2020

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

1st July 2020 – 31st December 2020

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
- 6 monthly announced monthly reports
- Incident log
- Complaints log

HIQA report

A short notice announced inspection was carried out by HIQA on 17th September 2020 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.

This was our fifth inspection to date. Our current inspector is Andrew Mooney (Lead). He was accompanied by Anne – Marie O'Neill.

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

REGULATION TITLE	JUDGEMENT
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially Compliant
Regulation 23: Governance and management	Not - Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 27: Protection against infection	Compliant

Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Non-Compliant
Regulation 6: Health care	Non-Compliant
Regulation 7: Positive behavioural support	Non – Compliant
Regulation 8: Protection	Compliant

Reasons for non-compliance and actions to be taken

Reasons for non-compliance	**Actions to be carried out**
Not all staff had completed infection – control training	IPC training to be arranged
Governance and management arrangements required further enhanced	New Head of Disability Services to be appointed and governance systems to be reviewed including the completion of robust bi annual and annual audits.
Lack of access to allied health care	Clinical governance in relation to PBS to be fully implemented. Access to SLT services to be petitioned for.
Behaviour support plans were limited in scope	Clinical governance in relation to PBS to be fully implemented and have input in PBS plans.
Epilepsy management required improvement	Epilepsy management systems to be reviewed
Improvement required in supporting residents to avail of National Screening Services	All residents in conjunction with their GP to be offered appropriate screening (ie age/gender related). Resident refusals to be recorded and communicated to GPs.

Reasons for non-compliance	**Current Position (as of Feb '21)**	**Further Recommendations (by Head of Disability Services)**
Not all staff had completed infection – control training	All staff have been trained in Infection Prevention and Control via HQIA online training. This is evidenced in the training matrix reviewed by Head of Disability Services on 13/01/21	IPC training to be delivered by PCI face-to -face when current Covid -19 related restrictions are eased.
Governance and management arrangements required further enhanced	-Head of Disability Services in post since 04/01/21.	-Face – to -face visit to be arranged when current restrictions are eased

	-Bi Annual Review completed for July '20 – Dec '20 - Annual review date arranged for June '21 - Head of Disability Services attends regular staff meetings -Monthly supervision of PIC -Service Improvement Plan reviewed -Statement of Purpose & Residents' Guide reviewed -Policies and Procedures reviewed	-Remainder of Policies & Procedures to be reviewed
Lack of access to allied health care	Access to Studio 3 fully implemented and PBS reviews have been held	Head of Disability Services to contact Disability Manager & request SLT services
Behaviour support plans were limited in scope	PBS review have been held with Studio 3 Record of note section added to VCare system to track behavioural patterns and triggers	Ongoing auditing of behaviour support plans to take place via monthly file audits to ensure consistency of quality.
Epilepsy management required improvement	Training to be delivered to all staff on Feb 18th.	Ongoing auditing of Epilepsy management plans/ risk assessments via monthly file audits.
Improvement required in supporting residents to avail of National Screening Services	There continues to be some gaps in the recording of dental/ vision check-ups – addressed at Care Managers meetings	Ongoing audits of VCare systems to ensure residents are being advised and any decline to attend is recorded.

Comments from the inspector included-

Residents appeared very comfortable in the presence of staff and staff were seen engaging with residents in a positive manner throughout the inspection.

Staff interactions were pleasant, friendly and supportive.

Residents were seen going about their day without undue restriction and this contributed atmosphere within the centre

Six monthly unannounced audits

An unannounced audit was completed by Melanie Bowden on 13th August 2020.

Commentary

Based on two virtual visits (due to covid-19), considering resident views; representative views; adequacy of staff on duty (Number and skills mix); Incidents (and notification of incidents); Restrictive Practices; Allegations of Abuse and Complaints.

Two actions where noted – to review/audit all accidents and incidents; and to complete an annual quality audit questionnaire for resident representatives/relatives.

The Accident/incidents audits are in place – seeking to improve the review function, based on the raw audited data.

A quality questionnaire was sent to all relatives of residents in October 2020. Four replies received from 17 residents' families – all with positive comments.

The format of this report (even though a HIQA template) was considered by the HIQA September monitoring audit not to be robust enough, as it did not make commentary against the regulations. A new format of report is being sought for the next report Jul – Dec 2020.

Outcomes and Actions

Audit Topic	Date of audit	Issues identified	Responsible for action
Health and Medication Management	19/01/20	Some 'End of life Plans' & 'Advance Health Care' forms to be completed.	PCI/ Care Managers
	19/01/20	Clinical provider required.	HSE/ Board
Governance and Management	19/01/20	DOS and Disability Manager to update and merge the full list of polices – including Staff Handbook - and ensure that they are in full compliance with both HSE/HIQA, Irish Law and PCI.	Disability Manager and PIC
	19/01/20	Supervision to be completed for all staff – six per annum.	Care Managers
Safe services		Confirm business cases – and thereby confirm rosters – or take	HQIA/ Board

		alternative action re safe services and viable service provision.	

Incident log

Commentary

All accidents, incidents and near misses including medication errors are recorded in the incident log and reported on monthly in the PIC monthly report, which is sent to the Head of Disability Services for review.

All accidents, incidents and near misses are risk assessed by the person in charge and actions put in place to prevent a recurrence. Any resident at risk of falls has a care plan in place to deal with falls.

All medication errors are recorded on a Medication Error report form and actions put in place by the person in charge to prevent a recurrence. All staff are trained in safe administration of medication *(most recent training taking place in January '20 as per training schedule 2021).*

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 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 and Head of Safeguarding on receipt of incident form. Head of Disability Services and Head of Safeguarding then hold a monthly Safeguarding Incident review for ensure comprehensive governance.

Incidents recorded

73 Incidents in total between 1st July 2020 and 31st December 2020 which involved residents.

5 slips, trips and falls

8 incidents required first aid intervention (though did not require hospital or GP treatment).

3 incidents required medical attention.

68 other incidents including;

Type of Incident	Number
Pain	1
Sexualised Behaviour	2
Accident (other than slips, trips or falls)	9
Verbal aggression	12
Physically challenging to an object	21
Financial	1
Near Miss	3
Physically Challenging to a person	3

Other (including health concerns, transport)	15

3 were reported to HIQA. 1 was reported to the Garda (Eggs being thrown at one of the houses), 1 reported to HSE and 5 reported to PCI Safeguarding Champion.

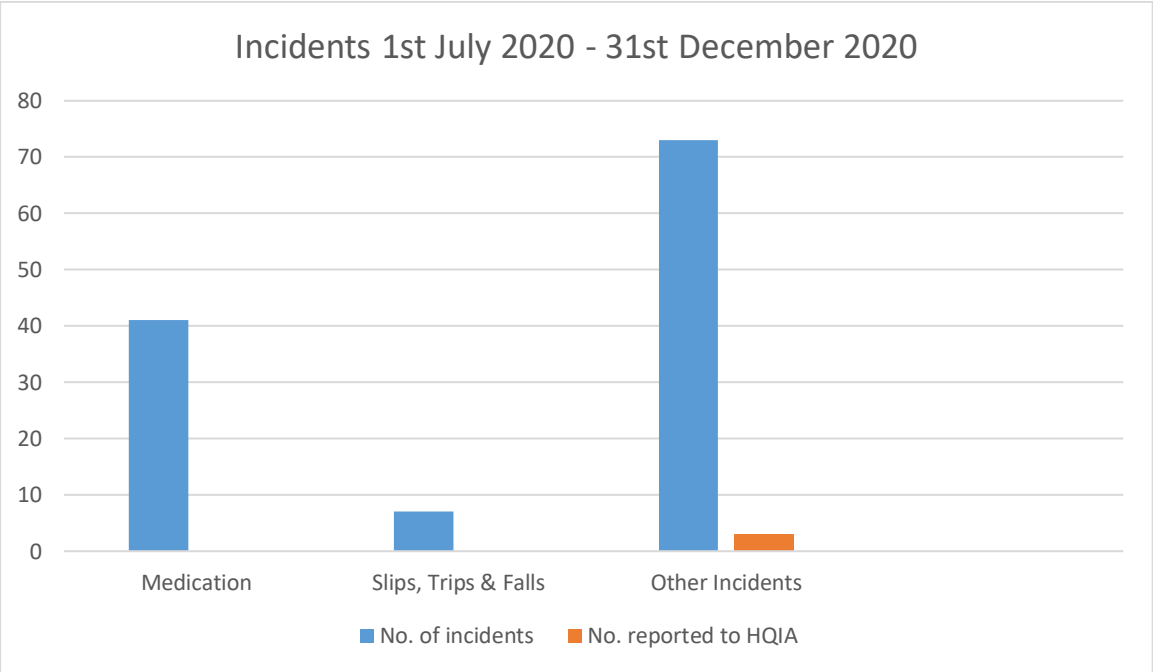
7 incidents in total involving staff between 1st July 2020 and 31st December 2020 including;

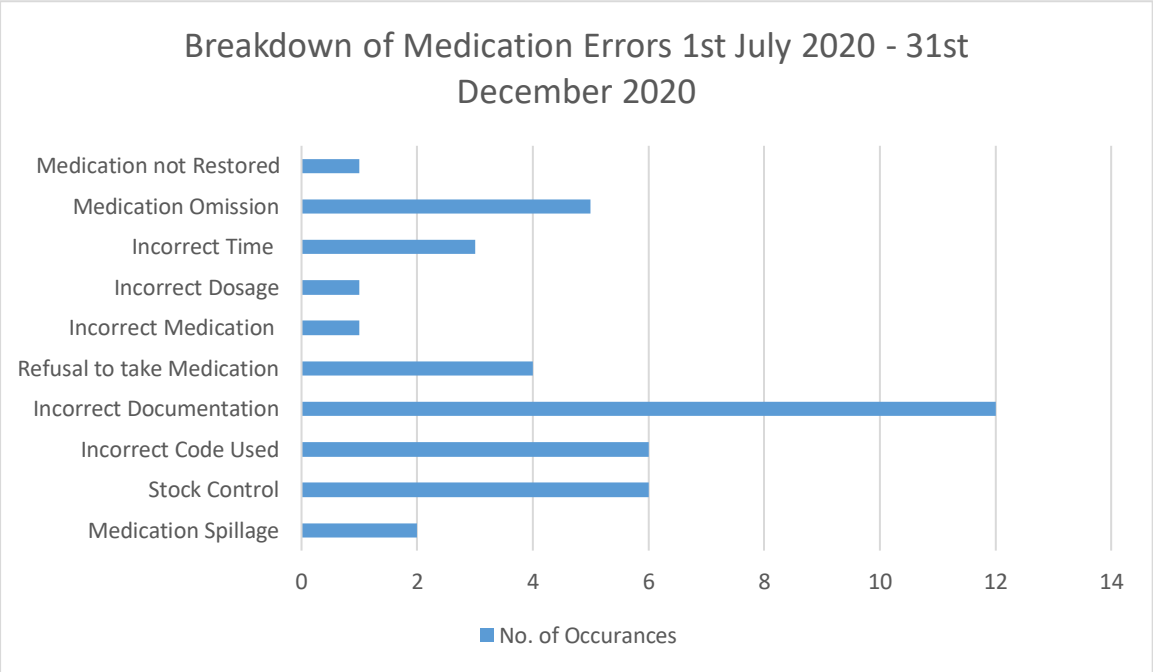
Type of Incident	**Number**
Accident (other than slips, trips or falls)	3
Slips, Trips or falls	2
Near Miss	1
Other	1

Medication errors

During the period 1st July 2020 - 31st December 2020

Type of Error	**Number**
Medication Loss	
Medication Spillage	2
Medication Spoilage	
Stock Control	6
Incorrect Code Used	6
Incorrect Documentation	12
Medication not Recorded	
Medication Vomited	
Refusal to take Medication	4
Missed Medication	
Adverse Reaction	
Taking with another Substance	
Incorrect Person	
Incorrect Medication	1
Incorrect Dosage	1
Incorrect Route/Form	
Incorrect Time	3
Medication Omission	5
Medication not Restored	1
Total Number of Errors in 6-month period	**41**





Complaints Log July 1st 2020 – 31st December 2020

Month	Nature of Complaint	Investigation Held	Outcome Reached	Complainant Satisfied
July '20	Resident raised a complaint re. Covid restrictions	Yes	Yes	Yes
August '20	No complaints made			

September '20	1. Resident raised concerns about another resident telling them what to do	Yes – complaint upheld	Yes	Yes
	2. Staff alleged not to give medication to resident	Yes – Not upheld	Yes	Yes
	3. Resident raised concerns about another resident's behaviour	Yes	No	Yes
October '20	No complaints made			
November '20	Resident was pushed by another	Yes – Upheld	Yes	Yes
December '20	No complaints made			

Safeguarding Concerns

8 incidents were reported to the PCI Safeguarding Champion with safeguarding plans – none required more serious intervention, and all have been resolved, or have been referred to psychological practitioners for behaviour support plan development.

Quality improvements

- A number of home improvements were made, including a refit of the Kitchen in Applewood Heights.
- Discussion of incidents including medication errors are held during weekly Care Managers meeting to ensure reflection and learning to improve practice.
- The services of Studio 3 have been employed to deliver regular input in relation to behaviour support and ensure robust plans are in place to support residents. Quarterly reviews also take place.
- All staff have completed the HQIA online IPC training and face-to-face training in relation to Infection Control took place in January 2021.

Concluding comments

Overall the residents receive a high quality of care by a committed and knowledgeable staff team who are led by three compassionate and dedicated Care Managers. The overall management from the PIC is equally compassionate and competent. It is evident through meeting minutes and comments from residents that the staff team are found to be helpful, creative and person- centred.

Residents report to be happy in their homes in all 3 of the houses. There is an acknowledgment across the board that the six months between July '20 and December '20 were challenging due to Covid -19 and the associated restrictions. The staff team at Peacehaven must be commended for working throughout such worrying times, supporting the residents unconditionally and for keeping the houses Covid -19 free.

All infection control responses to help prevent an outbreak of COVID-19 in the houses were implemented in a timely manner and are regularly reviewed by the PIC as guidance changes. The PIC and staff team at Peacehaven have been flexible and creative in their approach to supporting residents through the lockdown period, particularly in relation to the loss of the majority of their social interactions. They have done this through varied and exciting activity schedules

PIC continues to ensure the delivery of a high - quality safe service operating within regulatory compliance. PIC is regularly looking at how the service can be delivered in the most effective and person -centred way. He evidences in depth knowledge of all residents and the support they require and uses this knowledge to guide and support his team.

Families are very satisfied with the level of care and support being provided.

Improvements required

1. Governance and Management

During the last HQIA inspection, concerns were raised about the lack of formal governance within the Peacehaven/ PCI structures. Whilst the PIC had completed in depth audits in relation to systems and quality, the overall checks and balance processes required improvement.

Actions put in place to improve governance processes

Action	Person/s responsible	Date for completion
HoS to carry out monthly visits to Peacehaven when restrictions ease	PIC/ HoS	Ongoing
HoS to complete monthly monitoring reviews	PIC/ HoS	Ongoing
HoS to attend 2 out of 4 Care Manager meetings monthly	PIC/ HoS	Ongoing
Policies and Procedures to be reviewed	PIC/HoS	May '21
HoS to completed monthly supervision with PIC	HoS	Ongoing
Residents' Guide and Statement of Purpose to be reviewed	PIC/ HoS	April '21
Annual audit (July '20 – June '21) to be completed	HoS	July '21

2. Medication Errors

A total of 41 medication errors in a 6-month period is disappointing and there is acknowledgment that there is room for improvement. There were 10 different types of error recorded during this time frame so it is difficult to identify a particular cause.

It appears staff are not adhering to correct medication administration practices or do not take time and care over the completion of the task.

Medication errors will be monitored closely by PIC and Head of Disability Services and further actions implemented as required.

Actions put in place to reduce medication errors

Action	Person/s responsible	Date for completion
Medication re-training for all staff	PIC	January '21
Medication error tracker to be completed quarterly	PIC	Ongoing
Medication error tracker to be audited by HoS	HoS	Ongoing
All errors to be reviewed at weekly Care Managers meetings	Care Managers/ PCI	Ongoing

Additional Actions Required

Action	Person/s responsible	Date for completion
Make appointments for residents- • Annual check-up • Hygienist and dental check-ups • Eye check-ups And any refusals to be documented	PIC/Deputy manager	*As soon as services open up and it is safe for appointments to take place.*
Access to SLT services to be chased up	PIC/provider	Ongoing
Supervision of support staff	Care Managers/ PIC	Ongoing
All staff to attend Epilepsy training	All staff	Feb '21
Resident behaviour support plans to be robust and to a high standard	Key Workers/ Care Managers/ PIC	Ongoing
Studio 3 behaviour support reviews to take place quarterly	PIC	Ongoing
Policies and Procedures to be reviewed	PIC/ HoS	June '21

Review written by:  Date 18/02/21

Date Approved by Board of Management_____

Actions reviewed by:_____ Date:_____