

Bi-Annual Report

January to June 2019

Provider:	Stuart Ferguson (Chair of Board)
Director of Services:	Michael Williams
Care Managers:	Salome Murphy
	Sean Kelly
	Graham Egan
Report Completed by:	Stuart Ferguson & Michael Williams
Date:	4 th July 2019

Introduction

Peacehaven Trust is a voluntary organisation located 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 52 Applewood Heights are the other two services. Capacity 17 persons.

Peacehaven Trust is governed by a local Board under the auspices of the Council for Social Witness of the Presbyterian Church in Ireland. 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 newly appointed Disability Services Manager – Melanie Bowden, and to allow for data transfers. Core funding is continued to be provided by HSE.

Peacehaven Trust has full registration with HIQA; for the period 1st October 2018 to 30th September 2021.

Method

This Bi-Annual report is based on the monthly monitoring reports; plus complaints data, incident data, medication incident data and staffing data for the reporting period. The monitoring reports throughout the space of a full year cover all 34 outcomes as listed in the

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

Actions Arising from Previous Six Monthly Report (July – Dec 2018)

Action to be completed	By Whom	Date for Completion	Completed? Comment
A new external monitor is required for Peacehaven Trust – PCI to be consulted.	M Williams	31.03.19	Yes – Melanie Bowden or Denise Keegan
Ensure Residents files are fully updated – including transition to VCare	M Williams	31.03.19	Majority complete – some minor assessments to finish
Re staffing – ensure training is up to date: permanent staff have a social care qualification and supervision is provided.	M Williams S Murphy	On going	Complete for existing staff as of 2018. New staff in 2019 completing programme.
All HR files to be fully vetted for compliance	L King	27.02.19	L Farland has completed vetting. Some staff to supply details.
Resident's Guide & Tenancy Handbooks to be in place for all residents (in files)	Key Workers	28.02.19	In place for all residents – rates adjusted in 2018. Total remains same at €100 –but rent is now €90 and care €10 per week.
Lydia house is due for redecoration – this has begun, but due to staffing needs is delayed in some rooms (Small sitting room; hall; kitchen and 3 bedrooms).	M Williams	31.12.19	Not complete.
Applewood works to be completed i.e. fire escape removal and re-tarmacking at	M Williams	31.03.19	Complete as of 03.07.19. Fact Fire yet to sign off

rear; new bathroom for MOS and main bathroom.			on final fire stopping works.
Extra staffing needed in 3 locations to ensure resident safety.	M Williams	31.03.19	Staffing in place. Funding requested of HSE – awaiting decision.
Monitoring reports to be written in the month they relate to.	M Williams	On going	Complete – or by 1 st /2 nd of next month to include all incident data.

The monitoring reports found that actions from July to December 2018 where in the majority completed or near completion; with ‘volume of work’ or ‘reliance on outside agencies’ delaying full completion.

During January, February & March 2019 all resident records where to be systematically uploaded in new IT system VCare.

The outcomes monitored in January were ‘Regulation 9 - Resident’s Rights’ and ‘Regulation 3 - Statement of Purpose’.

The monitoring reports found that actions from December 2018 where in the majority completed or pending within time scales allowed; and that the level of satisfaction with the service remains high.

The monitoring reports found that the Statement of Purpose needed to be updated and published and copies given to residents, then to ensure that all families had copies and were aware of the statement – and that it is also available on the company website.

In relation to resident’s rights, several of the residents’ Composite Health Care Assessments needed to be uploaded in VCare (This form was amended again in June 2019 with Advance Health Directive requirements considered). Care plans needed to be uploaded in VCare by end of January.

The ‘Restrictive Interventions Review Committee’ was in place and reviewing restrictive practices that are in practice in the company (10 currently affecting 3 residents).

Group meetings needed to recommence in LH; and a PCP was not completed.

The outcomes monitored in February were '8 Protection', '11 Visits', '19 Directory of Residents', and '20 Information for Residents'. This was a major monitoring inspection month and all visits were unannounced.

The monitoring reports found that actions from January were in the majority not completed and required that individual staff were addressed by Care Managers to complete actions.

VCare uploads concentrated on completing Care Plans, then Hospital Passports. Children's First Training Was Required only by new starting staff. The external monitor was yet to be appointed; the Directory of Residents was updated to ensure that marital status and NOK details were included. New risk assessments required for potential of children visiting LH for one resident.

The outcomes monitored in March were '7 Positive Behaviour Support' and '28 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 still needs to secure a clinical partner, Positive Behaviour Training required (booked for April 2019); and to develop stronger MDT review of PCP's, Care Plans and Risk Assessments. Some residents needed 'Self-medicines Assessments', the relevant keyworkers have been notified.

VCare uploads concentration Risk Assessments this month.

The outcomes monitored in April were '10 Communications, '29 Volunteers'.

The monitoring reports found that actions from months prior to March were outstanding – some for up to a year – some of these needed Board approval, other needed staff to supply information to admin for their HR file.

The monitoring reports found that actions from March were in the majority not completed and that staff needed extra time to upload details into VCare – this was provided as much as possible by DOS.

In relation to the current month's monitored outcomes, some staff have been identified that need to learn Irish Sign Language.

The outcomes monitored in May were '18 Food and Nutrition', '30 Notification of Incidents', '31 Notification of periods when Person is Charge is Absent', and '32 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. Funding request with HSE for additional staffing in BH regarding double cover was still pending.

In relation to the current month's monitored outcomes, staff group and residents to be trained in 'Diet & Nutrition' – suitable course not yet found. Colour coded chopping boards needed for BH. Copies of menus missing from LH – these all to be kept. Residents in LH to be encouraged to participate in cooking and cleaning of house.

The outcomes monitored in June were '21 Records', '26 Protection from Infection' and '27 Fire precautions'.

The monitoring reports found that actions from May were in the majority not completed. Staff need to clearly demonstrate engagement with the monitoring process, complete actions as timely as possible and then to sign. DOS contacting individual staff as required; and Care Managers supporting staff to complete actions/work.

In relation to the current months outcomes monitored the monitoring report found that some gaps still remain in HR records – Admin Officer has contacted staff to require missing information. Work is progressing on 'weekly charges' to separate 'rent' from 'care at source and all the way through the accounts. The Statement of Purpose still is not published (awaiting Fire Certs to be on file from Applewood works and Blake House). Details of former staff need to be compiled as per regulation (Admin Officer working on this). Archives being sorted as per GDPR re. Current resident's past records; and also records of past residents. Person to be nominated to ensure old data is properly shredded/destroyed.

Regarding infection control H&S committee to establish PCHCAI compliance; Legionella Control systems; and ensure that H&S is a regular discussion at all staff meetings.

Maps for emergency exits being re-established in all locations. Emergency fire exit sign needed at front door of BH. Fire doors to be adjusted in LH to ensure that they close tightly as required.

Monthly Monitoring of Medicines; Residents Satisfaction and Condition of houses.

Each month the monitoring reports generally found some errors in the medication storage, and set actions for correction – these were completed on time. Staff are doing much better

at this, with fewer errors in the storage system detected each time – No errors detected in June.

Comments from the staff and residents remain positive.

The general condition of the houses were fine, with tidiness and cleanliness needing small improvement in some areas. A Tick Sheet cleaning system has produced great improvement in Lydia House.

Staffing Issues:

Extra staffing have been recruited in line with funding commitments from HSE to allow for a new resident and also some changing needs in all houses. Two new full time staff commenced during April & May as well as a new care Manager. 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 2019 are;

<u>Position</u>	<u>No. Employed Whole Time Equivalent</u>	
Director of Services	1	1
Administration Manager	1	0.6
Care Manager	3	1.8
Social Care Worker	15	14.5
Relief posts	3	0

Staff Meetings were generally held two Thursdays in three. One is a four hour meeting (which can include short training sessions) and the other is for two hours (Full time staff members only).

Staff training continues to ensure mandatory training occurred for First Aid Responder, Medication Management, Epilepsy & Recovery medication, Fire Safety, Evac Chair, Safe Guarding of Vulnerable Adults, Children First, Managing Signs of Distress (Positive Behavioural Support) 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 Disabilities Services Manager – Melanie Bowden, and to allow for data transfers. Core funding is continued to be provided by HSE.

Complaints:

There were 3 complaints received in this reporting period – all were resolved within the policy and time line.

Incidents and Medication Errors:

There were 73 incidents reported in the reporting period. There were 13 incidents/events which required reporting to HIQA, with 2 reports to the HSE Adult Safeguarding Team. 63 Medication errors were reported to management, with actions assigned to each. An increase of 14 errors on the previous reporting period. For the first quarter the rate of errors was 0.51% of medication passes, which increased from the previous quarter but then decreased slightly to 0.42% in the second quarter, partly as the volume of medications reduced, but also as staff supports for residents reduced 'medication refusals' by residents. The cause of staff errors are in the majority in 'minor categories' with 'Incorrect Documentation' being the largest error. Staff know that the target for errors is 0.02% which equates to no more than two errors per month per house (on the current volume of medications handled). DOS and Care managers are working with staff to achieve this, through more effective hand-overs and accounting systems. The medication policy is under review (to be completed 31st January 2020) with Graham Egan undertaking Medications 'Train the Trainer' training in November 2019. The volume of medications handled rose in the first quarter to 7098 [winter], and then fell back to 6462 as the weather improved, which is over less medications than used in 2018.

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

Jan 2019 – March 2019 Statistics		April 2019 – June 2019 Statistics	
Medication Loss	1	Medication Loss	2
Medication Spillage	2	Medication Spillage	1
Medication Spoilage	0	Medication Spoilage	1
Stock Control	2	Stock Control	0
Incorrect Code Used	1	Incorrect Code Used	2
Incorrect Documentation	2	Incorrect Documentation	11
Medication not Recorded	6	Medication not Recorded	4
Medication Vomited	0	Medication Vomited	0
Refusal to take Medication	11	Refusal to take Medication	0
Missed Medication	5	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	1	Incorrect Dosage	1
Incorrect Route/Form	0	Incorrect Route/Form	0
Incorrect Time	2	Incorrect Time	2
Medication Omission	3	Medication Omission	2
Medication not Restored	0	Medication not Restored	0
Total Number of Errors for Quarter	36	Total Number of Errors for Quarter	27
Total number of Passes for Quarter	7098	Total number of Passes for Quarter	6462
Percentage of medication errors	0.51%	Percentage of medication errors	0.42%

People supported:

No new residents in this reporting period; One resident departed from Applewood (Niall McEnroe) creating a vacancy which is yet to be filled. 4 people supported in Applewood, 6 people supported in Blake House and 6 people supported in Lydia House.

A referral is being sought for Applewood Heights – the HSE have been asked on several occasions to nominate a person or persons from their list. Blank referral forms have been sent. No referral information has yet been received.

Environmental Issues:

All houses are in good working order. Lydia remains new (but has some water leaks - the source for which have yet to be found despite extensive investigation); Blake House is fully

refurbished, with snagging complete; Applewood is nearing end of works with final snags (fire stopping in attic and under stairs being done).

Financial:

SLA agreed with the HSE by 14th February 19 deadline.

Monies in account agreed with HSE for building use – with lien on Blake House – now with solicitor.

Further funding requested for double cover in Blake House to enable safe levels of care/staffing – awaiting final response form HSE.

Admin Officer and PCI financial Manager working to separate ‘Care’ funds from ‘Housing’ funds; for greater clarity for both arms of the service.

Actions:

Actions to be completed	By Whom	Date for Completion
The Statement of Purpose needed to be updated and published and copies given to residents, and available on the website.	M Williams	31.01.19
Several of the Composite Health Care Assessments needed to be uploaded in VCare (This form was amended in June with Advance Health Directive requirements considered).	Key workers	31.01.19
Care plans needed to be uploaded in VCare by end of January.	Key workers	31.01.19
Group meetings needed to recommence in LH	LH Staff	31.01.19
PCP was to be completed in LH.	P Cox	31.01.19
New risk assessments required for potential of children visiting LH for one resident.	M Shields	31.03.19
Peacehaven Trust still needs to secure a clinical partner,	Board	31.03.19
Develop stronger MDT review of PCP’s, Care Plans and Risk Assessments	M Williams	31.03.19

Some residents needed 'Self-medicines Assessments'	Key workers	30.04.19
Some staff have been identified that need to learn Irish Sign Language. (Courses to be sought)	S Murphy	30.04.19
Some actions from 2018 where outstanding – some for up to a year – some of these needed Board approval i.e. Clinical partner; others where HR related – staff to supply details to admin.	Board/ Admin M Williams	30.06.19
Some gaps still remain in HR records – Admin Officer has contacted staff to require missing information.	L Farland	31.07.19
The monitoring reports found that actions from May were in the majority not completed. Staff need to clearly demonstrate engagement with the monitoring process, and complete actions as timely as possible. DOS contacting individual staff as required; and Care Managers supporting staff to complete actions/work.	M Williams S Murphy S Kelly G Egan	31.07.19
Work is progressing on 'weekly charges' to separate 'rent' from 'care at source and all the way through the accounts.	L Farland/ D Hooks	31.07.19
The Statement of Purpose still is not published (awaiting Fire Certs to be on file from Applewood works and Blake House).	M Williams	31.07.19
Details of former staff need to be compiled as per the regulation (Admin Officer working on this).	L Farland	31.08.19
Archives being sorted as per GDPR re. Resident's past records; and also records of past residents	L Farland	31.08.19
Regarding infection control H&S committee to establish PCHCAI compliance; Legionella Control systems; and ensure that H&S is a regular discussion at all staff meetings.	S Kelly & H&S Committee	31.08.19
Person to be nominated to ensure old data is properly shredded/destroyed.	M Williams	31.07.19
Maps for emergency exits being re-established in all locations.	S Kelly	05.07.19

Emergency fire exit sign needed at front door of BH.	S Kelly	05.07.19
Fire doors to be adjusted in LH to ensure that they close tightly as required.	M Williams	14.07.19

Signed:

Position	Name	Signature
Chair of Board/ Provider		
Director of Services / Person in Charge	Michael Williams	