

Bi-Annual Report

July to December 2018

Provider:	Stuart Ferguson
Director of Services:	Michael Williams
Care Managers:	Salome Murphy Sean Kelly
Report Completed by:	Michael Williams
Date:	11 th January 2019

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. 17 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 continued to be governed by a group of Directors, who are all members of the Presbyterian Church in Ireland. Three of the Directors are directly associated with the Council for Social Witness of the Church. The Council for Social Witness provide governance and oversight, through their Residential Services Manager – Linda Wray, who line managers Michael Williams (Director of Services) on behalf of the Board of Directors.

Core funding continues to be provided by the HSE.

Peacehaven Trust gained full registration by HIQA on the 1st October 2018.

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	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 Six Monthly Reports (January – June 2018)

Action to be completed	By Whom	Date for Completion.	Completed? Comment
In relation to resident's rights, one document (a health assessment was missing from a file).	SJ O'Brien	08.02.18	Completed and placed on file.
A resident needed an Intimate Care Plan.	M Henderson	15.02.18	Completed

A new 'Restrictive Interventions Review Committee' were needed to review those restrictive practices that are in place.	M Williams	31.03.18	Completed by 31.08.18
The completion of works to bedrooms in Blake House also needed competition.	M Williams	03.06.18	Completed by 22.10.18
New Resident's Safety & Risk Assessments Plans were required.	All Keyworkers	31.03.18	Completed by 16.10.18
An investigation into a resident's finances was required as errors detected.	L King	31.03.18	Completed and money replaced by PHT
Some draft policies needed Board approval.	M Williams	28.02.18	Completed
A visitor's log system was required for all locations.	M Williams	16.03.18	Completed by 30.06.18
The Resident's Guide needed updating.	M Williams	02.03.18	Completed.
Peacehaven Trust needs to secure a clinical partner for 'Positive Behaviour Training' and to develop stronger MDT review of PCP's, Care Plans and Assessments of Needs.	M Williams	30.04.18	Not completed – delayed by HSE.
Elections to occur for the new RIRC.	M Williams	12.04.18	Completed.
The Composite Health Assessment form to be amended to include preferred pharmacy data.	M Williams	31.03.18	Completed.
Medication Self-Assessments were required on several residents.	M Williams	30.04.18	Completed by 16.10.18
New Assessment of Needs forms need to be completed.	Key Workers	31.05.18	

A new volunteers policy was required. Role descriptions for Orlando trip.	M Williams	30.04.18	
Funding requests with HSE for additional staffing still pending.	M Williams	30.06.18	Approved in Aug and staffing put in place.
In relation to the current months monitored outcomes, training is required regarding residents nutrition needs – scheduled for autumn.	M Williams	31.09.18	Completed ½ team
Remaining staff group to be trained in Infection Control and Food Hygiene by end of summer.	M Williams	31.08.18	Completed
One key-worker to complete list of Personal Preferences for key-resident.	M Henderson	15.06.18	
HR records; and residents' restrictive practices needed the new RIRC to review and approve.	L King	31.07.18	Mostly complete – due to complete by 28.02.19
Archiving records need attention in line with new policies (GDPR & Retention of records).	L King	31.08.18	Mostly complete – due to complete by 28.02.19

The outcomes monitored in July were '10 Personal Possessions', 'Complaints Procedure', The monitoring reports found that actions from June 18 were in the majority completed or pending within time scales allowed.

The monitoring reports found that all financial records and resident monies were all healthy and well.

A new external monitor is required for Peacehaven Trust – Linda Wray/PCI to be consulted.

The outcomes monitored in August were '11 General Welfare and Development', '13 Staffing', 'Training and Staff Development', and '23 Risk Management'. This was a major monitoring inspection month and all visits were unannounced.

The monitoring reports found that most actions from July were met. In resident files some 'Assessments of Need', 'Personal Preferences Forms', 'End of Life Plans', 'Care plans', 'Safety

Plans', 'PCPs' were to be updated; development of community connections to continue; some staff to continue in educational development to attain basic qualification, role of Keyworkers to be clarified; HR files to be completed (as per July audit). Staff who need the Social Care Qualification are being asked to apply for and complete a 'Diploma' level course. Training identified to be completed – nutrition; report writing – in September.

Ensure copies of the act are available in each staff room.

Supervision to be updated for all staff.

The outcomes monitored in September were '3 Individual Assessment and Personal Plans', '2 Written Policies and Procedures'.

The monitoring reports found that most actions from August were met. The monitoring reports found that the Director needed to liaise with L Wray regarding the full list of policies and ensure that they are in full compliance with both HSE/HIQA and PCI.

The outcomes monitored in October were '4 Health Care', '2 Person in Charge'. The monitoring report was not written until January 2019. It found that some Composite Health Assessments needed to be completed. Most End of Life Plans needed further information added.

All regulatory requirements concerning the Person in Charge were met. Most short term actions from the September audit were met. Some Long term actions were met such as HR files others being addressed but not yet resolved.

The outcomes monitored in November were '21 Admission and Contract for the Provision of Services', '22 Temporary Absence, Transition and discharge of Resident'. The monitoring report was not written until January 2019. It found that an Admission Policy is in place; one referral active with completed form. Residents present under two years have new contact information. Most residents have been a part of Peacehaven for over five years – such records not in place. One Impact Assessment in place for new referral. That Contract of Care; Tenancy Agreement; Resident's Guide & Tenancy Handbook were in place for most residents; some to be completed. In regard to temporary absence (hospitalisation) or discharge then recorded discussions with HSE, Resident and Family with clear Transition Plans written would be in place. Most short term actions from the October audit were met. Some Long term actions were met such as HR files others being addressed but not yet resolved.

The outcomes monitored in December were '20 Governance and Management', '15 Premises'. The monitoring report was not written until January 2019. It found that most of 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).

Applewood works to be completed i.e. fire escape removal and re-tarmacking at rear; new bathroom for MOS and main bathroom.

Extra staffing needed in 3 locations to ensure resident safety.

Monitoring reports to be written in the month they relate to.

All the 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.

Staffing Issues:

Some changes in staffing. Several relief have left the company; and then in line with new Revenue rules two staff were issued P45s as they had not worked in a three months period or more.

The staffing structure as of June 17 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

Staff Meetings were generally held weekly.

Governance:

No changes to the board, which met on the Aug 17th, Nov 17th.

Complaints:

There was 1 complaint received in this reporting period – which was resolved within the policy and time line.

Incidents and Medication Errors:

There were 63 incidents reported in the reporting period. There were 4 incidents which required report to HIQA and/or the HSE Safe Guarding Team. Safe Guarding plans are in place were required. 5 incidents were dealt with in conjunction with the Mental Health (intellectual Disability) team. Most incidents related to two residents both

49 Medication errors were reported to management, with actions assigned to each. For the third quarter the rate of errors was 0.28%, which decreased slightly from the second quarter and then increased dramatically again to 0.51% in the fourth quarter – half of the errors cause were by residents. Those caused by staff were equally from major and minor categories – major errors being Medication Omission & Incorrect Dosage – in all cases this referred to non-essential medication such as ointments. The volume of medications handled has decreased during the year from 7917 (2nd quarter) to 6825 (3rd quarter) to 5826 (4th quarter).

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

July 2018 - September 2018 Statistics		October 2018 - December 2018 Statistics	
Medication Loss	0	Medication Loss	0
Medication Spillage	0	Medication Spillage	1
Medication Spoilage	1	Medication Spoilage	0
Stock Control	2	Stock Control	1
Incorrect Code Used	0	Incorrect Code Used	1
Incorrect Documentation	0	Incorrect Documentation	1
Medication not Recorded	1	Medication not Recorded	3
Medication Vomited	0	Medication Vomited	0
Refusal to take Medication	0	Refusal to take Medication	11
Missed Medication	9	Missed Medication	3
Adverse Reaction	0	Adverse Reaction	0
Taking with another Substance	0	Taking with another Substance	0
Incorrect Person	0	Incorrect Person	0
Incorrect Medicaiton	1	Incorrect Medicaiton	1
Incorrect Dosage	2	Incorrect Dosage	1
Incorrect Route/Form	0	Incorrect Route/Form	0
Incorrect Time	0	Incorrect Time	0
Medication Omission	2	Medication Omission	7

Medication not Restored	1	Medication not Restored	0
Total Number of Errors for Quarter	19	Total Number of Errors for Quarter	30
Total number of Passes for Quarter	6825	Total number of Passes for Quarter	5826
Percentage of medication errors	0.28%	Percentage of medication errors	0.51%

People supported:

Katherine Daly began her transition in earnest (still ongoing) in this reporting period; whilst Niall McEnroe began a transition programme – which will see him move to England to live with his sister – if successful. 5 people supported in Applewood, 6 people supported in Blake House and 6 people supported in Lydia House.

Environmental Issues:

The building works were completed in Blake House with residents returning to live there on the 22nd October 2018. For a three month period 3 residents lived in a PHT registered property – 75 Ripley Hills, in Bray – which has since been de-registered.

Amendments to 52 Applewood Heights as planned were completed – further adjustments such as removing the old fire escape are still in progress as new legislation provides for this (due to be complete by end of 1st quarter 2019).

Financial:

The 2017 audited accounts have been submitted to all relevant parties and are available on our website (as per HSE requirements).

IT:

VCare a software system for data storage was introduced in November. Transfer of resident files is in progress.

Actions:

Continue the renovation plans for Applewood.

Action to be completed	By Whom	Date for Completion.

A new external monitor is required for Peacehaven Trust – PCI to be consulted.	M Williams	31.03.19
Ensure Residents files are fully updated – including transition to VCare	M Williams	31.03.19
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
All HR files to be fully vetted for compliance	L King	27.02.19
Resident’s Guide & Tenancy Handbooks to be in place for all residents (in files)	Key Workers	28.02.19
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
Applewood works to be completed i.e. fire escape removal and re-tarmacking at rear; new bathroom for MOS and main bathroom.	M Williams	31.03.19
Extra staffing needed in 3 locations to ensure resident safety.	M Williams	31.03.19
Monitoring reports to be written in the month they relate to.	M Williams	On going



Michael Williams
Director of Services.