Presbyterian Church in Ireland   peacehaven

2023

Bi - Annual review of safety and quality of care and support

1st July 2023 – 31st December 2023

Our commitment to quality and safety

PCI/ Peacehaven aims to safeguard the welfare of its residents by providing the highest possible standard of care and adopting safe working practices to minimise the potential for abuse. Regular reviews and audits provide the organisation with the opportunity to assess and improve performance in order to realise our vision of providing the best quality care possible in a supportive safe and caring home from home environment.

This review is informed by:

- HIQA reports (most recent October 2023)
- Incident log
- Complaints log
- Resident and Staff Key Working Survey
- Care plan audits
- Safeguarding Concerns and Plans
- Health and Safety Committee Information
- RIRC Committee Minutes
- Staff Training Review
- Unannounced Regional Manager Inspections

HIQA report

An unannounced Inspection was carried out as part of the ongoing regulatory monitoring of the centrewas carried out by HIQA on 26th October 2023, under the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013-2015 as amended.

Jennifer Deasy was the Lead Inspector, with Michael Muldowney assisting.

The Regulations considered on this inspection and the judgements made were as follows

REGULATION TITLE	JUDGEMENT	RISK RATING	DATE TO BE COMPLIED WITH
Regulation 15: Staffing	Compliant		
Regulation 16: Training and Staff Development	Compliant		
Regulation 23: Governance and Management	Compliant		
Regulation 13: General Welfare and Development	Compliant		

Regulation 29: Medications and Pharmaceutical Services	Compliant		
1. Regulation 4: Written Policies and Procedures (3) The Registered provider shall review the policies and procedures referred to in paragraph (1) as often as the Chief Inspector may requires but in any event at intervals not exceeding 3 years and, where necessary, review and update them in accordance with best practice.	Substantially compliant	Yellow	31st March 2024
2. Regulation 17: Premises (1) (b) Provides premises which are of sound construction and kept in a good state of repair externally and internally.	Substantially compliant	Yellow	Total redecoration by 30th June 2024
3. Regulation 28: Fire Precautions (4) (b) The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that staff and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in case of fire.	Substantially compliant	Yellow	31st December 2023
4. Regulation 5: Individual Assessment and Personal Plan (4) (a) The person in charge shall, no later than 28 days after the resident is admitted to the designated centre, prepare a personal plan for the resident which reflects the resident's needs. (b) The Person in charge shall, no later than 28 days after the resident is admitted to the designated centre, prepare a personal plan for the resident which outlines the supports required to maximise the resident's personal development in accordance with his or her wishes.	Substantially compliant	Yellow	As required for new admissions, assessments and care plans will be in place within 28 days

Reasons for non-compliance, preliminary actions taken and current position report as of 31/01/2024

Regulation	Reasons for non-compliance	Actions that were taken	Current position	Further recommendations from PPIM
Regulation 4: Written Policies and Procedures	The Inspector found that while policies had been reviewed locally, some of the approved policies had not been approved by the Provider	The Provider and Person in Charge devised a schedule for systematic	Annual leave and Key Working Policy reviewed and approved	Remainder of policies and procedures to be reviewed

		review of all policies and procedures		
Regulation 17: Premises	Some upkeep was requires as observed by Inspectors: - In one house, some of the walls were scuffed from contact with wheelchairs - There was dark mildew on the ceiling of an ensuite bathroom - Rust on fittings such as radiators - The fabric on the base of a resident's bed was torn - The handrail on the stairs of one house required repainting	Re-decoration has occurred and on going in Applewood. Vent added to en suite, mildew cleaned and space repainted with anti – mildew paint. New radiator parts purchased and fitted Handrail has been repainted.	Deep cleaning by external contractors continues on a monthly basis.	A review of all bed bases to take place and replacement numbers established.
Regulation 28: Fire Precautions	In one home, there was no written information beside the fire panel on different zones in the house Procedures did not describe a 'deep sleep' fire drill	Written information now in place	Simulated 'deep sleep' fire drills are taking place	Care Manager's carrying out fire safety audit w/c 29/01/24 Terms of Reference for Health and Safety Committee including types of drills.
Regulation 5: Individual Assessment and Personal Plan	In some cases, it was found there were insufficient care plans for all assessed needs. Some care plans were found to be insufficiently detailed in the information that they provided Some care plans were difficult to find on the Provider's system	PIC rectified the care plans identified to have insufficient details on the day of the inspection.	Care Manager's are auditing care files of their respective services to ensure care plans meet required standards and expectations. Systems adjusted to ensure care	PPIM and PIC to review file audits and provide feedback.

			plans are accessible to all staff, including agency.	

Notable comments from Inspectors:

The premises were clean, bright, spacious, comfortable and nicely furnished, and inspectors observed a relaxed and homely atmosphere.

There was ample communal space including garden spaces. The kitchen facilities were well equipped, and inspectors observed a good selection and variety of food and drinks for residents to choose from

Inspectors observed residents to freely access their homes without restriction, and they appeared content and relaxed.

One resident spoke about a complaint that they had made. They said that this complaint had been responded to and spoke about the actions that the staff had taken in response to their complaint.

Overall, inspectors were assured that residents were in receipt of person-centred care and support which was being delivered in safe premises by a competent and responsive staff team.

Health and Safety

Commentary

The PIC reviewed the Health and Safety statement for both Applewood and Blake House in June 2023, no new changes were noted in this review.

The Health and Safety Statement for Lydia House will be reviewed in July 2023. *Update at end of 2023 – this statement was reviewed in June 2023. No substantial changes made.*

A Health and Safety Committee meeting was held on 19th January 2023. This was attended by 4 staff with one apology. The agenda included:

Review Incidents/Accidents, Daily Checks/ Weekly Check, Fire Equipment, Fire Drills, PEEP, First Aid Kits, Review of new H&S Risk Assessments, Health & Safety Statements, Risk Assessments, PPE, Vehicle Management, and training. Another meeting of this committee is to be scheduled before the end of 2023. *Update at end of 2023: There is no evidence of any further Health and Safety Committee meetings during the rest of 2023. This is an identified gap in governance and a meeting should be arranged by 31st March 2024.*

As part of this 6-month review, the Terms of Reference for the Health and Safety Committee were reviewed and the following points noted.

Requirements as per the Terms of Reference:

The Health and Safety committee shall aim to meet monthly; but no less than 10 occasions per annum. This is clearly not happening – frequency of required meetings should be reviewed. It may be more feasible to move to quarterly meetings.

The committee should carry out a six-monthly Health and Safety Audit for each location, actions points are identified, addressed where possible and reported back to Director of Services. There are no available health and safety audits available on Share Point from 2021.

Fire Drills are carried out to ensure that four full fire drills occur each year in each location; one of which shall be a deep sleep drill. From the HQIA Inspection report, it is evident that deep sleep drills have not been completed.

A review of the Health and Safety Committee is required including the review of its terms of reference.

Incident log

Commentary

All accidents, incidents and near misses including medication errors are recorded in the incident log, which is collated on a monthly basis and forwarded to the PPIM (Regional Care Manager).

All accidents, incidents and near misses are risk assessed by the Person in Charge and a risk management plan is implemented to minimise risk of further harm.

All medication errors are recorded on a Medication Error report form and actions are put in place relating to that single incident. All staff are expected to complete a reflective practice exercise if they are responsible for a medication error.

All accidents, incidents and near misses including medication errors are discussed at team meetings and fortnightly Care Manager's meeting with a view to encourage reflective practice & shared learning across teams and houses.

The incident log is reviewed quarterly by the registered provider representative and a 6 monthly report given to the Board of Management.

HIQA is informed of any notifiable events and a record kept of this (portal). HSE is informed of quarterly notifications to HIQA.

Any potential safeguarding incident is reviewed by PIC, Regional Care Manager (Deputy Adult Safeguarding Champion) and Head of Safeguarding (Adult Safeguarding Champion) on receipt of incident form.

Incidents recorded

33 incidents were recorded between 1stJuly 2023 t0 31st December 2023. This is a decrease of 34% on the previous 6 months.

Type of Incident	Q3 Statistics	Q4 Statistics
Resident abuse (by another resident)		
Resident abuse (by staff/third party)	1	2
Resident - slips, trips & falls	1	2
Self-injurious behaviour		
Resident accident - other than a slip trip or fall	2	3
Theft		
Staff accident - other than a slip, trip or fall		1
Other		1
Physically challenging behaviour to an object	1	2
Physically challenging behaviour to another person	2	4
Verbally aggressive behaviour	1	2
Unexplained injury	1	
Infection control incident	1	
Near miss	2	2
Transport (car accident)		1
Infrastructure (including facilities, environment)		1
Q3 Total:	**12**	
Q4 Total:		**21**
Q3 and Q4 Total:	**33**	

Q3	
Q4	

Further analysis of the incidents shows the following breakdown:

Year	Quarter	Total Incidents	Lydia Incidents
2023	Q3	12	6
2023	Q4	21	11

It is noted that the total incidents in Q4 is significantly higher than Q3. A number of reasons have been identified for this increase through staff meetings, supervisions and incident reflections. Work with the HSE is ongoing in respect of increasing availability of a range of services to meet the changing needs of identified residents. Given the complexity of the identified needs, staff must be

commended for their compassionate, caring and proactive practice, which has without doubt ensured that there have not been more incidents than identified within the data.

Medication Errors

During the period 1st July 2023 and 31st December 2023, 17 medication errors occurred. 8 of which were attributed to resident action and 9 are the responsibility of staff. This is an overall decrease of 41% from quarter 1 and 2.

Type of Error	Q3 Number	Q4 Number
Incidents (Resident Caused)		
Medication vomited	0	
Refusal to take medication	0	
Resident missed their medication	1	4
Adverse Reaction	0	
Taking with another Substance	0	
Medication Loss	0	
Medication Spillage	2	1
Medication Spoilage	0	
Total Number of Resident Errors in Each Quarter	**3**	**5**
Total Number of Resident Errors in 6 – Month Period	**8**	
Incidents (Staff caused)		
To the wrong person		
Wrong medication		
Incorrect dosage	1	
Via the incorrect route		
At the incorrect time	1	
Medication omitted by staff		
Medication not restored		1
Stock Control		
Incorrect form used		
Incorrect code used on Mar Sheet		1
Medication not recorded on MAR Sheet	1	
MAR Sheet is not signed	3	
PRN rational not entered onto MAR sheet		
Incorrect time recorded on MAR sheet		1
Rational for incorrect time not recorded-MAR sheet		
Total Number of Staff Errors in each Quarter	**6**	**3**
Total Number of Staff Errors in 6- month period	**9**	
Total Number of Errors of Staff and Resident Errors in 6- month period	**17**	

When examined against the back drop of medication administration across both quarters, it evidences the following:

Quarter	Medication Passes	Staff Related Errors	Margin of Error
Quarter 3	8826	6	0.07%
Quarter 4	7917	3	0.03%

Previously identified in the last 6 monthly report, omission of medication by staff remained a concern, in the final 2 quarters of the year, there were no omissions of medication by staff recorded. This is an excellent improvement and the staff team should be commended.

Complaints Log 1st July 2023 – 31st December 2023

Month	Number	Nature of Complaint	Investigation Held	Outcome Reached	Complainant Satisfied
None noted					

Compliments Log 1st July 2023 – 31st December 2023

Month	Compliment
July 2023	PT wanted Applewood staff and Peacehaven in general to know how happy they are with the care resident RT is receiving. He wanted everyone to know that he is so happy that RT is settled and cared for so well within the service and house.
August 2023	Joy Twamley, Vivienne Jeffers, Con Ryan all complimented Blake House and thanked PHT for the 20 years celebration BBQ.

Training

It must be noted that the PIC is skilled in identifying training needs for staff within the three services. It is often highlighted following reviews of incidents/ safeguarding concerns and staff meetings in which reflective discussion is encouraged.

Training in the following areas has been completed up until 31st December 2023:

- Dementia
- Supervision
- Medication Management
- Manual Handling
- Infection Prevention and Control
- Managing signs of distress
- First Aid refresher

- Disclosure
- Emotional Unstable Personality Disorder
- Person Centred Planning
- Trauma
- Human Rights

In addition to the completion of training, Peacehaven Trust have engaged a new organisation to work alongside staff and residents in a trauma informed, human rights-based approach. This new approach has seen face to face training delivered to staff, assessment of resident need and care plans/ behavioural support plans being designed. This is a dynamic partnership and a range of services can be called upon, including Specialist Occupational Therapists, Positive Behaviour Support, and Clinical Psychology.

Feedback from the new organisation in relation to staff participation includes:

"You can tell they (the staff) are qualified in Health and Social Care; their level of understanding and participation is of a high standard."

Key Working Survey

A survey was conducted with all residents and staff in May 2023, with an analysis of data completed and reported on in August 2023. The analysis of data led to the identification of an action plan, as follows:

Analysis	Comments	Action Plan
Throughout the surveys, a theme of time for paperwork vs 1-1 interaction and support with a resident was highlight as difficult to balance and a conflict.	It is clear from both staff and resident surveys that both parties value the 1-1 time with each other and certainly it is viewed as a particular positive within the Peacehaven service.	- Review current paperwork requirements - Is 6 hours every 3 weeks enough dedicated time for both paperwork and activity time? - Evaluate the ability of staff to complete 6 hours key working role whilst on part time hours.
From staff responses, it is evident that supervision could be more	More focused supervision in relation to staff carrying out key working responsibilities	- Review supervision forms to ensure appropriate focus on

Presbyterian CHURCH IN IRELAND peacehaven

effective in helping staff to fulfil their role as a keyworker.		key working relationship - Review supervision time frames for those who hold key working responsibilities
Staff raised the issue of trying to fit key working time in during the week when residents may be at day opportunities. Resident also raised the fact they are busy during the week.	There is an opinion that key working takes place as suitable for the rota rather than at the best time for residents.	- Explore costings for extending key working to occur on a Saturday
Staff identified they may benefit from more training in the role of key working	What is the induction process for key working look like currently?	- Evaluate the training given to staff who key work - Identify any gaps in knowledge/ skills with individuals and create a development plan through supervision.
Staff indicated that co-key working may benefit residents	A sharing of the role and responsibilities may benefit residents but would require good communication between staff and residents.	- Discuss with staff teams at next staff meeting - Explore costings of allocating more key working hours over the rota

At the time of writing this 6-month report, a number of the actions remain outstanding and should be reviewed and progress made by 31/03/2024.

Concluding comments

Quarter 3 and 4 have been notably challenging for the staff and services alike. There have been significant pressures on staffing, due to unexpected but unavoidable absences and also the changing needs of a number of residents, which have required additional staffing to ensure the effective and safe provision of care and support.

As a result, a number of governance processes have slipped in completion, i.e., monthly reports for all 3 houses have not been competed since August 2023.

Improvements required

1. Timely completion of monthly reports

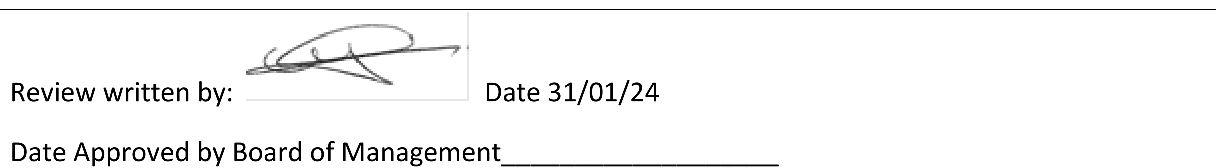
As identified above, due to the pressures on staffing levels and the changing needs of residents, the PIC role has diversified and has involved covering shifts and completing additional reports and proposals to HSE to request differentiation of services to ensure continued provision of support for individuals.

Action	Responsible	Date for Completion
A review of content of monthly reports to be completed and template amended if necessary	MW/CY	28/02/24
Completion of monthly reports to be prioritised	MW	Immediate and ongoing

2. PPIM Unannounced Visits

This is an area that has been identified as needing improvement. 1 unannounced inspection was held in August. Unannounced visits by the PPIM should be contacted quarterly.

Action	Person/s responsible	Date for completion
Unannounced Visit/ Audit schedule to be created	CY (PPIM)	20/02/24
PPIM to feedback at Care Manager's meeting	CY (PPIM)	Ongoing throughout the year (at least quarterly)



Review written by: Date 31/01/24

Date Approved by Board of Management____________________

Actions reviewed by:___________________________________ Date:____________________