

Bi-Annual Report

July to December 2019

Provider:	Stuart Ferguson (Chair of Board)/ Deputized to Melanie Bowden – PCI Disability Manager
Director of Services:	Michael Williams
Care Managers:	Salome Murphy Sean Kelly Graham Egan
Report Completed by:	Melanie Bowden & Michael Williams
Date:	20 th January 2019

Introduction

Peacehaven Trust is a voluntary organisation located in Greystones, County Wicklow. The Trust manages 3 residential services, mainly for people with Intellectual Disabilities. 15 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. The combined capacity is for 17 adult 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 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 deputize the role of the Provider to their Disability Manager – Melanie Bowden who provides the day to day social care governance; and also 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 internal monitoring reports; plus complaints data, incident data, medication incident data and staffing data for the reporting period. The internal 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 (Jan – June 2019)

Action to be completed	By Whom	Date for Completion	Completed? Comment
All HR files to be fully vetted for compliance	L King	27.02.19	Complete
Ensure Residents files are fully updated – including transition to VCare	M Williams	31.03.19	Majority complete – some minor assessments to finish
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	Several bedroom complete – the hallways and common rooms still to be finished. Not complete.
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	Complete
The Statement of Purpose needed to be updated and published on the company website.	M Williams	12.19	Complete
Several residents' Composite Health Care Assessments needed to be uploaded in VCare.	Key Workers		Complete
Care plans needed to be uploaded in VCare by end of January.	Key Workers		Complete

During January, February & March 2019 all resident records where to be systematically uploaded in new IT system VCare.	Key Workers		Complete
Group meetings needed to recommence in LH; and a PCP was not completed.	Care Managers/ Key Workers		Complete
New risk assessments required for potential of children visiting LH for one resident.	Key Worker		Complete
Some residents needed 'Self-medicines Assessments',	Key Workers		Complete
Irish Sign Language training required for AW staff.	M Williams	31.12.2019	Not Complete – course not available – writing this ourselves.
'Diet & Nutrition' – training required.	M Williams	31.12.2019	Course currently being written by external expert
Colour coded chopping boards needed for BH.	S Kelly	31.08.19	Complete
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.	G Egan	30.09.19	Both complete
Some gaps still remain in HR records – Admin Officer has contacted staff to require missing information	L Farland	31.10.19	Complete

Work is progressing on 'weekly charges' to separate 'rent' from 'care at source and all the way through the accounts.	L Farland	31.10.19	Complete
Details of former staff need to be compiled as per regulation Archives being sorted as per GDPR re. Current resident's past records; and also records of past residents.	L Farland	31.10.19	Complete
Person to be nominated to ensure old data is properly shredded/destroyed	M Williams	31.12.2019	Not Complete
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	31.10.2019	Complete
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.	S Kelly	30.11.2019	Complete

The monitoring reports found that actions from Jan to June 2019 where in the majority completed or near completion; with 'volume of work' or 'reliance on outside agencies' delaying full completion.

The outcomes monitored in July were '12 Personal Possessions', 33 'Complaints Procedure', The monitoring reports found that actions from June 19 were in the majority completed or pending within time scales allowed.

New actions arising concerned completion of personal possession lists and financial care plans for some residents. The financial systems to be reviewed by PCI Finance Officer.

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

Some 'End of life Plans' to be completed.

The outcomes monitored in August were '13 General Welfare and Development', '15 Staffing', 'Training and Staff Development', and '26 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. Some outstanding actions from earlier in the year were highlighted again by monitoring, such as staff records and training – all of which were progressed in August, and completed no later than the end of the year (if not earlier).

The outcomes monitored in September were '5 Individual Assessment and Personal Plans', '4 Written Policies and Procedures'.

The monitoring reports found that most actions arising in August were met; with most actions outstanding from previous months also getting completed – except in LH where some resident documents needed proactive attention. Actions requiring the approval of the Board/HSE or relied on the services of an outside contractor remained outstanding. The monitoring reports found that the Director needed to liaise with M Bowden regarding the full list of policies and ensure that they are in full compliance with both HSE/HIQA and PCI. Supervision for most staff had fallen behind – With the staff complement now at 27 persons, one Care Manager could not effectively supervise all Social Care Workers. The two other Care Managers were booked in for Supervision training with Carlow IT – this was completed by the end of November 2019.

Some resident forms (On VCare) were incomplete or needing an update – Birthday Planner; Advance Health Care; End of Life Plans – One PEEP; Personal Preference.

The staff handbook has been sent to PCI for review; other policies are in review and discussion with PCI.

The outcomes monitored in October were '6 Health Care', '14 Person in Charge'.

The monitoring reports found that most actions arising in September were met – except in LH where some resident documents needed proactive attention. Actions requiring the approval of the Board/HSE or relied on the services of an outside contractor remained outstanding. The monitoring reports found that the Director needed to with liaise M Bowden regarding the full list of policies and ensure that they are in full compliance with both HSE/HIQA and PCI.

All regulatory requirements concerning the Person in Charge were met. Resident documents – Advanced Health Care Directives and EOLP plans were needed for most residents.

Composite Health Assessment needed for 1 resident in BH and 1 in LH. Meds Self assessments needed in BH&LH for some residents; and excess cash being held in house safe in BH.

The outcomes monitored in November were '23 Admission and Contract for the Provision of Services', '24 Temporary Absence, Transition and discharge of Resident'. The Monitoring report found that an Admission Policy is in place; with one referral active with completed form. Residents present under three years have new contact information. Most residents have been a part of Peacehaven for over six years – such records not in place. That Contract of Care; Tenancy Agreement; Resident's Guide & Tenancy Handbook were in place for most residents – two needed update in LH. In regard to temporary absence (hospitalisation) or discharge - recorded discussions with HSE, Resident and Family with clear Transition Plans written are in place. Most short term actions from the October audit were met. Some Long term actions were met such fire compliance certs re AW and SOP for PHT.

The outcomes monitored in December were '22 Governance and Management', '17 Premises'. The monitoring report found that most of Lydia house is due for redecoration – this has begun, but due to maintenance staffing needs is delayed in some rooms (Small sitting room; hall; kitchen and 3 bedrooms). House are typically clean with good infection control systems in place. Occasional dust observed, and some litter outside.

Rosters had been increased in 2019 to ensure safe levels of care for all residents.

Supervision had not recommenced as planned – each staff needs to receive bimonthly supervision. Except two – all staff had appraisals by DOS in 2019.

Staff meetings and daily/weekly checks all occurring as they ought.

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.

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 and Blake House.

Staffing Issues:

Extra staffing have been recruited to safe services – funding for which are still being sought.

The staffing structure as of June 2019 are;

<u>Position</u>	<u>No. Employed</u>	<u>Whole Time Equivalent</u>
Director of Services	1	1
Administration Manager	1	0.6
Care Manager	3	1.5
Social Care Worker	18	14.5
Relief posts	5	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 0 complaints received in this reporting period.

Incidents and Medication Errors:

There were 59 incidents reported in the reporting period. There were 14 incidents/events which required reporting to HIQA, with 3 reports to the HSE Adult Safeguarding Team. 47 Medication errors were reported to management, with actions assigned to each. An overall decrease of 16 errors on the previous reporting period. For the third quarter the rate of errors was 0.41% of medication passes, which decreased from the previous quarter and again decreased to 0.30% in the fourth quarter.

The cause of staff errors report a mixed story. Errors caused by residents decreased dramatically from (16) in the 1st quarter to (1), (3) & (1) for quarters 2, 3 & 4. Minor errors caused by staff increased from (14) in the 1st quarter to (21) in the 2nd before falling in quarters 3 & 4 to (17) and then (11). Whilst major errors caused by staff increased over all during the year (6), (5), (8) and (7) respectively. In quarter four, one error lead to disciplinary action.

Whilst the overall reduction of errors is welcome, those caused by staff are of the greatest concern and these need to reduce much further. 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 having completed 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 6279 at year end which is less medications than used in 2018.

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

July 2019 - September 2019 Statistics		October 2019 - December 2019 Statistics	
Medication Loss	0	Medication Loss	0
Medication Spillage	5	Medication Spillage	4
Medication Spoilage	0	Medication Spoilage	2
Stock Control	4	Stock Control	0
Incorrect Code Used	2	Incorrect Code Used	0
Incorrect Documentation	4	Incorrect Documentation	3
Medication not Recorded	2	Medication not Recorded	2
Medication Vomited	0	Medication Vomited	0
Refusal to take Medication	0	Refusal to take Medication	0
Missed Medication	3	Missed Medication	1
Adverse Reaction	0	Adverse Reaction	0
Taking with another Substance	0	Taking with another Substance	0
Incorrect Person	0	Incorrect Person	1
Incorrect Medication	0	Incorrect Medication	1
Incorrect Dosage	0	Incorrect Dosage	1
Incorrect Route/Form	0	Incorrect Route/Form	0
Incorrect Time	3	Incorrect Time	3
Medication Omission	5	Medication Omission	1
Medication not Restored	0	Medication not Restored	0
Total Number of Errors for Quarter	28	Total Number of Errors for Quarter	19
Total number of Passes for Quarter	6825	Total number of Passes for Quarter	6279
Percentage of medication errors	0.41%	Percentage of medication errors	0.30%

People supported:

One new resident began the early phase of transition in this reporting period – JM. One resident passed away in this reporting period – GC. Two residents swapped rooms (and houses) from AW to LH and vice versa – JH(m) & CK; another resident confirmed their desire to move from LH to AW – RT. Therefore at the end of 2019 there are 4 people supported in Applewood, 6 people supported in Blake House and 5 people supported in Lydia House.

When RT moves in January 2020, there will be a vacancy in Lydia House to be filled with both Applewood Heights and Blake House then being full.

A referral is being sought for Lydia House – the HSE have indicated that subject to funding - the person (NO’N) who was declined a placement when JM was offered, will be the new referral. DOS already has referral information concerning NO’N.

Environmental Issues:

All houses are in good working order. Some redecoration is required for Lydia House, and general maintenance for Blake House. There have been some electrical issues (main fuse board tripping) in Applewood Heights which we believe are resolved – though the cause may be an appliance (most likely the dishwasher with an intermittent fault which is very hard to detect when working properly).

Financial:

Business Cases lodged with the HSE requesting double cover in Blake House to enable safe levels of care/staffing are still awaiting approval. The double cover has been in place since May 2019 for safety reasons. Peacehaven has provided significant information to the HSE to show that PH salaries are low, and that our spending is low and for residents only – therefore the additional funding requested is a valid request.

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

Actions:

Actions to be completed	By Whom	Date for Completion
Some ‘End of life Plans’ & ‘Advance Health Care’ forms to be completed.	Key Workers	29.02.2020
Clinical provider required.	HSE/ Board	31.03.2020
DOS and Disability Manager to update and merge the full list of policies – including Staff Handbook - and ensure that	M Williams/ M Bowden	30.06.2020

they are in full compliance with both HSE/HIQA, Irish Law and PCI.		
Supervision to be completed for all staff – six per annum.	S Murphy/ S Kelly/ G Egan	31.12.2020
Confirm business cases – and thereby confirm rosters – or take alternative action re safe services and viable service provision.	Board/ HSE	31.01.2020

Signed:

Position	Name	Signature
Chair of Board/ Provider	Stuart Ferguson	
Disability Manager	Melanie Bowden	
Director of Services / Person in Charge	Michael Williams	