

Bi-Annual Report

January to June 2018

Provider Nominee:	Michael Williams
Director of Services:	Michael Williams
Care Managers:	Salome Murphy Sean Kelly
Report Completed by:	Michael Williams
Date:	17 th August 2018

Introduction

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

Peacehaven Trust is governed by a local Board in conjunction with the Council for Social Witness of the Presbyterian Church in Ireland – the old independent Board was replaced by a new Board of PCI nominated candidates in May. The new Board consists of five members all of whom represent the Council for Social Witness (CSW) of the Presbyterian Church in Ireland (PCI). The Chair of the Board acts as the ‘Provider’. A memorandum of understanding is in place to allow the CSW to provide the day to day administrative and social care governance, through their Residential Services Manager – Linda Wray, and to allow for data transfers. Core funding is continued to be provided by HSE.

Peacehaven Trust has ‘assumed registration’ by HIQA; however following a registration inspection in March 2018, are awaiting judgement on full registration.

Method

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

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

January	7	Resident's Rights
	1	Statement of Purpose
February (Unannounced)	6	Protection
	9	Visits
	17	Directory of Residents
	18	Information for Residents
March	5	Positive Behaviour Support
	26	Medicines and Pharmaceutical Support
April	8	Communications
	27	Volunteers
May	16	Food and Nutrition
	28	Notification of Incidents
	29	Notification of Periods when Person in Charge is Absent
	30	Notification of Procedures and Arrangements for Periods when Person in Charge is Absent
June	19	Records
	24	Protection against Infection
	25	Fire Precautions
July	10	Personal Possessions
	31	Complaints Procedures
August (Unannounced)	11	General Welfare and Development
	13	Staffing
	14	Training and Staff Development
	23	Risk Management
September	3	Individual Assessment and Personal Plans
	2	Written Policies and Procedures
October	4	Health Care
	12	Person in Charge
November	21	Admission and Contract for the provision of Services
	22	Temporary absence, transition and discharge of resident
December	20	Governance and Management
	15	Premises

Actions Arising from Previous two Six Monthly Reports (January – June & July – Dec 2017)

Action to be completed	By Whom	Date for Completion.	Completed? Comment
Health and Safety Committee – to devise better fire drill	S Kelly	31.12.17	Yes. New H&S Committee now

recording systems			meeting. New fire drill recording system in place.
To review all policies for effectiveness and best practice standards.	M Williams	31.12.17	Yes completed.
Monitoring Visits to continue with actions identified.	M Williams or S Kelly, S Murphy	31.12.17	Yes.
Management Team meetings to continue with actions identified.	M Williams	31.12.17	Yes – monthly – minutes on file.
Continue to work on the reduction of Medication Errors and repeat offenders.	M Williams	31.12.17	Reductions in meds errors continue.
Continue with planning building works for Blake House with view to complete by end of November	M Williams	30.11.17	Not complete – HSE seeking assurances re State’s Interest.
Complete financial investigation into discrepancies in residents money in AW during November 17	L King	28.02.18	Completed and missing monies re-funded to resident.
Ensure staff read, review monitoring reports and complete actions within set deadlines.	M Williams	31.03.18	By monthly checks this continues.
Management Team meetings to continue with actions identified.	M Williams	30.06.18	Yes – bi- monthly – minutes on file.
Continue to work on the reduction of Medication Errors and repeat offenders.	M Williams	30.06.18	Reductions in meds errors continue.
Continue with planning building	M Williams	31.05.18	Work due to

works for Blake House and also Applewood height with view to complete by end of May			commence in July 2018
Complete redecoration of Lydia House	M Williams	30.06.18	Not complete. Resources diverted to roster demands.

The outcomes monitored in January were ‘7 Resident’s Rights’ and ‘1 Statement of Purpose’.

The monitoring reports found that actions from December 2017 where in the majority completed or pending within time scales allowed.

The monitoring reports found that the Statement of Purpose needed no further actions, other than to ensure that all families had copies and were aware of the statement – it is available on the website as well.

In relation to resident’s rights, one document (a health assessment was missing from a file); another resident needed an Intimate Care Plan; and a new ‘Restrictive Interventions Review Committee’ were needed to review those restrictive practices that are in place. The completion of works to bedrooms in Blake House also needed competition.

The outcomes monitored in February were ‘6 Protection’, ‘9 Visits’, ‘17 Directory of Residents’, and ‘18 Information for Residents’. This was a major monitoring inspection month and all visits were unannounced.

The monitoring reports found that actions from January where in the majority completed or pending within time scales allowed.

The monitoring reports found that most actions from Jan were met. New Resident’s Safety & Risk Assessments Plans were required. An investigation into a resident’s finances was required as errors detected. Some draft policies needed Board approval. Children’s First Training was completed by all staff. A visitor’s log system was required for all locations. The Resident’s Guide needed updating.

The outcomes monitored in March were ‘5 Positive Behaviour Support’ and ‘26 Medicines and Pharmaceutical Support’.

The monitoring reports found that actions from February were in the majority completed or pending within time scales allowed.

In relation to the current months monitored outcomes, Peacehaven Trust needs to secure a clinical partner, Positive Behaviour Training required; and to develop stronger MDT review of PCP's, Care Plans and Assessments of Needs. Elections to occur for the new RIRC. The Composite Health Assessment form to be amended to include preferred pharmacy data; and medication Self-Assessments were required on several residents.

The outcomes monitored in April were '8 Communications, '27 Volunteers'.

The monitoring reports found that actions from March were in the majority completed or pending within time scales allowed. – though time scales had to be adjusted/pushed back regarding securing a clinical contract.

In relation to the current months monitored outcomes, Some key-workers need to complete the new Assessment of Needs forms with their key-residents. A new volunteers policy was required, and role descriptions required for a trip to Orlando.

The outcomes monitored in May were '16 Food and Nutrition', '28 Notification of Incidents', '29 Notification of periods when Person in Charge is Absent', and '30 Notification of Procedures and Arrangements for Periods when Person in Charge is Absent'.

The monitoring reports found that actions from April were in the majority completed or pending within time scales allowed. – though time scales had to be adjusted/pushed back regarding securing a clinical contract. Older actions relating to building works made progress due to HSE approval of funds. Funding requests with HSE for additional staffing still pending.

In relation to the current months monitored outcomes, training is required regarding residents nutrition needs – scheduled for autumn. Remaining staff group to be trained in Infection Control and Food Hygiene by end of summer. One key-worker to complete list of Personal Preferences for key-resident.

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

The monitoring reports found that actions from May were in the majority completed or pending within time scales allowed. Some key-workers still had to complete Residents Medication Self Assessments.

In relation to the current months outcomes monitored the monitoring report found that some gaps still in HR records; and residents' restrictive practices needed the new RIRC to review and approve. Archiving records need attention inline with new policies (GDPR & Retention of records).

Each month the monitoring reports generally found some errors in the medication storage, and set actions for correction – these were completed on time. Comments from the staff and residents were positive, but had room for improvement regarding personal care.

The general condition of the houses was fine, with tidiness and cleanliness needing small improvement in most areas – the long planned renovations and recordation of Blake House and Applewood were consistently mentioned – with work finally due to commence July 2018.

Staffing Issues:

Extra staffing has been recruited in line with funding commitments from HSE to allow for a new resident and also changing needs. Two new full time staff AB and LM will commence during July/August. Extra relief staff have been appointed. Other part-time contracts are being reviewed to increase hours in line with roster demands.

The staffing structure as of June 18 are;

- 1 x Director of Services, full time
- 1 x Administration Manager, part time
- 2 x Social Care Managers, full time
- Social Care Workers, full time and part time

3 staff members have left Peacehaven during this period.

Staff Meetings were generally held weekly.

Staff training continues to ensure mandatory training occurred for Occupational First Aid, Medication Management, Fire Safety, Safe Guarding of Vulnerable Adults and Manual Handling.

Governance:

Peacehaven Trust is governed by a local Board in conjunction with the Council for Social Witness of the Presbyterian Church in Ireland. The Board consists of five members all of whom represent the Council for Social Witness (CSW) of the Presbyterian Church in Ireland (PCI). The Chair of the Board acts as the 'Provider'. A memorandum of understanding is in place to allow the CSW to provide the day to day administrative and social care governance, through their Residential Services Manager – Linda Wray, and to allow for data transfers. Core funding is continued to be provided by HSE.

Complaints:

There were 2 complaints received in this reporting period – both were resolved within the policy and time line.

Incidents and Medication Errors:

There were 40 incidents reported in the reporting period. There were 12 incidents which required report to HIQA and/or the HSE Safe Guarding Team or the M. Safe Guarding plans are in place for one resident in relation to the internet.

46 Medication errors were reported to management, with actions assigned to each. A reduction of 10 errors on the previous reporting period. For the first quarter the rate of errors was 0.33%, which decreased from the previous quarter but then increased slightly again very slightly again to 0.34% in the fourth quarter, mainly as the volume of medications reduced. The cause of errors shifted slightly back to major categories from minor ones with 'Medication not Recorded' being the largest cause - with 'Incorrect Dosage' being the largest error. The volume of medications handled rose in the first quarter to 7917 [winter] (6096 the previous quarter 2017), and then fell back to 5901 as the weather improved.

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

Jan 2018 – March 2018 Statistics		April 2018 – June 2018 Statistics	
Medication Loss	1	Medication Loss	0
Medication Spillage	1	Medication Spillage	2
Medication Spoilage	1	Medication Spoilage	0
Stock Control	2	Stock Control	1
Incorrect Code Used	0	Incorrect Code Used	0

Incorrect Documentation	6	Incorrect Documentation	0
Medication not Recorded	1	Medication not Recorded	6
Medication Vomited	0	Medication Vomited	0
Refusal to take Medication	1	Refusal to take Medication	2
Missed Medication	7	Missed Medication	1
Adverse Reaction	0	Adverse Reaction	0
Taking with another Substance	0	Taking with another Substance	0
Incorrect Person	0	Incorrect Person	0
Incorrect Medication	0	Incorrect Medication	0
Incorrect Dosage	0	Incorrect Dosage	3
Incorrect Route/Form	0	Incorrect Route/Form	0
Incorrect Time	4	Incorrect Time	2
Medication Omission	2	Medication Omission	3
Medication not Restored	0	Medication not Restored	0
Total Number of Errors for Quarter	26	Total Number of Errors for Quarter	20
Total number of Passes for Quarter	7917	Total number of Passes for Quarter	5901
Percentage of medication errors	0.33%	Percentage of medication errors	0.34%

People supported:

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

As at 30th June an active referral is being approved for Lydia House – which requires a change to the staffing compliment – with HSE approval for increased funding. Staff have been recruited accordingly.

Environmental Issues:

Consideration and planning occurred regarding the physical environment of Blake House with a view to improve lighting on the first floor and facilitate the provision of en suite facilities for all residents. The planning work continued throughout this reporting period. Work due to commence very early July 2018. A property in Bray – Ripley Hills has been rented to facilitate the Blake House renovations – HIQA registration actively being sought.

Financial:

SLA agreed with the HSE by 14th February 18 deadline. Monies in account agreed with HSE for building use – with lien required on Blake House.

Actions:

Continue the renovation plans for Applewood and Blake House

Health Assessment to be returned to file	SJOB	08.02.18
RIRC to commence.	M Williams	31.03.18
Intimate Care Plane required for LOC	M Henderson	15.02.18
Building works in Blake House to be completed	M Williams	31.03.18
New Resident's Safety & Risk Assessments Plans were required.	Key workers	31.03.18
An investigation into a residents finances was required as errors detected.	L King	16.03.18
Some draft policies needed Board approval.	M Williams	28.02.18
A visitor's log system was required for all locations.	Care Managers	16.02.18
The Resident's Guide needed updating.	M Williams	02.03.18
Peacehaven Trust needs to secure a clinical partner,	M Williams	31.03.18
Positive Behaviour Training required	M Williams	31.03.18
To develop stronger MDT review of PCP's, Care Plans and Assessments of Needs.	M Williams	31.03.18
Elections to occur for the new RIRC.	M Williams	28.02.18
The Composite Health Assessment form to be amended to include preferred pharmacy data.	M Williams	28.02.18
Medication Self-Assessments were required on several residents.	Key Workers	30.04.18
A new volunteers policy was required.	M Williams	30.04.18
Role descriptions required for a trip to Orlando.	S Murphy	30.04.18
Training is required regarding residents nutrition needs – scheduled for autumn.	M Williams	06.09.18
Remaining staff group to be trained in Infection Control and Food Hygiene by end of summer.	M Williams	31.07.18

One key-worker to complete list of Personal Preferences for key-resident.	M Henderson	30.06.18
Gaps still in HR records to be filled	L King	31.08.18
New RIRC to review and approve residents' restrictive practices.	M Williams	31.07.18
Archiving records need attention inline with new policies (GDPR & Retention of records).	L King	31.08.18



Michael Williams
Director of Services.