

## HQIA Regulation 23(1)(d)

### **Annual Review Report: Assessing performance against the national standards for residential services for children and adults with disabilities.**

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#### **Standard 1.3: Each person exercises choice and control in their daily life in accordance with their preferences.**

Every resident has a person-centred support plan which details their personal preferences and wishes on a variety of areas, including personal care, health & well-being and communication for example. A recent HQIA inspection on 30th June noted the following "Residents also had intimate care plans developed as required which clearly outlined their wishes and preferences."

A recent HQIA inspection on 30th June noted the following "Residents were supported to access and be part of their community in line with their preferences and assessed needs".

An increased level of governance was introduced in February 2021, by which 3 residents' care files are audited per month (this ensures all care files are comprehensively audited twice yearly). The file audits are completed by the Person in Charge and are forwarded to the PPIM to ensure multi layers of governance and oversight to ensure the support plans are person-centred, are focused on the wishes and preferences of the individual and that the individual is involved at every stage.

In addition to the file audits, the PPIM undertakes an unannounced visit on a monthly basis and reviews/ audits resident care files and notes any concerns or any good practice.

Whilst there have been significant improvements in relation to Standard 1.3, it remains an area for development. A recommendation in relation to the follow up of action plans included in a residents' care plan was noted by HQIA at the most recent inspection. This followed the observation that a resident had expressed a wish to self – administer their medication but no action had taken place in relation to moving this piece of work/ support forward.

#### **Standard 1.4: Each person develops and maintains personal relationships and links with the community in accordance with their wishes.**

All residents are encouraged to attend day opportunity services with staff facilitating transport. Care Plans are in place in relation to social interaction, routine and day planner. Relationships and contact with family and friends is actively encouraged and facilitated with staff arranging visits and accompanying residents on long journeys to guarantee contact and the maintenance of relationships.

#### **Standard 1.5: Each person has access to information provided in a format appropriate to their communication needs.**

In previous and the most recent HQIA inspection in June '21, the lack of speech and language involvement was noted as a recommendation. HQIA were aware of the difficulty in sourcing a community SLT but noted that it was ultimately the Provider's responsibility to source. A private SLT has been contracted and has begun meeting with residents depending on priority of need. Person-centred support plans will need created/ updated to reflect the SLT assessment.

The use of pictorial methods has been observed in use with Lydia House and staff have displayed during meetings an understanding of the different ways in which residents communicate with them and others. Identification of communication needs is swift and staff do bring concerns to the Care Managers/ PIC.

An easy read version of the updated Statement of Purpose is also now in place. Information in relation to the Covid -19 pandemic was also provided in easy -read format.

**Standard 1.6: Each person makes decisions and has access to an advocate and consent is obtained in accordance with legislation and current best practice guidelines.**

The advocacy policy was written in September 2021 by PIC and reviewed by the PPIM based on current legislation. A self- advocacy group has been established within PHT and residents who are part of this group were asked to contribute to this new policy. Their views are reflected and recorded in the policy. The advocacy group have the opportunity to meet with the PIC regularly.

The Self-Advocacy Group is in the process of creating a pocket guide to provide information on advocacy and identify the steps to assist residents to self-advocate and access advocacy services. The Self-Advocacy Group members intend to produce a guide outlining their terms of reference in an easy to read format. Both booklets will be distributed to all residents within PCI/Peacehaven.

**Standard 1.7: Each person's complaints and concerns are listened to and acted upon in a timely, supportive and effective manner.**

There is a complaints policy and procedure in place and there is opportunity for residents to raise issues/ concerns during house meetings, and key working sessions with staff. Complaints are recorded in the monthly reports & feedback is provided in relation to the action taken and resolution.

Additional methods of encouraging and facilitating residents' feedback have also been introduced including a quarterly survey for residents, which focuses on a range of topics including the management of Covid -19 restrictions within PHT and the food/ nutritional aspect of support. The survey also offers the opportunity to meet with the PIC to discuss any concerns to ensure they are addressed in a timely manner.

**Standard 3.3: People living in the residential service are not subjected to a restrictive procedure unless there is evidence that it has been assessed as being required due to a serious risk to their safety and welfare.**

PPIM has observed & audited risk assessments, incident reports, & safeguarding reports that have resulted in a restrictive practice being instigated. All restrictions in operation are discussed at the Restrictive Interventions Review Committee, which ensures the focus is centred on the best interests of the resident, the level of risk, and any potential alternatives/ restriction reduction plan that could be implemented.

**Standard 3.4: Adverse events and incidents are managed and reviewed in a timely manner and outcomes inform practice at all levels**

All adverse incidents are recorded on incident report forms, and documented on the incident tracker so any identifiable patterns can be found. Any potential safeguarding incidents are referred to HSE and also PCI's Safeguarding Champion and PPIM for discussion and review.

An area for improvement remains the need for a reduction in the number of medication errors. This had improved over the 1<sup>st</sup> 7 months in 2021, however PIC & PPIM have observed an upward trend in errors over the past 2 months