

2022

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

1st January 2022 – 30th June 2022

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 March 2022)
- Incident log
- Complaints log
- Resident Quarterly Questionnaires
- Care plan audits
- Health and Safety Audits
- Thematic Audits
- Safeguarding Plans
- IPC Inspection Report
- Health and Safety Authority Report

HIQA report

An unannounced Infection Prevention and Control inspection was carried out by HIQA on 16th March 2022 to monitor ongoing compliance with 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.

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

REGULATION TITLE	JUDGEMENT
Regulation 27: Protection against Infection	Substantially compliant
1. Ensuring all staff were up-to-date in refresher training in personal protective equipment (PPE)	Substantially compliant
2. Ensuring oversight of the standards of hygiene and cleanliness maintained in resident bathrooms	Substantially compliant

3. Enhancing the cleaning practices and procedures for hard to reach areas such as roof window cavities	Substantially compliant
4. Enhancing oversight of the cleaning of low frequency touch areas such as windowsills and corners of ceilings	Substantially compliant

Reasons for non-compliance, preliminary actions taken and current position report as October '22.

Reasons for non-compliance	Actions that were taken	Current position (October '22)	Further recommendations from PPIM
1. All staff were found to have completed IPC online, however 11 refresher courses were outstanding.	All staff were instructed to complete the refresher training	All staff have been asked to complete refresher training again by 21 st Oct - including re-reading PHT IPC policy	This is to be reviewed at next visit to PHT by PPIM.
2. Inconsistency in the level of cleanliness was found across Residents' ensuites.	Deep Cleaning contractors are being sought	Two quotes received - very different rates - need to be considered and approved.	This is to be revisited by 30/11/22
3. No arrangements were in place to ensure regular cleaning of hard to reach areas	Deep Cleaning contractors are being sought	Two quotes received - very different rates - needs to be considered and approved	This is to be revisited by 30/11/22
4. Build up of dust, dead insects and damp was found around some windowsills.	Deep Cleaning contractors are being sought	Two quotes received - very different rates - need to be considered and approved.	This is to be revisited by 30/11/22

Health and Safety Authority

The Health and Safety Authority carried out an unannounced inspection of Peacehaven Trust on 15th June 2022. The Inspector was Brian Morris. The following safety, health and welfare matters were observed and required resolution.

Issue	Action Taken	Completion Date
-------	--------------	-----------------

<p>1. Ensure that there is a Biological Agents Risk Assessment as prepared under Section 19 of the Safety, Health and Welfare at Work Act 2020 pertaining to managing the risk posed by SARS-CoV-2. Ensure that rules are detailed regarding appropriate measures to be taken if staff report symptoms or they are found have contracted COVID-19. Ensure that the Biological Agents Risk Assessments specify the exact PPE to be used when working with the risk of SARS-CoV-2.</p>	<p>Risk assessment was written by MW and reviewed by Head of Disability Services and Chair of Peacehaven Board and forwarded to the Health and Safety Authority.</p>	<p>21/06/22</p>
<p>2. Review the occupational risk assessments to ensure that the hazard posed to staff in assisting in cooking activities is addressed through risk assessment as required under Section 19 of the Safety, Health and Welfare at Work Act 2005.</p>	<p>Risk assessment was written and reviewed by Head of Disability Services – has been forwarded to the Health and Safety Authority.</p>	<p>21/06/22</p>

Resident File Audit

Commentary

As part of the new governing structures a schedule for resident file audits and a template for auditing a file was designed to ensure quality in the reporting and recording.

On review for the first six months in 2022, 1 file audit was completed in February and 1 file audit was completed in May '22. The file audits focus on the following areas:

- Resident's Information, Permissions, Contracts, Person -Centred Planning, Financial Support Needs, Medication Files, Assessments, Risk Assessments, Health & Safety Risk Assessment, Progress Notes and Actions Arising.

For improved governance, the task of file audits should be delegated to Care Managers and then reviewed by the PIC, following a set schedule to ensure that all files are reviewed on a 6-monthly basis. This will add an additional line of governance and opportunity for staff to ensure the care file they are responsibility not only meets the required standard, but excels it. It will also streamline the process whereby concerns can be raised by the person auditing the file through supervision.

The file audit in February found that there was a number of pieces of information that required updating and some forms that also required updating, both in information and in the template used. It points to a lack of review by the Keyworker to ensure the information reflects the resident's current circumstances. A number of care plans were deemed not to reflect a person-centred approach.

The file audit in May found the date of permissions were out of date. The resident's guide and complaint procedure needed updated to the current version. Again, there were a number of templates identified as 'old' versions that required updated – it would be helpful to review how the introduction of new forms/ templates is communicated to the team. The care plan was found to be person-centred and relevant to the resident's current circumstances.

--

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 Head of Disability Services.

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 accidents, incidents and near misses including medication errors are discussed at team meetings and weekly Care Manager’s meeting with a view to reflective practice & shared learning. The importance of reflecting on medication errors and sharing any learning has been reinforced by the Person in Charge during the first 6 months of the year. Medication errors are discussed weekly at the Care Manager’s meeting in order to identify patterns/ trends and decide on plan of action to address any concerns.

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, Head of Disability Services (Deputy Adult Safeguarding Champion) and Head of Safeguarding (Adult Safeguarding Champion) on receipt of incident form.

Incidents recorded

41 incidents recorded between 1st January 2022 – 30th June 2022. This is a decrease of 22% on the previous 6 months.

Type of Incident	Number
Resident - slips, trips & falls	7
Self-injurious behaviour	2
Resident accident - other than a slip trip or fall	4
Unexplained injury	
Infection control incident	
Theft	1
Fire related (including arson)	
Transport (Car accident only)	
Infrastructure (including facilities, environment)	1

Staff - slips, trips & falls	1
Staff accident - other than a slip, trip or fall	4
Other	6
Physically challenging behaviour to an object	4
Physically challenging behaviour to another person	6
Verbally aggressive behaviour	3
Resident abuse (by staff/third party)	1
Uncommunicated Absence	1
Total	41

There is an acknowledgement across the Peacehaven Team and within the management team that there is a changing dynamic within the services, Lydia House particularly, attributed to the changing needs of residents and additional complexity of those needs due to new diagnosis, deterioration in mental health and/or relationships etc.

Medication errors

During the period 1st January – 30th June 2022, 26 medication errors occurred. 6 of which were attributed to resident action and 18 are the responsibility of staff.

Type of Error	Number
Incidents (Resident Caused)	
Medication vomited	
Refusal to take medication	
Resident missed their medication	1
Adverse Reaction	
Taking with another Substance	
Medication Loss	
Medication Spillage	5
Medication Spoilage	2
Totals	8
Incidents (Staff caused)	
To the wrong person	
Wrong medication	1
Incorrect dosage	1
Via the incorrect route	
At the incorrect time	3
Medication omitted by staff	7
Medication not restored	
Stock Control	1
Incorrect form used	
Incorrect code used on Mar Sheet	1
Medication not recorded on MAR Sheet	2
MAR Sheet is not signed	2
PRN rational not entered onto MAR sheet	
Incorrect time recorded on MAR sheet	
Rational for incorrect time not recorded-MAR sheet	
Total Number of Staff Errors in 6-month period	18
Total Number of Errors in 6-month period	26

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 1 (January 1 st 2022- 30 th March 2022)	6099	10	0.16%
Quarter 2 (1 st April 2022 – 30 th June 2022)	7176	8	0.11%

Complaints Log 1st January 2022 – 30th June 2022

Month	Number	Nature of Complaint	Investigation Held	Outcome Reached	Complainant Satisfied
March	1	01.03.22 – CK – Neighbours rang to complain re CK's drumming.	None - apology given, as drumming was occurring - evidence in place and no dispute on this.	CK asked at that time to cease drumming, which she did.	Yes

Compliments Log 1st January 2022 – 30th June 2022

Month	Compliment
February 2022	<p>27.02.22 - AOB's Aunt Theresa, expressed her gratitude for the Blake House Team. Theresa appreciates the support Peacehaven provides for AOB, and she is happy to see how AOB is happy in Blake House and Peacehaven. Theresa has prepared gift vouchers & cash gift to Blake House.</p> <p>22.02.22 - Ger Scanlon was on the phone and made it very clear that she is very happy with the care and attention that the staff have shown over the past months. She said she is the happiest she has ever been with the care in Blake House. She said AS is happy and that makes her happy. She thanked me and the other staff for all they do for AS.</p>
May 2022	10.05.22 – GS – Sister Ita complimented team on supports given to GS, and for the positive changes in him.

June 2022	JM – Dad thanked staff for all; they do with Jamie, and they are doing a fantastic job with him.
-----------	--

Thematic Audits

Weekly IPC Audits are in place focusing on use of PPE, Environmental cleanliness and Hand Hygiene.

An IPC Committee made up of staff members and chaired by Care Manager has been set up within Peacehaven and have met 4 times between January '22 and June '22. Areas of focus include:

- Specific House issues,
- IPC Audits
- IPC future planning.

This committee adds a further layer of governance in relation to IPC and ensuring that all HQIA standards are met and Government guidelines are followed in relation to Covid -19.

Quality improvements

- Stress and coping plans have been completed for residents with higher needs, quarterly reviews take place with Studio 3 and they are available for consultation when required, i.e. following an incident. Face to face meetings have now commenced with the residents.
-

Concluding comments

Due to the PPIM absence and fluctuating staffing levels, a refocus on governance structures is required. Time is needed to review current delegated duties to come up with the optimum process. A service should continually review governance approaches and ways of working to ensure any learning is reflected in the service delivery.

Peacehaven remains determined to ensure practice approaches meets the regulations and is based on best regional practice.

On observation, staff interactions with residents are appropriate, warm and friendly. They display a good understanding of resident needs and how best meet these. During conversations and team meetings, they continually advocate for residents and to ensure their rights are upheld.

Improvements required

1. **Completion of relevant thematic audits is required to ensure ongoing governance and systems checking.**

Action	Responsible	Date for Completion
Thematic audits to be re-introduced	MW/CY	31/03/23
PPIM to review effectiveness of the audits and influence on practice	CY	31/06/23

2. Resident Input

Actions put in place to maximise effectiveness of resident surveys

Action	Person/s responsible	Date for completion
Review of current process for resident surveys to take place	MW/ Care Managers	31/03/22
Areas of resident participation to be identified and scheduled agreed	MW/Care Managers	31/03/22

Review written by:		Date 21/10/22
Date Approved by Board of Management _____		

Actions reviewed by: _____ Date: _____