

31st December 2022

Peacehaven Annual Report

2022

CAROLINE YEOMANS

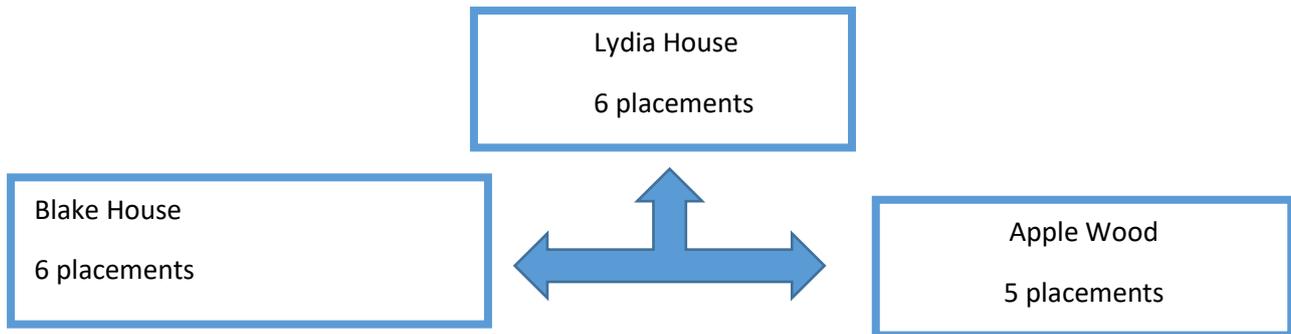
Regional Care Manager

Council for Social Witness

PEACEHAVEN TRUST
PRESBYTERIAN CHURCH IN IRELAND; COUNCIL FOR SOCIAL WITNESS

PEACEHAVEN ANNUAL REPORT 2022

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| Designated Centre ID | 0003690 |
| Registered Provider | Stuart Ferguson |
| Person in Charge | Michael Williams |
| Person Participating in Management | Caroline Yeomans |
| | Margaret Miller |



PEACEHAVEN – CURRENT OPERATIONS

Peacehaven is a community-based, person centred residential service, which prioritise the goals and ambitions of each resident. Peacehaven recognises that all people are equally and wonderfully made in God's image, and everybody has something unique to bring to the community.

Residents and staff are enthusiastic to be integrated in community events, churches, societies and employment, so we can all live our best lives.

Peacehaven provides residential support across three neighbourhood houses for adults with an intellectual disability in Greystones, County Wicklow.

The Peacehaven vision is **EACH LIFE IS A LIFE WORTH LIVING**

Currently Peacehaven operates its residential service across three separate houses

Applewood House



Blake House



Lydia House



PCI/Peacehaven has an experienced and competent staff team led in Greystones by a Director of Services with three Care Managers. Governance and support are provided through the Presbyterian Church in Ireland's Regional Care Manager. In addition, we have an Administration Manager and maintenance support.

PCI/Peacehaven employ 29 people in a combination of full and part roles to deliver high-quality services across our three locations.

Peacehaven is now a Limited Company. The Health Service Executive is supportive, as is the Health, Information and Quality Authority (HIQA).

Regulation 23 1)(d)

Assessing performance against the national standards for residential services for children and adults with disabilities

Regulation 23 (1) (d) requires a provider to *"ensure that there is an annual review of the quality and safety of care and support in the designated centre and that such care and support is in accordance with standard"*.

Regulation 23(1) (e) also requires the provider to *"ensure that the review referred to in subparagraph (d) shall provide for consultation with residents & and their representatives"*

Through this report Peacehaven Trust endeavour to:

- Undertake and record an annual review of quality and safety of care and support in the three separate houses that make up Peacehaven Trust, and make judgments about our performance against the standards.
- Measure our performance against the national standards, and to identify areas for ongoing improvement of the service.

Peacehaven Trust commits to assessing its performance against each standard and developing a plan to address any areas for improvement.

Theme 1: Individualised Supports and Care

| Resident Experience – What do people who use the service experience on a day-to-day basis? | Ensuring – How does the Person in Charge ensure that best practice occurs as a matter of routine within the service? | Assured – How is the Registered Provider assured of the quality and safety of care & compliance? |
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| Standard 1:1 The rights and diversity of each person are respected and promoted | | |
| | <p>There was a robust training plan in place for 2022, with a renewed focus on the rights of the resident, most notable covered in the following training:</p> <ul style="list-style-type: none"> - Person -centred Practice - Advanced Health Care Directives - Key Working - Communication & Anti-discriminatory Practice - Human Rights - Safeguarding Vulnerable Adults <p>The Restrictive Interventions Review Committee is made up of representatives with experience in human rights and restrictive practice. The RIRC is committed to meeting regularly to review and discuss current and potential restrictions. During this committee and subsequent practices, the focus is on assuring residents' rights and promoting these alongside balancing possible risks. Decisions are based on current guidelines and meet HQIA standards ensuring that the resident is central to any decision reached.</p> <p>The professional partnership with Studio 3 continued in 2022, with continued development of staffs' understanding of positive behaviour support. Studio 3 continue to conduct video calls with management and resident key workers to discuss behaviours of concern. Studio 3 support staff in the creation of care plans, which balance the duty of care towards residents with the importance of positive risk taking and maintaining independence.</p> | <p>The PIC carries out monthly audits of each service, which includes a section that asks residents opinions of the service.</p> <p>A complaints policy and procedure are in place</p> <p>Reflective practice and discussion occur monthly with staff during staff meetings</p> <p>Annual family reviews also take place</p> |

| Standard 1:1 The rights and diversity of each person are respected and promoted | | |
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| ACTION PLAN | | |
| Area for Improvement | Responsibility | Completion Date |
| Review effectiveness of Studio 3 input | PIC/ Care Managers | 31/12/23 |
| Review membership of RIRC | PIC | 31/03/23 |

| Resident Experience – What do people who use the service experience on a day-to-day basis? | Ensuring – How does the Person in Charge ensure that best practice occurs as a matter of routine within the service? | Assured – How is the Registered Provider assured of the quality and safety of care & compliance? |
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| Standard 1.2 The privacy and dignity of each person are respected. | | |
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| Standard 1.2 The privacy and dignity of each person are respected. | | |
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| ACTION PLAN | | |
| Area for Improvement | Responsibility | Completion Date |
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| Resident Experience – What do people who use the service experience on a day-to-day basis? | Ensuring – How does the Person in Charge ensure that best practice occurs as a matter of routine within the service? | Assured – How is the Registered Provider assured of the quality and safety of care & compliance? |
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| Standard 1.3 Each person exercises choice and control in their daily life in accordance with their preferences | | |
| | <p>Key worker model is in place to ensure residents have ample opportunity to express their feelings and views</p> <p>Each person PHT supports has an individual care plan, which includes their wishes in relation to personal care, health & wellbeing, community inclusion etc</p> | <p>File audits are conducted to review the extent to which residents are involved in the completion of care plans.</p> <p>House meetings take place regularly and residents are asked to contribute to the planning and daily running of the service, i.e., weekly menu planning.</p> <p>Resident survey focusing on activities was completed in June 2022.</p> |

| Standard 1.3 Each person exercises choice and control in their daily life in accordance with their preferences |
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| ACTION PLAN | | |
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| Area for Improvement | Responsibility | Completion Date |
| File audits to increase in frequency & completion of same delegated between PIC and Care Managers | PIC/ Care Managers | 31/12/23 |

| Resident Experience – What do people who use the service experience on a day-to-day basis? | Ensuring – How does the Person in Charge ensure that best practice occurs as a matter of routine within the service? | Assured – How is the Registered Provider assured of the quality and safety of care & compliance? |
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| Standard 1.4 Each person develops and maintains personal relationships and links with the community in accordance with their wishes. | | |
| | <p>Residents are supported to attend day opportunities, church and other social events as they wish – staff have the resources to facilitate transport.</p> <p>Residents are supported to maintain family links & staff have accompanied residents on long journeys to visit family and friends.</p> <p>Residents are encouraged to have visitors to their own home</p> | <p>Care plan in place for all residents in relation to community inclusion and involvement</p> <p>Family meetings enable reflection in relation to connectivity and how PHT can help to maintain relationships</p> |
| No areas of development identified | | |

| Resident Experience – What do people who use the service experience on a day-to-day basis? | Ensuring – How does the Person in Charge ensure that best practice occurs as a matter of routine within the service? | Assured – How is the Registered Provider assured of the quality and safety of care & compliance? |
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| Standard 1.5 Each person has access to information, provided in a format appropriate to their communication needs. | | |
| | <p>An easy read version of the Statement of Purpose is available on the PHT website</p> <p>As recommended by HQIA during the 2021 inspection, a private Speech & Language Therapist has been contracted and has carried out a number of assessments. Residents with the most overt communication needs were prioritised and plans are now in place to help staff communicate more effectively. Regular reviews take place</p> | <p>Staff bring any concerns relating to communication to the Care Managers/ PIC. They show good insight into changing/emerging needs of residents and are observed changing their communication style dependent on the resident they are interacting with.</p> <p>Any needs in relation to communication are discussed at the weekly Manager's meeting & a plan of action agreed.</p> |

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| | Pictorial communication aids are in place within Lydia House, however it may be pertinent to revisit the frequency and approach to use given the identified deterioration in communication capability of a number of residents. | |
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Standard 1.5 Each person has access to information, provided in a format appropriate to their communication needs.

ACTION PLAN

| Area for Improvement | Responsibility | Completion Date |
|--|----------------|-----------------|
| Review of online recording programme is required to ensure access is maximised for residents | PIC and PPIM | 30/09/23 |
| Review use of pictorial aids with Lydia House | Care Manager | 30/03/23 |

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| Resident Experience – What do people who use the service experience on a day-to-day basis? | Ensuring – How does the Person in Charge ensure that best practice occurs as a matter of routine within the service? | Assured – How is the Registered Provider assured of the quality and safety of care & compliance? |
| 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. | | |
| | An advocacy policy and procedure were created in 2021. This remains in place following consultation with residents. | Advocacy residents' group was created in 2021 and remains functioning, meeting with the PIC on a regular basis. |

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.

ACTION PLAN

| Area for Improvement | Responsibility | Completion Date |
|---|-------------------------------|-----------------|
| Frequency of advocacy residents group meetings to be agreed | PIC/ Residents advocacy group | 30/04/23 |

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| Resident Experience – What do people who use the service experience on a day-to-day basis? | Ensuring – How does the Person in Charge ensure that best practice occurs as a matter of routine within the service? | Assured – How is the Registered Provider assured of the quality and safety of care & compliance? |
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| Standard 1.7 Each person's complaints and concerns are listened to and acted upon in a timely, supportive and effective manner. | | |
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| | <p>There is a complaints policy and procedure in place</p> <p>There is opportunity for residents to raise issues/ concerns during house meetings, and key working sessions with staff.</p> | <p>Complaints are recorded in the monthly reports & feedback is provided in relation to the action taken and resolution.</p> <p>The PIC garners feedback from residents during the monthly report audit & responds to any concerns raised</p> |
| No areas for improvement identified | | |

Theme 2: Effective Services

| Resident Experience – What do people who use the service experience on a day-to-day basis? | Ensuring – How does the Person in Charge ensure that best practice occurs as a matter of routine within the service? | Assured – How is the Registered Provider assured of the quality and safety of care & compliance? |
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| Standard 2.1 Each person has a personal plan which details their needs and outlines the supports required to maximise their personal development and quality of life, in accordance with their wishes. | | |
| | <p>Each resident has a person-centred care plan focusing on areas from epilepsy management, mental health and personal care.</p> <p>The care plans are created in partnership with the resident with their views being recorded. Further improvement is required by staff to be explicit about the involvement of residents in the creation of plans and the recording of their views.</p> <p>Within resident paper files, there is evidence that some residents have been supported to complete information about themselves; the forms are filled in by residents and not staff.</p> | <p>File audits are completed by PIC/Care Managers & they do assess the level of person-centred ethos & application throughout records.</p> <p>Regular supervisions are held with all staff to ensure discussion and review of resident needs & required support, with a focus on maintaining or improving current quality of life</p> |

| Standard 2.1 Each person has a personal plan which details their needs and outlines the supports required to maximise their personal development and quality of life, in accordance with their wishes. | | |
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| ACTION PLAN | | |
| Area for Improvement | Responsibility | Completion Date |
| Recording of care plans and resident's personal views and wishes to be improved | All staff | 31/12/23 |

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| Resident Experience – What do people who use the service experience on a day-to-day basis? | Ensuring – How does the Person in Charge ensure that best practice occurs as a matter of routine within the service? | Assured – How is the Registered Provider assured of the quality and safety of care & compliance? |
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Standard 2.2 The residential service is homely and accessible and promotes the privacy, dignity and welfare of each resident

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| | <p>On all visits by PPIM, all 3 houses have been found to have welcoming staff. The atmosphere has been friendly and warm.</p> <p>PPIM has observed staff interacting appropriately with residents, including with humour as and when fitting.</p> <p>Each resident has their own bedroom with an ensuite and all staff are aware to knock before entering a room.</p> <p>Each home is decorated in a homely manner. Apple Wood has recently had a new kitchen installed, which is modern and bright.</p> <p>An area for improvement would be to ensure deep cleaning of each service was happening regularly, including hard to reach areas and areas at a height. A proposal for enhanced cleaning services was submitted to HQIA & approved.</p> | Resident views are sought during monthly reports, visits by PPIM, resident meetings and resident surveys. |
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Standard 2.2 The residential service is homely and accessible and promotes the privacy, dignity and welfare of each resident

| ACTION PLAN | | |
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| Area for Improvement | Responsibility | Completion Date |
| Hard to reach and at height areas to be thoroughly cleaned on a regular basis | PIC | 30/06/23 |

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| Resident Experience – What do people who use the service experience on a day-to-day basis? | Ensuring – How does the Person in Charge ensure that best practice occurs as a matter of routine within the service? | Assured – How is the Registered Provider assured of the quality and safety of care & compliance? |
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Standard 2.3 Each person's access to services is determined on the basis of fair and transparent criteria.

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| | There is a clear policy and procedure in relation to access to the services offered by PHT | Weekly meetings are held with PIC and Care Managers to review residents' changing needs. This ensures that any discussions in relation to the appropriateness of the service for an individual happen in a timely manner. Incident/ safeguarding reports are also submitted and a tracker completed, which provides an evidence base to track patterns and trends in relation to one individual. |
| No areas of development identified | | |

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| Standard 2.4 Young adults are supported throughout their transition from children's services to adults' services. | PHT Trust service criteria is for over 18s only. |
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Theme 3: Safe Services

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| Resident Experience – What do people who use the service experience on a day-to-day basis? | Ensuring – How does the Person in Charge ensure that best practice occurs as a matter of routine within the service? | Assured – How is the Registered Provider assured of the quality and safety of care & compliance? |
| Standard 3.1 Each person is protected from abuse and neglect and their safety and welfare is promoted. | | |
| During 2022, there have been some incidents of resident's interactions not being as positive as they could be. This has been addressed with individuals and protection plans are in place where necessary. The dynamics of the houses are under constant review to ensure all residents feel safe and secure in their own home. | All residents have an individualised care plan and risk assessments Studio 3 are involved in the assessment of need and risk and provide expert opinion on how to ensure the safety and well-being of residents | File audits are completed to review Incident/safeguarding reports are completed and tracked through an incident tracking matrix All incidents/ safeguarding concerns are reported to PCI's Deputy Safeguarding Champion to further review |

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| Standard 3.1 Each person is protected from abuse and neglect and their safety and welfare is promoted. | | |
| ACTION PLAN | | |
| Area for Improvement | Responsibility | Completion Date |
| The dynamics of each house to remain under review, with all resident-to-resident incidents being carefully studied | All staff | 31/12/23 |

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| to identify potential conflicts and resolutions | | |
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| Resident Experience – What do people who use the service experience on a day-to-day basis? | Ensuring – How does the Person in Charge ensure that best practice occurs as a matter of routine within the service? | Assured – How is the Registered Provider assured of the quality and safety of care & compliance? |
| Standard 3.2 Each person experiences care that supports positive behaviour and emotional wellbeing. | | |
| | <p>Staff attend regular meetings with Studio 3 to discuss concerns and report progress on varying interventions implemented on Studio 3 recommendation</p> <p>Increased staffing proposals have been submitted to HSE to ensure that staffing is adequate to support residents with increasing/ emerging needs around positive behaviour and emotional wellbeing.</p> <p>Whilst PHT is committed to supporting residents who have behavioural needs, staff will benefit from further training and developing their understanding of positive behaviour support models and approaches</p> | <p>Regular reviews are held with Studio 3 and other professional agencies, i.e., mental health team</p> <p>Care plans are in place and audited to ensure that positive behaviour support is identified when needed</p> |

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| Standard 3.2 Each person experiences care that supports positive behaviour and emotional wellbeing. | | |
| ACTION PLAN | | |
| Area for Improvement | Responsibility | Completion Date |
| Relationship with Studio 3 to be evaluated | MW/CY | 30/09/23 |
| Positive Behaviour training to be evaluated and further training provided | MW/CY | 30/09/23 |

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| Resident Experience – What do people who use the service experience on a day-to-day basis? | Ensuring – How does the Person in Charge ensure that best practice occurs as a matter of routine within the service? | Assured – How is the Registered Provider assured of the quality and safety of care & compliance? |
| 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 safe and welfare. | | |
| | Risk assessment training is delivered to staff. | PPIM has observed & audited risk assessments, incident reports, & |

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| | Rights Restrictions training was delivered to all staff in January 2022 | 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. All protection plans are reviewed by PPIM and HSE |
| No areas for improvement identified | | |

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| Resident Experience – What do people who use the service experience on a day-to-day basis? | Ensuring – How does the Person in Charge ensure that best practice occurs as a matter of routine within the service? | Assured – How is the Registered Provider assured of the quality and safety of care & compliance? |
| Standard 3.4 Adverse events and incidents are managed and reviewed in a timely manner and outcomes inform practice at all levels. | | |
| | Medication incidents continue to warrant further review. PCI Regional Manager conducted a review of medication administration systems within 2022. Medication Policy and procedure was reviewed in 2022 Whilst all medication errors are recorded and reviewed through the medication error tracker matrix to identify patterns and trends, the number of errors remains high. Further medication administration training should be sought | 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. |

| Standard 3.4 Adverse events and incidents are managed and reviewed in a timely manner and outcomes inform practice at all levels. | | |
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| ACTION PLAN | | |
| Area for Improvement | Responsibility | Completion Date |
| Medication errors should be reviewed following each one and reflective practice exercise completed by staff | PIC/ Care Managers/ All staff | 31/12/23 |
| Further medication administration training to be arranged | PIC | 30/03/23 |

Theme 4: Health and Development

| Resident Experience – What do people who use the service experience on a day-to-day basis? | Ensuring – How does the Person in Charge ensure that best practice occurs as a matter of routine within the service? | Assured – How is the Registered Provider assured of the quality and safety of care & compliance? |
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| Standard 4.1 The health and development of each person is promoted. | | |
| Staff respond in a person-centred manner to residents in relation to their health and development. The staff teams understand that they must meet a resident where they are at and tailor their interventions and approaches to the individual. | <p>The Key working model is key in supporting residents to develop an awareness of their own body and mind and any health conditions they may have.</p> <p>Staff could benefit from training in specific areas of health, i.e. Emotionally Unstable Personality Disorder/ Intellectual disabilities and dementia</p> | <p>Composite health plans are created in conjunction with health professionals and the residents so they are holistic and comprehensive</p> <p>Staff report and discuss any concerns at handovers, supervisions and team meetings.</p> <p>All health concerns are discussed at a weekly meeting between PIC/ Care Managers</p> |

| Standard 4.1 The health and development of each person is promoted. | | |
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| ACTION PLAN | | |
| Area for Improvement | Responsibility | Completion Date |
| Specific training relevant to resident needs to be delivered | PIC | 31/12/23 |
| File audits to increase in frequency | PIC/Care Managers | 30/06/23 |

| Resident Experience – What do people who use the service experience on a day-to-day basis? | Ensuring – How does the Person in Charge ensure that best practice occurs as a matter of routine within the service? | Assured – How is the Registered Provider assured of the quality and safety of care & compliance? |
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| Standard 4.2 Each person receives a health assessment and is given appropriate support to meet any identified need. | | |
| | <p>Every resident has a composite health plan that reflects current needs and the wishes of every individual.</p> <p>The composite health plans are reviewed regularly.</p> <p>Staff display a sound knowledge of each resident and can identify</p> | <p>Regular reviews with GP, privately contracted health professionals take place to review progress of residents and agree any further interventions/ supports.</p> <p>Health support plans are discussed regularly at team meetings and management meetings – attention</p> |

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| | <p>quickly any deterioration in the health and well-being of an individual.</p> <p>Private contracts with Speech and Language Therapists, Psychologists and Dieticians are in place to ensure PHT meets the needs of all residents and can provide the appropriate support</p> | <p>is given to each individual and any further concerns are identified and actioned</p> |
| No areas for improvement identified | | |

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| Resident Experience – What do people who use the service experience on a day-to-day basis? | Ensuring – How does the Person in Charge ensure that best practice occurs as a matter of routine within the service? | Assured – How is the Registered Provider assured of the quality and safety of care & compliance? |
| Standard 4.3 Each person's health and wellbeing is supported by the residential service's policies and procedures for medication management. | | |
| | <p>Medication management policy and procedure is in place</p> <p>All staff receive medication administration training on a regular basis</p> | <p>Regional Manager WK carried out a review of all medication administration processes in 2022</p> <p>Medication incidents are recorded and tracked in a matrix designed to identify patterns/trends</p> <p>Medication administration is discussed at team meetings and supervisions with staff</p> |

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| Standard 4.3 Each person's health and wellbeing is supported by the residential service's policies and procedures for medication management. | | |
| ACTION PLAN | | |
| Area for Improvement | Responsibility | Completion Date |
| Medication incident matrix to be reviewed quarterly | PIC/PPIM | Quarterly |
| Staff competencies in medication administration to be reviewed – any staff member who has had 2 or more errors, must repeat their competency assessment | PIC/Care Managers | 31/12/23 |

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| Resident Experience – What do people who use the service experience on a day-to-day basis? | Ensuring – How does the Person in Charge ensure that best practice occurs as a matter of routine within the service? | Assured – How is the Registered Provider assured of the quality and safety of care & compliance? |
| Standard 4.4 Educational, training and employment opportunities are made available to each person that promotes their strengths, abilities and individual references. | | |
| Residents attend work or job opportunities – staff support residents to attend by organising transport if required | Individual care plans are in place for all residents, which include | |

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| Standard 4.4 Educational, training and employment opportunities are made available to each person that promotes their strengths, abilities and individual references. | | |
| ACTION PLAN | | |
| Area for Improvement | Responsibility | Completion Date |
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Section 2: Capacity and Capability
 Theme 5: Leadership, Governance and Management

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| Resident Experience – What do people who use the service experience on a day-to-day basis? | Ensuring – How does the Person in Charge ensure that best practice occurs as a matter of routine within the service? | Assured – How is the Registered Provider assured of the quality and safety of care & compliance? |
| Standard 5.1 The residential service performs its functions as outlined in relevant legislation, regulations, national policies and standards to protect each person and promote their welfare. | | |
| | Policies and procedures are in place/ However, an area for development identified in this report is to ensure that all outstanding policies are reviewed and updated as necessary | |

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| Standard 5.1 The residential service performs its functions as outlined in relevant legislation, regulations, national policies and standards to protect each person and promote their welfare. | | |
| ACTION PLAN | | |
| Area for Improvement | Responsibility | Completion Date |
| All outstanding policies to be reviewed | PIC/PPIM | 30/09/23 |

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| Resident Experience – What do people who use the service experience on a day-to-day basis? | Ensuring – How does the Person in Charge ensure that best practice occurs as a matter of routine within the service? | Assured – How is the Registered Provider assured of the quality and safety of care & compliance? |
| Standard 5.2 The residential service has effective leadership, governance and management arrangements in place and clear lines of accountability. | | |
| | Management structures are in place within PHT | Current governance including the implementation of monthly monitoring visits, monthly care plan file audits, thematic audits & monthly supervision of PIC etc. HQIA approved of the various changes in relation to the day-to-day governance of the service and PHT is now deemed to be compliant in this area. However, challenges remain in relation to the legal arrangement between PHT and PCI - this concern is ongoing and currently with solicitors. It is of vital importance and urgency that this issue is resolved as quickly as possible. Therefore standard 5.2 remains an area for improvement. PHT Board meetings regularly throughout the year |

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| Standard 5.2 The residential service has effective leadership, governance and management arrangements in place and clear lines of accountability. | | |
| ACTION PLAN | | |
| Area for Improvement | Responsibility | Completion Date |
| Legal position of PCI/ PHT to be confirmed and agreed with all relevant parties | PIC/PHT Representatives | 01/11/23 |
| Membership of Board to be reviewed | PIC/PPIM/ Chair of Board | 30/09/23 |

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| Resident Experience – What do people who use the service experience on a day-to-day basis? | Ensuring – How does the Person in Charge ensure that best practice occurs as a matter of routine within the service? | Assured – How is the Registered Provider assured of the quality and safety of care & compliance? |
| Standard 5.3 The residential service has a publicly available statement of purpose that accurately and clearly describes the services provided. | | |

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| | The Statement and Purpose of Function document is published on the PHT website, and easily accessible in each of the residential locations. It has recently been updated and an easy read version designed - | Both versions of the Statement and Purpose of Function have been approved by HQIA following inspection in 2021. Statement and Purpose of Function are reviewed during PPIM visits |
| No areas for improvement identified | | |

| Resident Experience – What do people who use the service experience on a day-to-day basis? | Ensuring – How does the Person in Charge ensure that best practice occurs as a matter of routine within the service? | Assured – How is the Registered Provider assured of the quality and safety of care & compliance? |
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| Standard 5.4 The residential service has appropriate service level agreements, contracts and/or other similar arrangements in place with the funding body or bodies. | | |
| | <p>Regular meetings with HSE/ HQIA take place to review contracts and PHT have the opportunity to submit business cases for additional funding in order to safely and effectively meet the needs of residents.</p> <p>The PIC has demonstrated good knowledge of the current regulations set by HQIA, Housing authority and the Charity Commission - it is a difficult task to ensure to ensure that all regulations/ standards from a variety of regulators in met as there is often conflicting guidance. PIC has a sound professional relationship with HSE Disability Manager and will seek advice when necessary.</p> | <p>6 monthly unannounced visits take place and reports are produced. The quality and safety of care and compliance of the service is reviewed against regulations.</p> <p>Regular reviews of budgets and all finance matters take place with PCI's finance manager to ensure compliance and adequate funding.</p> <p>Re-registration Inspection with HQIA took place.</p> |
| No areas for improvement identified | | |

Theme 6: Use of Resources

| Resident Experience – What do people who use the service experience on a day-to-day basis? | Ensuring – How does the Person in Charge ensure that best practice occurs as a matter of routine within the service? | Assured – How is the Registered Provider assured of the quality and safety of care & compliance? |
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| Standard 6.1 The use of available resources is planned and managed to provide person-centred effective and safe residential services and supports to people living in the residential service. | | |

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| | Rotas have been reviewed and business case proposals submitted to HSE to increase staffing at night time and during weekends to ensure adequate cover for residents who require more intensive support | Budget meetings are held at the start of 2022 to review essential expenditure and project an affordable and effective budget. |
| No areas for improvement identified | | |

Theme 7: Responsive Workforce

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| Resident Experience – What do people who use the service experience on a day-to-day basis? | Ensuring – How does the Person in Charge ensure that best practice occurs as a matter of routine within the service? | Assured – How is the Registered Provider assured of the quality and safety of care & compliance? |
| Standard 7.1 Safe and effective recruitment practices are in place to recruit staff. | | |
| | <p>Recruitment in 2022 remained challenging with adverts for posts not attracting applicants. Various recruitment strategies were discussed and implemented to garner interest in a role within PHT.</p> <p>Recruitment of staff is conducted in line with best practice; and in line with SI 367 schedules.</p> | <p>Recruitment and Induction processes reviewed during 6 monthly unannounced inspection and PPIM visits.</p> <p>All recruitment records are stored in a locked safe.</p> |
| No areas for improvement identified | | |

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| Resident Experience – What do people who use the service experience on a day-to-day basis? | Ensuring – How does the Person in Charge ensure that best practice occurs as a matter of routine within the service? | Assured – How is the Registered Provider assured of the quality and safety of care & compliance? |
| Standard 7.2 Staff have the required competencies to manage and deliver person-centred, effective and safe services to people living in the residential service. | | |
| | | <p>Training plan and matrix are reviewed as part of the Provider unannounced 6 monthly inspection</p> <p>All staff completed medication competencies</p> |
| No areas for improvement identified | | |

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| Resident Experience – What do people who use the service experience on a day-to-day basis? | Ensuring – How does the Person in Charge ensure that best practice occurs as a matter of routine within the service? | Assured – How is the Registered Provider assured of the quality and safety of care & compliance? |
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| Standard 7.3 Staff are supported and supervised to carry' out their duties to protect and promote the care and welfare of people living in the residential service. | | |
|--|---|---|
| | <p>A culture of the importance of supervision for staff is fostered from the top down. The PPIM conducts monthly supervision with PIC.</p> <p>There is an acknowledgement within the team (PIC/ Care Managers) that the carrying out of supervision has waned over the past year due to the demands of the service and the staffing resources required to manage gaps in rota due to staff leaving/ sickness etc. Therefore, the regular supervising of staff is identified as an area for development.</p> | Supervision records are in place and are reviewed as part of the 6 monthly inspection and when PPIM visits the services |

| Standard 7.3 Staff are supported and supervised to carry' out their duties to protect and promote the care and welfare of people living in the residential service. | | |
|--|-----------------------|------------------------|
| ACTION PLAN | | |
| Area for Improvement | Responsibility | Completion Date |
| Supervision schedule to be designed and implemented for 2023 – all supervisions of staff to be completed in a timely manner | PIC/Care Managers | 31/12/23 |
| Appraisal schedule to be designed and implemented for 2023 – all staff to have an appraisal within 2023 | PIC/Care Managers | 31/12/23 |

| Resident Experience – What do people who use the service experience on a day-to-day basis? | Ensuring – How does the Person in Charge ensure that best practice occurs as a matter of routine within the service? | Assured – How is the Registered Provider assured of the quality and safety of care & compliance? |
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| Standard 7.4 Training is provided to staff to improve outcomes for people living in the residential service. | | |
| | <p>PHT have a robust mandatory and specialist training plan is in place PPIM notes that the PIC is responsive to staff needs in relation to training and has designed and delivered training personally as well as out sourcing to specialists as necessary. The 2022 training plan demonstrates a responsive and flexible approach and culture within PHT that ensures that staff are provided with every opportunity to develop their</p> | Training plan and matrix are reviewed as part of the Provider un-announced 6 monthly inspection |

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| | <p>skills and knowledge base in line with best practice.</p> <p>An area for development in relation to training is ensuring that adequate training is provided for staff in specific areas that are directly related to resident need i.e., dementia training, self- injurious behaviours etc</p> | |
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Standard 7.4 Training is provided to staff to improve outcomes for people living in the residential service.

ACTION PLAN

| Area for Improvement | Responsibility | Completion Date |
|---|----------------|-----------------|
| Training plan to be review to ensure all training is relevant to identified resident need | PIC | 31/12/23 |

Theme 8: Use of Information

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| Resident Experience – What do people who use the service experience on a day-to-day basis? | Ensuring – How does the Person in Charge ensure that best practice occurs as a matter of routine within the service? | Assured – How is the Registered Provider assured of the quality and safety of care & compliance? |
| Standard 8.1 Information is used to plan and deliver person-centred, safe and effective residential services and support. | | |
| | <p>PHT use an online recording system, which records all care plans/ risk assessments, incidents, complaints etc.</p> <p>All records are stored in accordance to GDPR requirements and there have been no breaches within the last 12 months. All records are appropriately named/ coded to ensure that there is no mix up of information etc.</p> <p>Information is archived as per procedure.</p> <p>On review of some notes, it has been observed that at times residents' names are used when recording an incident on a different resident's account.</p> | <p>File audits are completed by Care Managers/ PIC to ensure appropriate use of the online recording system. Care plans are reviewed to ensure they are person-centred and address a person's needs effectively whilst maintaining and promoting independence</p> |

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| | Training is provided on key working and person-centred practices to all staff. | |
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Standard 8.1 Information is used to plan and deliver person-centred, safe and effective residential services and support.

ACTION PLAN

| Area for Improvement | Responsibility | Completion Date |
|--|--------------------|-----------------|
| Staff to endeavour to accurately record information in the correct | All staff | 31/12/23 |
| Frequency of file audits to increase | Care Managers/ PIC | 31/12/23 |

| Resident Experience – What do people who use the service experience on a day-to-day basis? | Ensuring – How does the Person in Charge ensure that best practice occurs as a matter of routine within the service? | Assured – How is the Registered Provider assured of the quality and safety of care & compliance? |
|--|---|---|
| Standard 8.2 Information governance arrangements ensure secure record-keeping and file-management systems are in place to deliver a person-centred, safe and effective service. | | |
| | <p>All staff have their own log in and are aware of safe practices when using the computer, i.e., always locking the computer before leaving it, not sharing passwords etc</p> <p>The review of the online programme is still underway – a number of alternatives have been identified and PCI have not yet made a decision in regards to which provider to go with, therefore this remains an area for development</p> | |

Standard 8.2 Information governance arrangements ensure secure record-keeping and file-management systems are in place to deliver a person-centred, safe and effective service.

ACTION PLAN

| Area for Improvement | Responsibility | Completion Date |
|---|----------------|-----------------|
| Decision to be made regarding online recording provider | PCI | 30/06/23 |

Summary

