

2023

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

1st January 2023 – 30th June 2023

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 (most recent March 2022)
- Incident log
- Complaints log
- Resident Surveys
- Care plan audits
- Health and Safety Audits
- Medication Processes Review
- Safeguarding Plans
- IPC Inspection Report
- Health and Safety Authority Report
- RIRC Committee Minutes
- Radon Inspection Report

HIQA report

An unannounced Infection Prevention and Control inspection was carried out by HIQA on 16th March 2022 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.

Jennifer Deasy was the Lead Inspector.

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

REGULATION TITLE	JUDGEMENT
Regulation 27: Protection against Infection	Substantially compliant
1. Ensuring all staff were up-to-date in refresher training in personal protective equipment (PPE)	Substantially compliant
2. Ensuring oversight of the standards of hygiene and cleanliness maintained in resident bathrooms	Substantially compliant
3. Enhancing the cleaning practices and procedures for hard-to-reach areas such as roof window cavities	Substantially compliant
4. Enhancing oversight of the cleaning of low frequency touch areas such as windowsills and corners of ceilings	Substantially compliant

Reasons for non-compliance, preliminary actions taken and current position report as of August 2023.

Reasons for non-compliance	Actions that were taken	Current position (August '23)	Further recommendations from PPIM
1. All staff were found to have completed IPC online, however 11 refresher courses were outstanding.	All staff were instructed to complete the refresher training	IPC Refresher training was held on 23 rd March 2023.	3 staff remain outstanding in relation to completion of refresher training – to be actioned by 30/09/23.
2. Inconsistency in the level of cleanliness was found across Residents' ensuites.	Deep cleaning contractors have been arranged.	External cleaning company is doing one day per house per month. The HSE is paying for half of this. Their task list should address all the areas identified as areas for improvement	Cleanliness of the service was inspected during quarterly unannounced inspections by PPIM in March and June 2023. Standard had improved and it is recommended that the current model of external cleaning support continues. Monthly environmental cleanliness audits are completed by the staff team in each service.
3. No arrangements were in place to ensure regular cleaning of hard-to-reach areas	Deep Cleaning contractors have been sought.	External cleaning company is doing one day per house per month. The HSE is paying for half of this. Their task list should address all the areas identified as areas for improvement	PPIM have reviewed completion of cleaning schedules as part of unannounced inspections in March and June 2023.
4. Build up of dust, dead insects and damp was found around some windowsills.	Deep Cleaning contractors have been sought.	External cleaning company is doing one day per house per month. The HSE is paying for half of	

		this. Their task list should address all the areas identified as areas for improvement.	
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Health and Safety Authority

The Health and Safety Authority carried out an unannounced inspection of Peacehaven Trust on 15th June 2022. The Inspector was Brian Morris. The following safety, health and welfare matters were observed and required resolution.

Issue	Action Taken	Completion Date	Update as of August '23
1. Ensure that there is a Biological Agents Risk Assessment as prepared under Section 19 of the Safety, Health and Welfare at Work Act 2020 pertaining to managing the risk posed by SARS-CoV-2. Ensure that rules are detailed regarding appropriate measures to be taken if staff report symptoms or they are found have contracted COVID-19. Ensure that the Biological Agents Risk Assessments specify the exact PPE to be used when working with the risk of SARS-CoV-2.	Risk assessment was written by MW and reviewed by Head of Disability Services and Chair of Peacehaven Board and forwarded to the Health and Safety Authority.	21/06/22	No further concerns identified
2. Review the occupational risk assessments to ensure that the hazard posed to staff in assisting in cooking activities is addressed through risk assessment as required under Section 19 of the Safety, Health and Welfare at Work Act 2005.	Risk assessment was written and reviewed by Head of Disability Services – has been forwarded to the Health and Safety Authority.	21/06/22	No further concerns identified

Health and Safety

Commentary

Radon Ireland Ltd Completed Radon monitoring tests within the Applewood House on 7th June 2023, this was as a follow up to previous radon testing a number of months earlier, which showed high levels of radon within Applewood. The second monitoring process indicated normal levels of radon and therefore no further action was recommended.

The PIC reviewed the Health and Safety statement for both Applewood and Blake House in June 2023, no new changes were noted in this review. Both statements include sufficient detail in relation to:

Management Responsibilities

Records and Record Management
Election of a Safety Representative
Management Review
Fire and Evacuation
Accident and Incident - Reporting, Recording and Investigation
Carrying out a Risk Assessment
Staff Training Requirements
Contractors

The Health and Safety Statement for Lydia House will be reviewed in July 2023.

A Health and Safety Committee meeting was held on 19th January 2023. This was attended by 4 staff with one apology. The agenda included:

Review Incidents/Accidents, Daily Checks/ Weekly Check, Fire Equipment, Fire Drills, PEEP, First Aid Kits, Review of new H&S Risk Assessments, Health & Safety Statements, Risk Assessments, PPE, Vehicle Management, and training. Another meeting of this committee is to be scheduled before the end of 2023.

Incident log

Commentary

All accidents, incidents and near misses including medication errors are recorded in the incident log, which is collated on a monthly basis and forwarded to the PPIM (Regional Care Manager).

All accidents, incidents and near misses are risk assessed by the Person in Charge and a risk management plan is implemented to minimise risk of further harm.

All medication errors are recorded on a Medication Error report form and actions are put in place relating to that single incident. All staff are expected to complete a reflective practice exercise if they are responsible for a medication error.

All accidents, incidents and near misses including medication errors are discussed at team meetings and fortnightly Care Manager's meeting with a view to encourage reflective practice & shared learning across teams and houses. Medication errors remain a focus in quarter 1 and quarter 2.

The incident log is reviewed quarterly by the registered provider representative and a 6 monthly report given to the Board of Management.

HQIA is informed of any notifiable events and a record kept of this (portal). HSE is informed of quarterly notifications to HQIA.

Any potential safeguarding incident is reviewed by PIC, Regional Care Manager (Deputy Adult Safeguarding Champion) and Head of Safeguarding (Adult Safeguarding Champion) on receipt of incident form.

Incidents recorded

50 incidents were recorded between 1st January 2023 and 30th June 2023. This is a decrease of 13% on the previous 6 months. However, it is a 21% increase on the same period in 2022, which saw a total of 41 incidents.

Type of Incident	Q1 Statistics	Q2 Statistics
Resident abuse (by another resident)	0	0
Resident abuse (by staff/third party)	0	1
Resident - slips, trips & falls	3	4
Self-injurious behaviour	2	4
Resident accident - other than a slip trip or fall	2	3
Theft	4	1
Staff accident - other than a slip, trip or fall	1	1
Other	5	3
Physically challenging behaviour to an object	4	2
Physically challenging behaviour to another person	4	1
Verbally aggressive behaviour	2	3
Q1 Total:	27	
Q2 Total:		23
Q1 and Q2 Total:		50



A total of 6 self – injurious incidents occurred within the first 6 months of 2023, these have been reported as safeguarding incidents and protective plans are in place. HSE are aware of the challenges faced by staff in terms of assisting residents affected and there has also been weekly input from MHID.

As identified within the last 6 monthly report, the fluctuating needs of residents and an apparent increase in required support continues to be an area of attention. The varying needs of residents within Lydia House and Blake House particularly, can be attributed to new diagnoses, such as Dementia, deterioration in mental health and/or relationships etc. The concept of the larger communal living model has been discussed during quarter 1 and 2, as some incidents have occurred between residents, which have brought some challenges related to communal living into purer focus, such as personality clashes, and difficulty in understanding others needs.

Further analysis of the incidents shows the following breakdown:

Year	Quarter	Total Incidents	Lydia Incidents
2023	Q2	23	12
2023	Q1	27	15

This is further evidence to indicate the growing/ changing needs of residents, particularly within Lydia House and the need for additional staffing. In response to these changing needs, Peacehaven Trust have been working closely with the HSE in relation to ensuring appropriate support is in place and submitted additional business cases relating to staffing. These were approved by the HSE and the additional staffing compliment has been in place throughout Quarter 1 and Quarter 2. Largely, the additional staffing requirement has been met through use of agency staff. Further service development proposals have been submitted to the HSE and discussed with HQIA in relation to developing services specific to emerging and identified needs of residents. A meeting will be held during the summer of 2023 to discuss the proposals with the HSE further.

Medication Errors

During the period 1st January 2023 and 30th June 2023, 28 medication errors occurred. 5 of which were attributed to resident action and 23 are the responsibility of staff. This is an overall increase of 28% from quarter 3 and 4.

Type of Error	Q1 Number	Q2 Number
Incidents (Resident Caused)		
Medication vomited	0	
Refusal to take medication	0	1
Resident missed their medication	0	2
Adverse Reaction	0	
Taking with another Substance	0	
Medication Loss	0	
Medication Spillage	1	1
Medication Spoilage	0	
Total Number of Resident Errors in Each Quarter	1	4
Total Number of Resident Errors in 6 – Month Period	5	
Incidents (Staff caused)		
To the wrong person		
Wrong medication		
Incorrect dosage	2	1
Via the incorrect route		
At the incorrect time	3	
Medication omitted by staff	8	3
Medication not restored		

Stock Control	1	
Incorrect form used		
Incorrect code used on Mar Sheet		
Medication not recorded on MAR Sheet	1	1
MAR Sheet is not signed	1	1
PRN rational not entered onto MAR sheet		
Incorrect time recorded on MAR sheet	1	
Rational for incorrect time not recorded-MAR sheet		
Total Number of Staff Errors in each Quarter	17	6
Total Number of Staff Errors in 6- month period	23	
Total Number of Errors of Staff and Resident Errors in 6- month period	28	

When examined against the back drop of medication administration across both quarters, it evidences the following:

Quarter	Medication Passes	Staff Related Errors	Margin of Error
Quarter 1	7917	17	0.21%
Quarter 2	8556	6	0.07%

Quarter 1 was poor in relation to medication errors - nearly double the errors from the previous quarter (9 errors at 0.11% rising to 17 errors at 0.22%). Even when the winter season is considered with a much higher use of short-term medications, resulting in frequent changes to Kardexs - this is an unreasonable increase. Full Medication training has been delivered for all staff in March '23 - the exam and sample passes to be completed.

Quarter 4 shows a significant improvement from Quarter 1. 6 staff related errors in quarter 2 are the least staff related errors since records began and occurs in a period where the volume of medications handled rose again by 639 passes. Omission of medication remains an issue as the target for this category is '0'. Staff need to continuously work on this category and ensure all medications are administered as per individual Kardex. Staff have set a new standard, and are obliged to keep to this standard, as the new norm.

Complaints Log 1st January 2023 – 30th June 2023

Month	Number	Nature of Complaint	Investigation Held	Outcome Reached	Complainant Satisfied
April	1	05.04.23 – JH(F) – Concerning EC and incident of 05.04.23	Procedure was followed in relation to incident management		This is an ongoing concern raised by JH(F) and staff are working to

			and speaking to both residents.		ensure no further incidents.
April	2	14.04.23 – JH(F) – Concerning EC and shouting in BH.	Procedure was followed in relation to incident management and speaking to both residents.		This is an ongoing concern raised by JH(F) and staff are working to ensure no further incidents

Compliments Log 1st January – 30th June 2023

Month	Compliment
February	26.02.23 – BH – AMK Sister complimented BH on supporting AMK and getting him to do his activities and for keeping his normal routines as much as possible.
May	22.05.23 – Vicki Reale (Social Worker for MF) was very complimentary of the AW service – especially the accessible nature of MF apartment; MF's art
June	20.06.23 – Victoria Sanderson – complemented MF and his life story and PHT on Facebook after meeting him on the cruise.

Training

A Training Team / Training Review Meeting was held on 25th January 2023 to review the previous years training and discuss upcoming training needs. This is a yearly meeting, which is beneficial in reviewing the effectiveness of training and trainers and also to help identify further identified through training, training evaluation sheets and staff discussion. This is considered good practice; the training planner is then amended if necessary to reflect the needs of the service and staff.

The training calendar shows training spaced throughout the year, this will ensure staff are not overwhelmed and also that if any training needs are identified that there is time and space to organise at short notice.

Training in the following areas has been completed up until 30th June 2023:

- Dementia
- Supervision
- Medication Management
- Manual Handling
- Infection Prevention and Control
- Managing signs of distress
- First Aid refresher
- Disclosure

There are a number of staff that require refreshers on certain training topics and these should be arranged as soon as possible to ensure regulatory compliance and up to date knowledge and skills.

Concluding comments

The staff teams within Peacehaven Trust are committed and respectful of resident's rights and determination for independence. There is a struggle between promoting independence and the want to protect residents, particularly those whose needs are changing or whose condition could be considered deteriorating. The PPIM acknowledges the difficulties within this conflict, especially for residents who have lived within Peacehaven for many years.

The PIC is regularly evaluating the service and its models of practice to ensure it is most effectively meeting resident needs, this is reflected in individual supervision with the PPIM and minutes of discussions with staff teams. The PIC has sound knowledge of regulations and how Peacehaven should be delivering a service to ensure compliance and the satisfaction of residents and their loved ones.

Peacehaven continues to deliver a key service within the North Wicklow area for people with intellectual disabilities.

Improvements required

1. Continuation of relevant thematic audits is required to ensure ongoing governance and systems checking.

As of 30th June 2023, a key working survey was designed and issued to all staff. An analytical report will be produced in August 2023 and referred to in quarter 3 and 4 report. To ensure the continuation of thematic audits, a second should be completed during Q3 and Q4. Furthermore, a thematic audit schedule should be designed for introduction in 2024.

Action	Responsible	Date for Completion
A 2 nd thematic audit to be completed in Q3 and Q4.	MW/CY	31/12/23
Report from key working audit to be written	CY	31/08/23
Thematic audit schedule to be designed	MW/CY	30/11/23

2. Resident File Audits

The auditing of residents' paper/ v care files remains an area of concern with none being completed during Q1 and Q2 of 2023. This is a key monitoring tool for staff and management to identify regulatory compliance, gaps in knowledge, changing needs of residents and overall staff performance. A renewed focus on the completion of these audits is required as spot checks of files carried out by the PPIM quarterly is not sufficient alone.

Action	Person/s responsible	Date for completion
Review of current process for resident file audits	MW/ Care Managers	31/10/23
A minimum of 3 file audits to be completed per month (this will ensure files are audited twice annually)	MW/Care Managers	Ongoing from August '23

File audits to be reviewed as a standing review item during MMR	PPIM	Quarterly - ongoing
File audit reports to be a standing agenda item at Care Manager's fortnightly meeting	MW	Fortnightly – ongoing

Review written by:		Date 30/08/23
Date Approved by Board of Management		_____

Actions reviewed by: _____ Date: _____