
File audits to increase in frequency & completion of same delegated between PIC and Care Managers. This remains an area for improvement	PIC/ Care Managers	31/06/24
Monthly Meetings need to occur in each house.	Care Managers/ PIC	31/03/24

**Resident Experience** – What do people who use the service experience on a day-to-day basis?

**Ensuring** – How does the Person in Charge ensure that best practice occurs as a matter of routine within the service?

**Assured** – How is the Registered Provider assured of the quality and safety of care & compliance?

**Standard 1.4 Each person develops and maintains personal relationships and links with the community in accordance with their wishes.**

Key working is important to support residents to develop relationships and maintain current relationships.

All residents are encouraged to spend time with family and friends and staff facilitate when necessary.

A range of events/ activities take place within PHT and residents decide whether they would like to attend.

Residents are supported to attend work, day opportunities, church, volunteer roles and other social events as they wish – staff have the resources to facilitate transport.

Residents are supported to maintain family links & staff have accompanied residents on long journeys to visit family and friends.

Residents are encouraged to have visitors to their own home

Areas for improvement were noted in relation to the key working survey and shared with the staff team. The staff team also participated in the key working survey and provided suggestions as to how the process of key working could be improved. A suggestion of permitting key working to occur at weekends was brought to the Board who approved this. This means that key working can occur on Saturdays when residents have indicated they have more free time and don't feel so time bound when they have been at

Care plan in place for all residents in relation to community inclusion and involvement

Family meetings enable reflection in relation to connectivity and how PHT can help to maintain relationships

No areas of development identified

**Standard 1.4 Each person develops and maintains personal relationships and links with the community in accordance with their wishes.**

**ACTION PLAN**

Area for Improvement	Responsibility	Completion Date
Develop practices/ understandings of supporting people with ID to develop personal/romantic relationships . Policy revision of existing policies (such as Visitors policy) is reflecting a person centred approach to personal/romantic relationships – though a dedicated policy is required.	All staff	31/11/23
	PPIM/ PIC	30/06/24

**Resident Experience** – What do people who use the service experience on a day-to-day basis?

**Ensuring** – How does the Person in Charge ensure that best practice occurs as a matter of routine within the service?

**Assured** – How is the Registered Provider assured of the quality and safety of care & compliance?

**Standard 1.5 Each person has access to information, provided in a format appropriate to their communication needs.**

PHT approach communication with residents in a person-centred manner and continually reassess communication methods as needs change/ evolve. Some residents with communication challenges have MDT written Communication Plans.

Staff use pictorial aids when necessary to support communication with some residents.

An easy read version of the Statement of Purpose is available on the PHT website.

PCI has sought the support and assessment skills of Studio 3/ Evolve APC to provide staff with action plans for individuals with communication needs.

Staff bring any concerns relating to communication to the Care Managers/ PIC. They show good insight into changing/emerging needs of residents and are observed changing their communication style dependent on the resident they are interacting with.

Any needs in relation to communication are discussed at the weekly Manager's meeting & a plan of action agreed.

**Standard 1.5 Each person has access to information, provided in a format appropriate to their communication needs.**

**ACTION PLAN**

Area for Improvement	Responsibility	Completion Date
Staff to implement Studio3 / Evolve recommendations	All staff	Ongoing throughout 2024



<b>Resident Experience</b> – What do people who use the service experience on a day-to-day basis?	<b>Ensuring</b> – How does the Person in Charge ensure that best practice occurs as a matter of routine within the service?	<b>Assured</b> – How is the Registered Provider assured of the quality and safety of care & compliance?
<b>Standard 1.6 Each person makes decisions and, has access to an advocate and consent is obtained in accordance with legislation and current best practice guidelines.</b>		
PHT inform residents of national advocacy group when required and staff will apply for advocacy.  2 staff are trained as advocates and are creating an advocacy group with the residents.	An advocacy policy and procedure were created in 2021. This remains in place following consultation with residents.	Advocacy residents' group was created in 2021 and remains functioning, meeting with the PIC on a regular basis.

<b>Standard 1.6 Each person makes decisions and, has access to an advocate and consent is obtained in accordance with legislation and current best practice guidelines.</b>		
<b>ACTION PLAN</b>		
<b>Area for Improvement</b>	<b>Responsibility</b>	<b>Completion Date</b>
Advocacy resident's group to meet frequently throughout 2024	PIC/ Residents advocacy group	31/12/2024

<b>Resident Experience</b> – What do people who use the service experience on a day-to-day basis?	<b>Ensuring</b> – How does the Person in Charge ensure that best practice occurs as a matter of routine within the service?	<b>Assured</b> – How is the Registered Provider assured of the quality and safety of care & compliance?
<b>Standard 1.7 Each person's complaints and concerns are listened to and acted upon in a timely, supportive and effective manner.</b>		
Complaints are dealt with immediately when they are received.  Staff review complaints/ queries during handovers and team meetings to identify any learning or more effective ways of working with individuals.	There is a complaints policy and procedure in place  There is opportunity for residents to raise issues/ concerns during house meetings, and key working sessions with staff.	Complaints are recorded in the monthly reports & feedback is provided in relation to the action taken and resolution.  The PIC garners feedback from residents during the monthly report audit & responds to any concerns raised
No areas for improvement identified		

## Theme 2: Effective Services

<b>Resident Experience</b> – What do people who use the service experience on a day-to-day basis?	<b>Ensuring</b> – How does the Person in Charge ensure that best practice occurs as a matter of routine within the service?	<b>Assured</b> – How is the Registered Provider assured of the quality and safety of care & compliance?
---	---	---

**Standard 2.1 Each person has a personal plan which details their needs and outlines the supports required to maximise their personal development and quality of life, in accordance with their wishes.**

<p>All residents participate in their person-centred plan, many write the plan themselves with staff support as and when required. Plans can expire/ Reviews delayed when residents or families are not available.</p>	<p>Each resident has a person-centred care plan focusing on areas from epilepsy management, mental health and personal care. The care plans are created in partnership with the resident with their views being recorded. Further improvement is required by staff to be explicit about the involvement of residents in the creation of plans and the recording of their views.</p>	<p>File audits are completed by PIC/Care Managers &amp; they do assess the level of person-centred ethos &amp; application throughout records.</p>
<p>Daily activities and job opportunities etc are reflective of individual needs/ wants and staff encourage residents to make their own choices in relation to all aspects of life, including what to have for breakfast to where to go on holiday.</p>	<p>Within resident paper files, there is evidence that some residents have been supported to complete information about themselves; the forms are filled in by residents and not staff.</p>	<p>Regular supervisions are held with all staff to ensure discussion and review of resident needs &amp; required support, with a focus on maintaining or improving current quality of life</p>

**Standard 2.1 Each person has a personal plan which details their needs and outlines the supports required to maximise their personal development and quality of life, in accordance with their wishes.**

ACTION PLAN		
Area for Improvement	Responsibility	Completion Date
Ensure PCPs are renewed before a full year has lapsed	Key Workers/ Care Managers	31/03/2024

<b>Resident Experience</b> – What do people who use the service experience on a day-to-day basis?	<b>Ensuring</b> – How does the Person in Charge ensure that best practice occurs as a matter of routine within the service?	<b>Assured</b> – How is the Registered Provider assured of the quality and safety of care & compliance?
---	---	---

**Standard 2.2 The residential service is homely and accessible and promotes the privacy, dignity and welfare of each resident**

<p>On all visits to the 3 services throughout 2023, each home was found to be full of friendly staff and welcoming residents.</p>	<p>On all visits by PPIM, all 3 houses have been found to have welcoming staff. The atmosphere has been friendly and warm.</p>	<p>Resident views are sought during monthly reports, visits by PPIM, resident meetings and resident surveys.</p>
<p>Each resident has their own bedroom with ensuite and there are communal living room/ dining rooms etc for people to congregate and spend time with others.</p>	<p>Each resident has their own bedroom with an ensuite and all staff are aware to knock before entering a room.</p>	

<b>Standard 2.2 The residential service is homely and accessible and promotes the privacy, dignity and welfare of each resident</b>		
<b>ACTION PLAN</b>		
Area for Improvement	Responsibility	Completion Date
Hard to reach and at height areas to be thoroughly cleaned on a regular basis	PIC/ Care Managers	30/06/23

<b>Resident Experience</b> – What do people who use the service experience on a day-to-day basis?	<b>Ensuring</b> – How does the Person in Charge ensure that best practice occurs as a matter of routine within the service?	<b>Assured</b> – How is the Registered Provider assured of the quality and safety of care & compliance?
<b>Standard 2.3 Each person's access to services is determined on the basis of fair and transparent criteria.</b>		
<p>Staff engage with residents on a daily basis to ensure adequate access to services</p> <p>Staff routinely advocate for residents and support them to access statutory services, i.e. dietician to ensure their needs are met in a timely and effective manner.</p>	<p>There is a clear policy and procedure in relation to access to the services offered by PHT</p>	<p>Weekly meetings are held with PIC and Care Managers to review residents' changing needs. This ensures that any discussions in relation to the appropriateness of the service for an individual happen in a timely manner.</p> <p>Incident/ safeguarding reports are also submitted and a tracker completed, which provides an evidence base to track patterns and trends in relation to one individual.</p>
No areas of development identified		

Standard 2.4 Young adults are supported throughout their transition from children's services to adults' services.	PHT Trust service criteria is for over 18s only.
---	--

**Theme 3: Safe Services**

<b>Resident Experience</b> – What do people who use the service experience on a day-to-day basis?	<b>Ensuring</b> – How does the Person in Charge ensure that best practice occurs as a matter of routine within the service?	<b>Assured</b> – How is the Registered Provider assured of the quality and safety of care & compliance?
<b>Standard 3.1 Each person is protected from abuse and neglect and their safety and welfare is promoted.</b>		
<p>2023 did prove challenging in terms of the dynamics between residents in one service. Discussions are ongoing with HSE in relation to these concerns.</p>	<p>All residents have an individualised care plan, stress plans and risk assessments</p> <p>Evolve APC have begun work in relation the assessment of identified</p>	<p>File audits are completed to review</p> <p>Incident/safeguarding reports are completed and tracked through an incident tracking matrix</p>

	resident need and challenges with interacting with other residents.	All incidents/ safeguarding concerns are reported to PCI's Deputy Safeguarding Champion for further review; HSE's Safeguarding Team (CHO6) and HIQA
--	---	---

**Standard 3.1 Each person is protected from abuse and neglect and their safety and welfare is promoted.**

**ACTION PLAN**

Area for Improvement	Responsibility	Completion Date
Proposal submitted to HSE re. a 4 <sup>th</sup> service to address dynamics within 1 service to be continued to be discussed with HSE on a regular basis	PIC/PPIM	30/06/24

<b>Resident Experience</b> – What do people who use the service experience on a day-to-day basis?	<b>Ensuring</b> – How does the Person in Charge ensure that best practice occurs as a matter of routine within the service?	<b>Assured</b> – How is the Registered Provider assured of the quality and safety of care & compliance?
---	---	---

**Standard 3.2 Each person experiences care that supports positive behaviour and emotional well-being.**

Each resident has access to Evolve PBS support if required.  Concerns are handed over and discuss thoroughly to ensure they are addressed appropriately and effectively.	Evolve have completed a number of visits to PHT since the beginning of the engagement in October 2023.  Increased staffing proposals have been submitted to HSE to ensure that staffing is adequate to support residents with increasing/ emerging needs around positive behaviour and emotional wellbeing.  Whilst PHT is committed to supporting residents who have behavioural needs, staff will benefit from further training and developing their understanding of positive behaviour support models and approaches	Care plans are in place and audited to ensure that positive behaviour support is identified when needed.  Proposals submitted to HSE highlighting the need for additional staff were approved and rotas amended to reflect new staffing model.  Proposal submitted to HSE in May 2023 in relation to a new service that would meet the emerging needs of an identified resident – discussions are ongoing.
--	--	--

**Standard 3.2 Each person experiences care that supports positive behaviour and emotional wellbeing.**

**ACTION PLAN**

Area for Improvement	Responsibility	Completion Date
Specialist training to be provided by Evolve	PIC	30/09/24

Discussions with HSE re. proposal for a 4 <sup>th</sup> service to continue	PIC/PPIM	30/06/24
---	----------	----------

<b>Resident Experience</b> – What do people who use the service experience on a day-to-day basis?	<b>Ensuring</b> – How does the Person in Charge ensure that best practice occurs as a matter of routine within the service?	<b>Assured</b> – How is the Registered Provider assured of the quality and safety of care & compliance?
---	---	---

**Standard 3.3 People living in the residential service are not subjected to a restrictive procedure unless there is evidence that it has been assessed as being required due to a serious risk to their safe and welfare.**

Where necessary restrictions are in place to ensure the safety of an individual. The restrictions are time limited, least restrictive, and last resort and reviewed regularly, by key workers, staff teams, PCI and the Restrictive Interventions Review Committee.	Risk assessment training is delivered to staff.  Rights Restrictions training was delivered to all staff in May 2023.	All restrictions in operation are discussed at the Restrictive Interventions Review Committee, which ensures the focus is centred on the best interests of the resident, the level of risk, and any potential alternatives/ restriction reduction plan that could be implemented. All protection plans are reviewed by PPIM before submission to HSE.
--	---	--

No areas for improvement identified

<b>Resident Experience</b> – What do people who use the service experience on a day-to-day basis?	<b>Ensuring</b> – How does the Person in Charge ensure that best practice occurs as a matter of routine within the service?	<b>Assured</b> – How is the Registered Provider assured of the quality and safety of care & compliance?
---	---	---

**Standard 3.4 Adverse events and incidents are managed and reviewed in a timely manner and outcomes inform practice at all levels.**

Staff respond to any incidents in a timely matter and complete all relevant documentation. This is reviewed by management and any patterns etc identified are addressed.  Staff are aware of the need to provide reassurance to all residents.	All incidents (inc. medication errors) are recorded on a tracker and reviewed quarterly.  Staff have received training in 2023 in 'Managing signs of distress.'  The PIC and PPIM review incident documentation following all incidents - the completion of these forms is identified as an area for improvement in 2023, at times paternalistic language can be used or the recording of the incident notes staff opinion.	All adverse incidents are recorded on incident report forms, and documented on the incident tracker so any identifiable patterns can be found. Any potential safeguarding incidents are referred to HSE and also PCI's Deputy Safeguarding Champion (PPIM) for discussion and review.
--	---	--

**Standard 3.4 Adverse events and incidents are managed and reviewed in a timely manner and outcomes inform practice at all levels.**

ACTION PLAN		
Area for Improvement	Responsibility	Completion Date
All staff should receive training on the completion of incident report	PIC/ Care Managers	30/09/24
Any concerns regarding completion of forms should be addressed individually with staff via supervision	PIC/ Care Managers	Ongoing throughout 2024.

#### Theme 4: Health and Development

<b>Resident Experience</b> – What do people who use the service experience on a day-to-day basis?	<b>Ensuring</b> – How does the Person in Charge ensure that best practice occurs as a matter of routine within the service?	<b>Assured</b> – How is the Registered Provider assured of the quality and safety of care & compliance?
<b>Standard 4.1 The health and development of each person is promoted.</b>		
Staff respond in a person - centred manner to residents in relation to their health and development. The staff teams understand that they must meet a resident where they are at and tailor their interventions and approaches to the individual.	<p>The Key working model is key in supporting residents to develop an awareness of their own body and mind and any health conditions they may have.</p> <p>PBS provider was changed in late 2023 so that PHT could ensure it delivered tailored and specific training and interventions to meet individual resident need.</p>	<p>Composite health plans are created in conjunction with health professionals and the residents so they are holistic and comprehensive</p> <p>Staff report and discuss any concerns at handovers, supervisions and team meetings.</p> <p>All health concerns are discussed at a weekly meeting between PIC/ Care Managers</p>

Standard 4.1 The health and development of each person is promoted.		
ACTION PLAN		
Area for Improvement	Responsibility	Completion Date
File audits to increase in frequency	PIC/Care Managers	30/06/24

<b>Resident Experience</b> – What do people who use the service experience on a day-to-day basis?	<b>Ensuring</b> – How does the Person in Charge ensure that best practice occurs as a matter of routine within the service?	<b>Assured</b> – How is the Registered Provider assured of the quality and safety of care & compliance?
<b>Standard 4.2 Each person receives a health assessment and is given appropriate support to meet any identified need.</b>		

<p>Staff support residents on a daily basis with the administration of medication, this enables a daily review of the person and their health needs.</p> <p>Staff accompany residents to the GP/ hospital as required.</p> <p>Staff also deliver person centred approach in relation to health, i.e., ensuring there are always reduced sugar options.</p>	<p>Every resident has a composite health plan that reflects current needs and the wishes of every individual.</p> <p>The composite health plans are reviewed regularly.</p> <p>Staff display a sound knowledge of each resident and can identify quickly any deterioration in the health and well-being of an individual.</p> <p>Private contracts with Speech and Language Therapists, Psychologists and Dieticians are in place to ensure PHT meets the needs of all residents and can provide the appropriate support</p>	<p>Regular reviews with GP, privately contracted health professionals take place to review progress of residents and agree any further interventions/ supports.</p> <p>Health support plans are discussed regularly at team meetings and management meetings – attention is given to each individual and any further concerns are identified and actioned</p>
<p>No areas for improvement identified</p>		

<p><b>Resident Experience</b> – What do people who use the service experience on a day-to-day basis?</p>	<p><b>Ensuring</b> – How does the Person in Charge ensure that best practice occurs as a matter of routine within the service?</p>	<p><b>Assured</b> – How is the Registered Provider assured of the quality and safety of care &amp; compliance?</p>
<p><b>Standard 4.3 Each person's health and wellbeing is supported by the residential service's policies and procedures for medication management.</b></p>		
<p>Staff administer medication daily to residents; any issues are found quickly and responded to.</p> <p>Staff evidence good knowledge of residents' health needs and ensure there is a support plan in place to meet those needs.</p>	<p>Medication management policy and procedure is in place</p> <p>All staff receive medication administration training on a regular basis</p>	<p>Medication incidents are recorded and tracked in a matrix designed to identify patterns/trends</p> <p>Medication administration is discussed at team meetings and supervisions with staff</p> <p>Medication errors have reduced in total in 2023 when compared to 2022.</p>

<p><b>Resident Experience</b> – What do people who use the service experience on a day-to-day basis?</p>	<p><b>Ensuring</b> – How does the Person in Charge ensure that best practice occurs as a matter of routine within the service?</p>	<p><b>Assured</b> – How is the Registered Provider assured of the quality and safety of care &amp; compliance?</p>
<p><b>Standard 4.4 Educational, training and employment opportunities are made available to each person that promotes their strengths, abilities and individual references.</b></p>		
<p>Residents attend work or job opportunities – staff support residents to attend by organising transport if required</p>	<p>Individual care plans are in place for all residents, which include focus on inclusion in the community, opportunities for volunteering.</p>	<p>Care plan audits take place to ensure they are written in a strengths-based manner.</p>

	<p>Care plans are written to focus on a resident's strengths and abilities.</p> <p>Staff receive training in care planning.</p>	
--	---	--

**Section 2: Capacity and Capability**

**Theme 5: Leadership, Governance and Management**

<b>Resident Experience</b> – What do people who use the service experience on a day-to-day basis?	<b>Ensuring</b> – How does the Person in Charge ensure that best practice occurs as a matter of routine within the service?	<b>Assured</b> – How is the Registered Provider assured of the quality and safety of care & compliance?
---	---	---

<b>Standard 5.1 The residential service performs its functions as outlined in relevant legislation, regulations, national policies and standards to protect each person and promote their welfare.</b>		
<p>Staff strive to ensure that best practice is followed and adhered to.</p> <p>The PIC sends out relevant research documents etc to staff to support them in the development of their practice related knowledge.</p>	<p>Policies and procedures are in place and reviewed regularly.</p> <p>The most recent HQIA inspection report noted the outstanding policies are an area for improvement. This is an ongoing piece of work to be completed by the PCI and PPIM.</p> <p>The PCI and PPIM attend relevant webinars and discuss best practice guidance as and when it is published and develop a plan of action to ensure PHT compliance and staff understanding.</p>	<p>Regular team meetings and supervisions take place with the staff team.</p> <p>PHT Trust is accountable to the Board.</p> <p>Monthly reports are completed against the standards and regulations as are 6 monthly reports and an annual report</p>

<b>Standard 5.1 The residential service performs its functions as outlined in relevant legislation, regulations, national policies and standards to protect each person and promote their welfare.</b>		
<b>ACTION PLAN</b>		
<b>Area for Improvement</b>	<b>Responsibility</b>	<b>Completion Date</b>
All outstanding policies to be reviewed	PIC/PPIM	31/03/23

<b>Resident Experience</b> – What do people who use the service experience on a day-to-day basis?	<b>Ensuring</b> – How does the Person in Charge ensure that best practice occurs as a matter of routine within the service?	<b>Assured</b> – How is the Registered Provider assured of the quality and safety of care & compliance?
---	---	---

<b>Standard 5.2 The residential service has effective leadership, governance and management arrangements in place and clear lines of accountability.</b>		
--	--	--



<p>There are established Care Managers (one for each house) who report to the PIC, The PIC reports to the Board who part delegate their duties through PCI/CSW and the PPIM. Roles and accountability are clear.</p> <p>The PIC is available to meet with residents as is the PPIM.</p> <p>Residents know that each service has a Care Manager and who they can speak to about any issues.</p> <p>Posters identifying the regional manager and Adult Safeguarding champion are also displayed within the services</p>	<p>Management structures are in place within PHT</p>	<p>Current governance duties including the implementation of monthly monitoring visits, monthly care plan file audits, thematic audits &amp; monthly supervision of PIC etc. HQIA approved of the various changes in relation to the day-to-day governance of the service and PHT is now deemed to be compliant in this area. However, challenges remain in relation to the legal arrangement between PHT and PCI/CSW until the new Company Constitution is approved by the Charity Regulatory Authority – there have been significant developments in this area during 2023 and it is believed that the situation is close to resolution.</p> <p>PHT Board meetings regularly throughout the year</p>
---	--	--

**Standard 5.2 The residential service has effective leadership, governance and management arrangements in place and clear lines of accountability.**

**ACTION PLAN**

Area for Improvement	Responsibility	Completion Date
Legal position of PCI/ PHT to be confirmed by Charity Regulatory Authority	PIC/PHT Representatives	31/12/2024
Membership of Board to be reviewed. Chair of the Board will prioritise increasing number of Directors on the Board.	Chair of Board	31/12/2024

<b>Resident Experience</b> – What do people who use the service experience on a day-to-day basis?	<b>Ensuring</b> – How does the Person in Charge ensure that best practice occurs as a matter of routine within the service?	<b>Assured</b> – How is the Registered Provider assured of the quality and safety of care & compliance?
---	---	---

**Standard 5.3 The residential service has a publicly available statement of purpose that accurately and clearly describes the services provided.**

<p>Statement of Purpose in place in all files, which have been signed by residents.</p> <p>Easy read version is available.</p>	<p>The Statement and Purpose of Function document is published on the PHT website, and easily accessible in each of the residential locations. It was reviewed during 2023.</p>	<p>Both versions of the Statement and Purpose of Function have been approved by HQIA following inspection in 2021.</p>
--	---	--

		Statement and Purpose of Function are reviewed during PPIM visits
No areas for improvement identified		

<b>Resident Experience</b> – What do people who use the service experience on a day-to-day basis?	<b>Ensuring</b> – How does the Person in Charge ensure that best practice occurs as a matter of routine within the service?	<b>Assured</b> – How is the Registered Provider assured of the quality and safety of care & compliance?
---	---	---

**Standard 5.4 The residential service has appropriate service level agreements, contracts and/or other similar arrangements in place with the funding body or bodies.**

<p>Contracts in place for all residents – reviewed on a regular basis.</p> <p>PIC and PPIM are in regular contact with HSE.</p>	<p>Regular meetings with HSE/ HQIA take place to review contracts and PHT have the opportunity to submit business cases for additional funding in order to safely and effectively meet the needs of residents.</p> <p>The PIC has demonstrated good knowledge of the current regulations set by HQIA, Housing Authority and the Charity Commission - it is a difficult task to ensure to ensure that all regulations/ standards from a variety of regulators in met as there is often conflicting guidance.</p> <p>PIC has a sound professional relationship with HSE Disability Manager and will seek advice when necessary.</p>	<p>6 monthly unannounced visits take place and reports are produced. The quality and safety of care and compliance of the service is reviewed against regulations.</p> <p>Regular reviews of budgets and all finance matters take place with PCI's finance manager to ensure compliance and adequate funding.</p> <p>HQIA Inspection took place in October '23.</p>
---	---	---

No areas for improvement identified

**Theme 6: Use of Resources**

<b>Resident Experience</b> – What do people who use the service experience on a day-to-day basis?	<b>Ensuring</b> – How does the Person in Charge ensure that best practice occurs as a matter of routine within the service?	<b>Assured</b> – How is the Registered Provider assured of the quality and safety of care & compliance?
---	---	---

**Standard 6.1 The use of available resources is planned and managed to provide person-centred effective and safe residential services and supports to people living in the residential service.**

<p>Residents have access to a range of PHT provided resources., a car for transport to day opportunities etc.</p> <p>Regular resident meetings are held whereby needs for the</p>	<p>Resident needs are under constant review and staff are expected to raise any concerns or emerging needs are the earliest opportunity to ensure timely and effective response.</p>	<p>The budget is reviewed regularly throughout the year to ensure that there are adequate resources to provide safe and person -centred services.</p> <p>PPIM must commend the PIC for submitting appropriate and detailed</p>
---	--	--

<p>house are discussed and residents are encouraged to make suggestions, for example, the residents in Blake House expressed interest in and a wish to develop the external space at the front of the house – this was actioned and there is a lovely sitting area and raised beds for flowers and vegetables.</p>	<p>Staff are encouraged to share professional views in relation to resident's needs during team meetings, handovers, supervision and training.</p>	<p>proposals to the HSE in relation to additional staffing to ensure there was adequate staffing resource.</p> <p>A comprehensive review was completed of all 3 services throughout 2023 with available resources at the centre of the analysis – this led to a proposal for a 4<sup>th</sup> service to be submitted to the HSE.</p>
<p>No areas for improvement identified</p>		

## Theme 7: Responsive Workforce

<b>Resident Experience</b> – What do people who use the service experience on a day-to-day basis?	<b>Ensuring</b> – How does the Person in Charge ensure that best practice occurs as a matter of routine within the service?	<b>Assured</b> – How is the Registered Provider assured of the quality and safety of care & compliance?
<p><b>Standard 7.1 Safe and effective recruitment practices are in place to recruit staff.</b></p>		
<p>Residents have no direct involvement in recruitment at this time. However, they should experience skilled individuals who are compassionate and caring.</p>	<p>Recruitment in 2023 remained challenging with adverts for posts not attracting applicants.</p> <p>Staffing remained stable in respect of there not being any staff leaving and PHT have recruited 2 new relief staff in 2023.</p> <p>PHT did have to engage the services of agency staff throughout 2023 in order to meet the additional needs of residents, following the approval of business cases by the HSE, which highlighted the need for additional staff at certain times of the day/night. All agency staff were stringently screened and a comprehensive inductions were completed on site.</p> <p>Recruitment of staff is conducted in line with best practice; and in line with SI 367 schedules.</p>	<p>Recruitment and Induction processes reviewed during 6 monthly unannounced inspection and PPIM visits.</p> <p>All recruitment records are stored in a locked safe.</p>
<p>No areas for improvement identified</p>		

<b>Resident Experience</b> – What do people who use the service experience on a day-to-day basis?	<b>Ensuring</b> – How does the Person in Charge ensure that best practice occurs as a matter of routine within the service?	<b>Assured</b> – How is the Registered Provider assured of the quality and safety of care & compliance?
---	---	---

<b>Standard 7.2 Staff have the required competencies to manage and deliver person-centred, effective and safe services to people living in the residential service.</b>		
Residents benefit from highly skilled staff force on a daily basis.	The PHT staff team includes staff from a range of disciplines, for example, social care/ nursing/psychiatry/ teaching etc.	Training plan and matrix are reviewed as part of the Provider unannounced 6 monthly inspection  All staff completed medication competencies
No areas for improvement identified		

<b>Resident Experience</b> – What do people who use the service experience on a day-to-day basis?	<b>Ensuring</b> – How does the Person in Charge ensure that best practice occurs as a matter of routine within the service?	<b>Assured</b> – How is the Registered Provider assured of the quality and safety of care & compliance?
<b>Standard 7.3 Staff are supported and supervised to carry' out their duties to protect and promote the care and welfare of people living in the residential service.</b>		
Residents should experience a knowledgeable and confident staff team who are able to meet their needs appropriately and effectively.	A culture of the importance of supervision for staff is fostered from the top down. The PPIM strives to conduct monthly supervision with PIC – this did slow during 2023, given the staffing pressures, however regular phone calls and visits did occur to provide support.	Supervision records are in place and are reviewed as part of the 6 monthly inspection and when PPIM visits the services  PPIM completed PIC's appraisal in April '23. A date has been set for April '24.

<b>Standard 7.3 Staff are supported and supervised to carry' out their duties to protect and promote the care and welfare of people living in the residential service.</b>		
<b>ACTION PLAN</b>		
Area for Improvement	Responsibility	Completion Date
Supervision schedule to be designed and implemented for 2024 – all supervisions of staff to be completed in a timely manner	PIC/Care Managers	30/04/24
Appraisal schedule to be designed and implemented for 2023 – all staff to have an appraisal within 2023	PIC/Care Managers	30/04/24

<b>Resident Experience</b> – What do people who use the service experience on a day-to-day basis?	<b>Ensuring</b> – How does the Person in Charge ensure that best practice occurs as a matter of routine within the service?	<b>Assured</b> – How is the Registered Provider assured of the quality and safety of care & compliance?
<b>Standard 7.4 Training is provided to staff to improve outcomes for people living in the residential service.</b>		

<p>Residents benefit from new approaches or person-centred interventions when required as relevant training is sourced and delivered to staff.</p>	<p>PHT have a robust mandatory training programme and 2023 has highlighted the importance of the PIC responsiveness in supporting staff through training to meet the emerging needs of residents. This is clearly evident in the delivery of dementia training to staff in early 2023.</p> <p>The ongoing review of training in 2023 led to the proposal to change PBS providers who would be able to deliver a range of specialised training, which will benefit staff and residents going forward. PHT is open to reviewing contracts and professional relationships in the best interests of residents.</p>	<p>Training plan and matrix are reviewed regularly by the PIC and PPIM.</p> <p>Contracts with contracted supports are under constant review.</p> <p>The PIC and Care Managers hold regular team meetings and supervision were by staff thoughts and training requests are discussed and then brought to PPIM for further analysis.</p>
<p>No areas for improvement identified</p>		

## Theme 8: Use of Information

<p><b>Resident Experience</b> – What do people who use the service experience on a day-to-day basis?</p>	<p><b>Ensuring</b> – How does the Person in Charge ensure that best practice occurs as a matter of routine within the service?</p>	<p><b>Assured</b> – How is the Registered Provider assured of the quality and safety of care &amp; compliance?</p>
<p><b>Standard 8.1 Information is used to plan and deliver person-centred, safe and effective residential services and support.</b></p>		
<p>All residents have a key worker assigned to them who they meet regularly.</p> <p>Staff will regularly ‘check in’ with residents to ensure their understanding of a resident’s wishes or views is correct.</p>	<p>PHT use an online recording system, which records all care plans/ risk assessments, incidents, complaints etc.</p> <p>All records are stored in accordance to GDPR requirements and there have been no breaches within the last 12 months. All records are appropriately named/ coded to ensure that there is no mix up of information etc.</p> <p>Information is archived as per procedure.</p> <p>Training is provided on key working and person -centred practices to all staff.</p> <p>Staff do maintain relationships with other professionals with a resident’s life i.e., PBS Support, Day Opportunities Provider, GP etc. This ensures that there is appropriate information sharing when necessary.</p>	<p>File audits are completed by Care Managers/ PIC to ensure appropriate use of the online recording system. Care plans are reviewed to ensure they are person-centred and address a person’s needs effectively whilst maintaining and promoting independence.</p> <p>Monthly audit is completed by PIC</p>

	Regular team meetings are held at which residents' needs are discussed and relevant information is shared amongst the whole team to ensure consistency in approach/ response.	
--	---	--

**Standard 8.1 Information is used to plan and deliver person-centred, safe and effective residential services and support.**

**ACTION PLAN**

Area for Improvement	Responsibility	Completion Date
Frequency of file audits to increase. This continues to be an action point in 2023.	Care Managers/ PIC	31/08/2024

<b>Resident Experience</b> – What do people who use the service experience on a day-to-day basis?	<b>Ensuring</b> – How does the Person in Charge ensure that best practice occurs as a matter of routine within the service?	<b>Assured</b> – How is the Registered Provider assured of the quality and safety of care & compliance?
---	---	---

**Standard 8.2 Information governance arrangements ensure secure record-keeping and file-management systems are in place to deliver a person-centred, safe and effective service.**

Resident's can have access to their paper and online file when requested. Documentation related to individuals is not kept in communal areas so as to ensure privacy.	All staff have their own log in and are aware of safe practices when using the computer, i.e., always locking the computer before leaving it, not sharing passwords etc  An alternative to the current online recording system has been identified and is currently being tested for GDPR compliance by PCI IT department.	Monthly report is completed by the PIC  GDPR policy is in place, which includes the safe storage of information.  File audits are completed by Care Managers.
--	--	---

No areas for improvement identified

## Summary

Peacehaven Trust has continued to deliver person centred practice, with the focus on the residents leading the service they wish to see and experience. The staff strive to deliver excellence in every area of service provision and this is evidenced through their active engagement in training, team meetings, supervisions and reflections.

It would be remiss not to comment on the challenges experienced throughout 2023, in particular in the later part of the year; which culminated in additional staffing being required to meet the needs of residents with changing needs and a shortage of staff due to sickness and unforeseen circumstances. The staff team, principally the Care Managers and Person in Charge should be commended for their dedication to adequately and safely staffing each service. Peacehaven Trust experienced the tragic passing of a much cared for resident in 2023 and this was felt deeply by residents and staff, the way in which this sad event was managed and how staff supported residents was underpinned with the values of respect and dignity and all should be commended for such a compassionate response.

Many of the regulations and the supporting value base are inherent in the practice of Peacehaven Trust staff and the commitment that has been shown to the residents throughout 2023 is to be admired.