

31/12/2025

Peacehaven Annual Report

2025

MICHAEL WILLIAMS

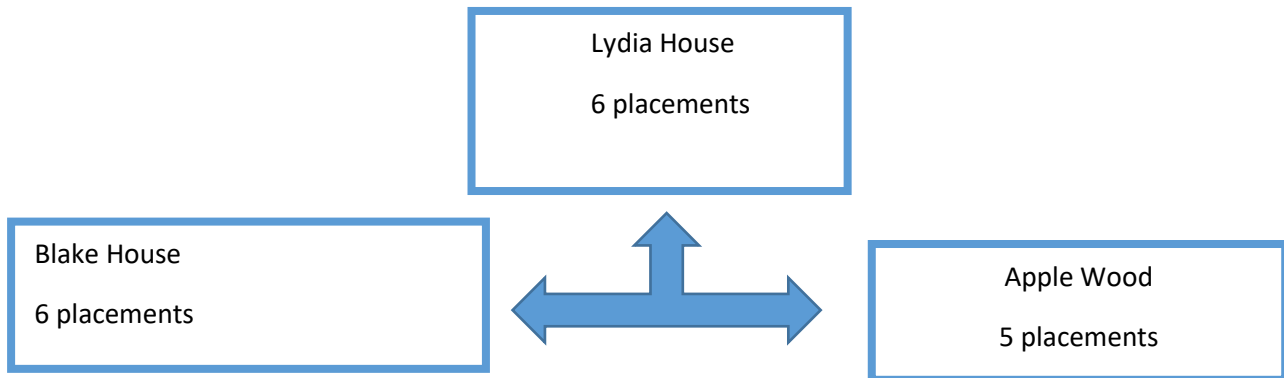
(Acting) Regional Care Manager

Council for Social Witness

PEACEHAVEN TRUST
PRESBYTERIAN CHURCH IN IRELAND; COUNCIL FOR SOCIAL WITNESS

PEACEHAVEN ANNUAL REPORT 2025

Designated Centre ID	003690
Registered Provider	Stuart Ferguson
Person in Charge	Michael Williams till 16 th October 2025 then Graham Egan
Person Participating in Management	Caroline Yeomans and from 16 th October 2025 Michael Williams



Peacehaven as a 'Designated Centre', is a community-based, person-centred residential service (part of Peacehaven Trust CLG), which prioritises 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, 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 WORTH LIVING

The designated centre of 'Peacehaven' operates its residential services across three separate houses.

Applewood House



Blake House



Lydia House



Peacehaven has an experienced and competent staff team led in Greystones by a Services Manager with two Care Managers and two deputy managers. Governance and support are provided through the Presbyterian Church in Ireland's Council for Social Witness's Regional Manager. In addition, Peacehaven has an Administration Manager and maintenance support.

Peacehaven employ 31 people in a combination of full and part Social Care worker & Healthcare Assistant roles to deliver high-quality services across these three locations.

Peacehaven Trust CLG is a Limited Company and a registered charity; which runs two designated centres. Services are funded by HSE Disability. The care services are regulated by the Health, Information and Quality Authority.

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 endeavours to:

- Undertake and record an annual review of quality and safety of care and support in the three separate houses that make up Peacehaven, 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 commits to assessing its performance against each standard and developing a plan to address any areas for improvement.



**National
Standards
for Safer
Better
Healthcare:
Themes**

SECTION 1: QUALITY AND SAFETY

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?
Standard 1:1 The rights and diversity of each person are respected and promoted		
<p>Residents are at the centre of the needs assessment and care planning process – all plans are person centred, reflect their individual views and wishes.</p> <p>All residents have access to independent advocates should they wish to have support in this area – Peacehaven staff regularly remind residents of this opportunity and/or make referrals on a resident's behalf.</p> <p>Weekly house planning meetings with residents takes place, for setting menus, shopping lists, planning household jobs etc. In addition, House Meetings occur monthly at which a number of topics are discussed and resident opinions and wishes for their home are sought.</p> <p>All residents have their own bedroom and ensuite, which is decorated according to their likes and wishes.</p> <p>Peacehaven does acknowledge that at times, due to roster/ staffing issues, that we may not be able to respond straight away to a personalised request, but do endeavour to respond as soon as its practicable.</p>	<p>Peacehaven has a robust training programme in place, many of which have the particular focus on respecting and promoting the rights of residents, including:</p> <ul style="list-style-type: none"> - GEARs PBS New Starters (Sept '25) - Motivational Interviewing (Feb '24) - Fire Safety (March '25) - Manual Handling (March '25) - Person Centred Planning (Feb '25) - Infection Prevention Control (March '25) - First Aid (May '25) - IT Systems (May '25) - Life Story Work (May '25) - Anti-Bullying (June '25) - Open Disclosures & Risk Management (Nov '24) - Ongoing HSE LanD.ie training in Adult Safeguarding, Children First, Human Rights, Cyber security, PPE & Hygiene and more. <p>The training programme is under constant review, with a training needs assessment conducted prior to the commencement of the year (based on the previous year's incident data and completed training schedules). The training calendar is amended to ensure staff are equipped to meet the changing needs of residents, this is evidenced through the introduction of GEARs training.</p>	<p>The PIC carries out monthly audits of each service against regulation, and core standards – it also includes a section that asks residents opinions of the service. The last quarter was missed due to additional pressures created by safeguarding events.</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>

	<p>The Restrictive Interventions Review Committee is made up of parental and neutral representatives with experience in law, psychology, psychiatry and restrictive practice. The RIRC is committed to meeting quarterly 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>A full review of the RIRC system is being planned for 2026, when CSW employ a Social Worker with significant safeguarding experience.</p>	
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Standard 1:1 The rights and diversity of each person are respected and promoted		
ACTION PLAN		
Area for Improvement	Responsibility	Completion Date
Continue to review the impact of change of PBS provider over 2025.	PIC & psychologist, in conjunction with the Care Managers and feedback from staff.	30/06/2026
Continue to ensure the training programme is under continuous review to ensure prompt and live response to any changing needs of residents – conducting a Staffing Review and subsequent training review	Regional Manager/ CSW Training Manager/ PIC/ Care Managers	31/12/2026
Ensure monthly monitoring continues	PIC	31/03/26
Complete review of RIRC, ensuring any 'Conflicts of Interest' are addressed; and Safeguarding protocols are enhanced.	Regional Manager/ CSW RIRC Chair/ PIC/	

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 1.2 The privacy and dignity of each person are respected.		
<p>Staff are trained always to knock on a resident's bedroom door and wait to be advised when it is ok to come in.</p> <p>All residents have an intimate care support plan in place, which takes into account their needs, the support they require and their wishes around this support, and how they will communicate their intimate care needs.</p> <p>Staff are trained and expected to speak with all residents in a respectful manner which enhances the dignity of the resident.</p> <p>Residents' opinions are sought and recorded in Key Working meetings, House Meetings, Annual Reviews, Monthly Monitoring Reports – and potentially on every informal interaction between staff and residents.</p> <p>Residents may also comment on their experience to staff through their families/ representative.</p>	<p>All residents have an en-suite bathroom to ensure and promote privacy at all times.</p> <p>Staff ensure that residents have sufficient place for their possessions, including space in common rooms, such as shelves in the kitchen for their own food items.</p> <p>Respecting the dignity of residents is core to all training that is provided for staff.</p> <p>Staff are increasingly using reflective practice to review how they have engaged with residents, and if this person centred or has room for improvement.</p> <p>A core focus of staff team meetings is to review practices and ensure that at all times a resident's privacy and dignity is respected – this is promoted through the continued safeguarding discussions, CRMS and use of reflective group practice.</p> <p>Staff, Care Managers, the PIC and the PPIM make time for residents to hear their stories, opinions and comments regarding the service.</p> <p>The Service's Clinical Lead is also spending time in observation of practices, providing feedback to staff and managers.</p>	<p>All residents have the opportunity to raise any concerns via a range of formal methods:</p> <ul style="list-style-type: none"> - Complaints procedure - Key working sessions - Residents' meetings - Monthly visits from PIC <p>In addition many informal opportunities exist for residents to state their opinions, concerns and complaints to staff and managers.</p>

Standard 1:2 The privacy and dignity of each person are respected.		
ACTION PLAN		
Area for Improvement	Responsibility	Completion Date
Continue to ensure any practices which deviate from Care Plans are brought to Managers attention and discussed at team meetings.	Constant vigilance by Staff/ Care Managers/ PIC	On Going 31/12/26

Staff and managers to address any action or language used by staff which seems disrespectful, which may include an apology to a resident. (As identified by Clinical Lead, Managers, other staff)		
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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 1.3 Each person exercises choice and control in their daily life in accordance with their preferences		
<p>In all areas of support, we endeavour to ensure choice is at the centre. Support plans are a key tool in looking at routines, work placements, voluntary roles and day opportunities are of and derived from residents wants, wishes, interests and goals.</p> <p>Examples: All residents are invited to plan the weekly menu and shopping list etc. All residents are encouraged to choose meals of their preference. All residents are invited to be a part of the shopping process. All residents are encouraged to be a part of the meal preparation process.</p> <p>All residents are encouraged to be a part of the maintenance of their home, and actively participate in domestic chores, as chosen and decided in house meetings.</p> <p>All residents are encouraged to participate in community events/ social occasions. Keyworkers and families will assist a resident to be informed of events and activities in the community and thereby to choose activities of their preference.</p>	<p>Key worker model is in place to ensure residents have ample opportunity to express their feelings and views.</p> <p>All staff on the team are encouraged to bring information into the home of events and activities, for sharing with residents.</p> <p>Each person Peacehaven supports has individual care plans, which includes their wishes in relation to personal care, dressing, health & well-being, 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>Risk assessments detail how aware residents are of community events and opportunities – and what mitigations are needed to prevent isolation and increase participation.</p> <p>House meetings should take place monthly and residents are asked to contribute to the planning and daily running of the service, i.e., weekly menu planning. There are some missing monthly meetings from 2024</p>

Standard 1.3 Each person exercises choice and control in their daily life in accordance with their preferences		
ACTION PLAN		
Area for Improvement	Responsibility	Completion Date
File audits to increase in frequency & completion of same delegated between PIC and Care Managers.	PIC/ Care Managers/ All staff	31/06/26

<p>This remains an area for improvement.</p> <p>Staff need to better evidence how they bring information to residents.</p>		
<p>Monthly Meetings need to occur in each house.</p>	<p>Care Managers/ PIC</p>	<p>31/03/26</p>

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 1.4 Each person develops and maintains personal relationships and links with the community in accordance with their wishes.		
<p>Key working is important to support residents to develop relationships and maintain current relationships.</p> <p>All residents are encouraged to spend time with family and friends and staff facilitate when necessary.</p> <p>A range of events/ activities take place within Peacehaven and residents decide whether they would like to attend.</p> <p>Peacehaven retains close links with local churches as a source of community, events and potential volunteers and friendships</p>	<p>Residents are supported to attend work, day opportunities, church, volunteer roles 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>Key work sessions detail staffs encouragement and support to help residents utilise the community and community events.</p> <p>Family meetings enable reflection in relation to connectivity and how PHT can help to maintain relationships</p>

Standard 1.4 Each person develops and maintains personal relationships and links with the community in accordance with their wishes.		
ACTION PLAN		
Area for Improvement	Responsibility	Completion Date
<p>Develop practices/ understandings of supporting people with ID to develop personal/romantic relationships .</p> <p>Policy development for supporters is targeted.</p> <p>Develop of volunteer roles with role descriptions is needed.</p>	All staff	31/12/26
	PPIM/ PIC	31/12/2026

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 1.5 Each person has access to information, provided in a format appropriate to their communication needs.		
<p>Peacehaven approach communication with residents in a person-centred manner and continually reassess through CRM and the Care Plan process communication methods as needs change/ evolve. Some residents with communication challenges have MDT written Communication Plans.</p> <p>Staff use pictorial aids and/or technology (such as iPads, phones, note books) to aid communication when necessary to support communication with some residents.</p>	<p>An easy read version of the Statement of Purpose is available on the PHT website.</p> <p>PCI has sought the support and assessment skills from PCI's Council for Social Witness clinical lead with PBS expertise to provide staff with actions plans for individuals with communication needs.</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, and CRMs.</p> <p>Through the PIC staff have access to the clinical lead on a weekly basis.</p>

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
Staff implement CSW Clinical Leads recommendations	All staff – but monitored by Care managers.	Ongoing throughout 2025

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.		
Peacehaven informs residents of national advocacy group when required and staff will apply for advocacy.	An advocacy policy and procedure and group was created in 2021. This group needs review along with appointment of and training for new internal advocates. The group did not meet in 2025.	Advocacy residents' group was created in 2021 but currently is not functioning. In conjunction with the PIC one or two staff candidates need to be identified to retrain, and recommence this group/provision.

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
Advocacy resident's group to be rebooted under a newly identified staff lead(s), who are appropriately trained.	PIC/ PPIM/ Clinical Lead.	31/12/2026

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 1.7 Each person's complaints and concerns are listened to and acted upon in a timely, supportive and effective manner.		
Complaints are dealt with in a line the policy timeframe. Residents are reminded on a annual basis of their right to complain, and shown the mechanisms. Staff off opportunity for complaint as and when events suggest. Staff review complaints/ queries at and team meetings to identify any learning or more effective ways of working with individuals.	There is a complaints policy and procedure in place There is opportunity for residents to raise issues/ concerns during house meetings, and key working sessions with staff. The PIC is the complaints officer, and ensure that complaints are processed within the policy. Where in 2025 HIQA inspection found deficiencies sin complaint the PIC has rectified the errors/lapses within the action plan.	Complaints are recorded in the monthly reports & feedback is provided in relation to the action taken and resolution. There were 13 complaints in 2024, most resolved within a timely sequence. The PIC garners feedback from residents during the monthly report audit & responds to any concerns raised

Standard 1.7 Each person's complaints and concerns are listened to and acted upon in a timely, supportive and effective manner.		
ACTION PLAN		
Area for Improvement	Responsibility	Completion Date
Ensure all complaints are dealt with, within the policy specified timelines. Ensure that all residents re aware of their right to complain, and the mechanisms for doing so, as often as may be required (no less than annually).	PIC & Care Managers (And by review PPIM)	31/03/2026

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?
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>All residents participate in their person-centred plan, many write the plan themselves with staff support as and when required, but no less than annually. PCPs are normally prepared in advance of Annual Family meetings to enable the resident to discuss their goals and plans for the year ahead. Plans can expire/ Reviews delayed when residents or families are not available.</p> <p>Daily activities and job opportunities etc are reflective of individual needs/ wants and staff encourage residents to make their own choices in relation to all aspects of life, including what to have for breakfast to where to go on holiday to what kind of job/volunteer role they would like to develop.</p>	<p>Each resident has a person-centred care plan focusing on areas from epilepsy management, mental health and personal care to hopes and aspirations in their year ahead. The care plans are created in partnership with the resident with their views being recorded. Continued 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 residents' 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>Some plans on the system show as incomplete *(which may be a lack of IT skill on behalf of the key worker); or are out of date over 80% are in date and active.</p>	<p>File audits are completed by PIC/Care Managers (Monthly Key-work reports)& 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.		
ACTION PLAN		
Area for Improvement	Responsibility	Completion Date
<p>Ensure PCPs are renewed before a full year has lapsed and that they are properly entered into the IT system (to enable others to read and apply that plan).</p> <p>Ensure that audits review the dates of plan, as well as the quality of the content.</p>	Key Workers/ Care Managers	31/03/2026
	Care Managers & PIC	31/03/2026

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 2.2 The residential service is homely and accessible and promotes the privacy, dignity and welfare of each resident		
<p>On all visits to the 3 services throughout 2025, each home was found to be clean, tidy, warm and homely; with friendly staff and welcoming residents.</p> <p>There are sufficient common living rooms, kitchens and dining rooms, and pleasant outdoor space (for better weather).</p> <p>Each resident has their own bedroom with ensuite and there are communal living room/ dining rooms etc for people to congregate and spend time with others.</p>	<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>Each resident has their own bedroom with an ensuite and all staff are aware to knock before entering a room.</p> <p>Some redecorating is needed in LH and AW.</p>	<p>Resident views are sought during monthly reports, visits by PPIM, resident meetings and resident surveys.</p>

Standard 2.2 The residential service is homely and accessible and promotes the privacy, dignity and welfare of each resident		
ACTION PLAN		
Area for Improvement	Responsibility	Completion Date
<p>Hard to reach and at height areas to be thoroughly cleaned on a regular basis Redecorating to occur in common areas in LH and AW</p>	<p>PIC/ Care Managers</p>	<p>30/06/25</p>
	<p>PIC/Maintenance</p>	<p>31/12/2025</p>

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 2.3 Each person's access to services is determined on the basis of fair and transparent criteria.		
<p>Staff engage with residents on a daily basis to ensure adequate access to services</p> <p>Comprehensive assessment of needs helps identify the need to MDT services, and what supports a resident will need to access them. CSW Clinical lead is referred to in CRM and available to help write more complex assessments and plans.</p> <p>Staff routinely advocate for residents and support them to access statutory services, i.e. dietician to ensure their needs are met in a timely and effective manner.</p>	<p>There is a clear policy and procedure in relation to access to the services offered by Peacehaven</p>	<p>Three weekly meetings are held with PIC and Care Managers to review residents' changing needs, in addition to full scale Staff Meetings. This ensures that any discussions in relation to the appropriateness of the service for an individual happen in a timely manner.</p> <p>CRMs occur no less than quarterly. Clinical Lead is available on a weekly basis (TEAMS if not in person).</p> <p>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.</p>

Standard 2.3 Each person's access to services is determined on the basis of fair and transparent criteria.		
ACTION PLAN		
Area for Improvement	Responsibility	Completion Date
<p>Ensure that as needs change for residents, that adequate assessment and access to MDT occurs; that CSW Clinical lead is referred to via CRM other modes as required.</p>	<p>PIC/ Care Managers</p>	<p>On going 31/12/2026</p>

<p>Standard 2.4 Young adults are supported throughout their transition from children's services to adults' services.</p>	<p>Peacehaven's service criteria is for over 18s only.</p>
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Theme 3: Safe 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?
Standard 3.1 Each person is protected from abuse and neglect and their safety and welfare is promoted.		
<p>In 2025 a new 1:1 service was created to address support needs for an identified resident, who was the centre of safeguarding concerns in one of our homes. This service is registered within a new designated centre, and is meeting its objectives for that resident. However, the house from which that resident departed, still is experiencing challenging behaviours, leading to safeguarding concerns. Additional MDT support has been utilised, with the aim to help all residents in that house (including new admissions) to be safe in their home. A Case conference has been sought to review the needs, behaviours, supports and interventions for one resident – and to review a commissioned report into the service provided.</p>	<p>All residents have an individualised care plan, stress plans and risk assessments</p> <p>The PCI Psychologist have begun work in relation the assessment of identified resident need and challenges with interacting with other residents. The PBS plan, has been constantly applied, reviewed and updated, incorporating the professional views of PCI Clinical lead; Dr Graham a PBS Expert, an external assessor, and feedback from HIQA after their inspection.</p> <p>Staff review PBS plans in team meetings – further PBS training with a focus on the specific PBS plans is being scheduled for 2026.</p>	<p>File audits are completed to review</p> <p>Incident/safeguarding reports are completed and tracked through an incident tracking matrix</p> <p>All incidents/ safeguarding concerns are reported to PCI's Deputy Safeguarding Champion for further review; HSE's Safeguarding Team (CHO6) and HIQA</p>

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
<p>Complete the Case Conference for indemnified resident and the service they receive. Establish external PBS review. Ensure continued PBS training for all staff in identified home, including live-night and agency staff.</p>	<p>PIC/PPIM</p>	<p>30/06/26</p>

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 well-being.		
<p>Each resident has access to PCI Clinical support as required.</p> <p>Each resident has a Positive Interventions Support Plan, informed from incident and MDT data.</p> <p>Identified residents will also have a 'Stress and Coping' plan, written by the Clinical lead.</p> <p>Residents with continuing behaviours that challenge will have a full-scale PBS plan, with a proactive focus on supporting socially welcome behaviours.</p> <p>Concerns are escalated through handovers, supervisions and team meetings and CRMs - discussed thoroughly to ensure they are addressed appropriately and effectively.</p>	<p>The PCI Psychologist have completed a number of visits to PHT since for 1:1 consultations and CRMs with the staff team(s).</p> <p>Increased staffing proposals have accepted by the 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>Care plans are in place and audited to ensure that positive behaviour support is identified when needed.</p> <p>Proposals submitted to HSE highlighting the need for additional staff were approved and rotas amended to reflect new staffing model.</p>

Standard 3.2 Each person experiences care that supports positive behaviour and emotional wellbeing.		
ACTION PLAN		
Area for Improvement	Responsibility	Completion Date
Specialist training to be provided by PCI Psychologist	PIC/ PPIM	31/05/26
Ensure PBS plans are in place (Active, reviewed and amended as required) for residents (identified in CRM, as needing full clinical support)	PIC/ PPIM	31/05/26
Consider how to link review with the RIRC (Whose brief is to monitor Rights Restrictions).	PIC/ PPIM/ Clinical Lead	30/06/26

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.		
<p>Where necessary restrictions are in place to ensure the safety of an individual.</p> <p>The restrictions are time limited, least restrictive, and last resort and reviewed regularly, by key workers, staff teams, PCI and the Restrictive Interventions Review Committee – based on risk assessments of challenging behaviours.</p>	<p>Risk assessment training is delivered to staff.</p> <p>Rights Restrictions training is delivered to all staff.</p>	<p>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.</p> <p>All protection plans are reviewed by PPIM before submission to HSE.</p> <p>The RIRC has self-assessed an area of ‘Conflict of Interest’, where it deliberates on residents, whose family members are on the committee. This also applies to having staff representation on the same committee A new terms of reference needs to be written in conjunction with PCI</p>

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.		
ACTION PLAN		
Area for Improvement	Responsibility	Completion Date
RIRC to be reformatted to eliminate the systemic ‘Conflict of Interest’ that has been identified.	PPIM/ PCI	31/10/26

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.		
<p>Staff respond to any incidents in a timely matter and complete all relevant documentation. This is reviewed by management and any patterns etc identified are addressed.</p> <p>Staff are aware of the need to provide reassurance to all residents.</p>	<p>All incidents (inc. medication errors) are recorded on a tracker and reviewed quarterly.</p> <p>Staff have received training in 2025 in GEARs a PBS programme managed by PCI's Clinical Lead.</p> <p>The PIC and PPIM review incident documentation following all incidents - the completion of these forms is identified as an area for improvement in 2025, at times paternalistic language can be used or the recording of the incident notes staff opinion.</p> <p>All incident data is brought before the board for risk review.</p>	<p>All adverse incidents are recorded on incident report forms, and documented on the incident tracker so any identifiable patterns can be found.</p> <p>Any potential safeguarding incidents are referred to HSE and also PCI's Deputy Safeguarding Champion (PPIM) for discussion and review.</p> <p>Relevant HIQA notifications are submitted.</p>

Standard 3.4 Adverse events and incidents are managed and reviewed in a timely manner and outcomes inform practice at all levels.		
ACTION PLAN		
Area for Improvement	Responsibility	Completion Date
All staff should receive on-going training on the completion of incident report	PIC/ Care Managers	31/12/2026
Any concerns regarding completion of forms should be addressed individually with staff via supervision	PIC/ Care Managers	Ongoing throughout 2026

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?
Standard 4.1 The health and development of each person is promoted.		
Staff are proactive in observing and supporting a resident's health and will also respond in a person - centred manner to residents in relation to their self-declaration(s) regarding 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>PCI Psychologist continue in their PBS role ensure it delivers tailored and specific training and interventions to meet individual resident need.</p> <p>Additional MDT is sought as required, such as SLT, Dieticians, OT and PT</p> <p>Auditing of files has not achieved the standards PHT expects.</p>	<p>Composite health plans are created in conjunction with MDT health professionals (mainly GP) 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 tri-weekly meeting between PIC/ Care Managers</p>

Standard 4.1 The health and development of each person is promoted.		
ACTION PLAN		
Area for Improvement	Responsibility	Completion Date
File audits to increase in frequency	PIC/Care Managers	31/12/2026

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 4.2 Each person receives a health assessment and is given appropriate support to meet any identified need.		
<p>Staff support residents on a daily basis with the administration of medication, this enables a daily review of the person and their health needs.</p> <p>Staff accompany residents to the GP/ hospital as required.</p>	<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 quickly any deterioration in the</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 is given to each individual and any</p>

Staff also deliver person centred approach in relation to health, i.e., ensuring there are always reduced sugar options.	health and well-being of an individual. 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. In 2025 12% of Health Plans/Composite Health Assessments (CHAF) went out of date.	further concerns are identified and actioned. Progress notes detail strong evidence of continued health professional engagement for all residents (as per need).
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Standard 4.2 Each person receives a health assessment and is given appropriate support to meet any identified need.

ACTION PLAN

Area for Improvement	Responsibility	Completion Date
All CHAFs to be kept in date, ensuring poignant up to date assessment and health care is maintained	PIC/Care Managers/Key Workers	31/03/2026

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 4.3 Each person's health and wellbeing is supported by the residential service's policies and procedures for medication management.

Staff administer medication daily to residents; any issues are found quickly and responded to. Staff evidence good knowledge of residents' health needs and ensure there is a support plan in place to meet those needs.	Medication management policy and procedure is in place All staff receive medication administration training on a regular basis	Medication incidents are recorded and tracked in a matrix designed to identify patterns/trends Medication administration is discussed at team meetings and supervisions with staff Medication errors have been broadly stable in 2025; with a marginal rise from 0.05% up to 0.10%. An annual average of 0.85%
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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
Staff need to work continuously ensure medication errors do not occur	PIC/Care Managers/Key Workers	31/03/2026

<p>Resident Experience – What do people who use the service experience on a day-to-day basis?</p>	<p>Ensuring – How does the Person in Charge ensure that best practice occurs as a matter of routine within the service?</p>	<p>Assured – How is the Registered Provider assured of the quality and safety of care & compliance?</p>
<p>Standard 4.4 Educational, training and employment opportunities are made available to each person that promotes their strengths, abilities and individual references.</p>		
<p>Residents may attend work or job opportunities or volunteer roles – staff support residents to attend by organising transport if required. Other residents attend a day services program, or are retired.</p>	<p>Individual care plans are in place for all residents, which include focus on inclusion in the community, opportunities for volunteering. Care plans are written to focus on a resident’s strengths and abilities. Staff receive training in care planning.</p>	<p>Care plan audits take place to ensure they are written in a strengths-based manner.</p>
<p>No areas for improvement identified</p>		

Section 2: Capacity and Capability

Theme 5: Leadership, Governance and Management

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.		
<p>Staff strive to ensure that best practice is followed and adhered to.</p> <p>The PIC sends out relevant research documents etc to staff to support them in the development of their practice related knowledge.</p>	<p>Policies and procedures are in place and reviewed regularly.</p> <p>The PCI and PPIM attend relevant webinars and discuss best practice guidance as and when it is published and develop a plan of action to ensure PHT compliance and staff understanding.</p>	<p>Regular team meetings and supervisions take place with the staff team.</p> <p>PHT Trust is accountable to the Board.</p> <p>Monthly reports are completed against the standards and regulations as are 6 monthly reports and an annual report</p>

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
<p>PIC and managers to continue to engage with best practice. On going training against the regulations and standards is needed.</p> <p>All outstanding policies to be reviewed</p>	<p>PIC/Care Managers</p> <p>PIC/ PPIM</p>	31/12/2026

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.		
<p>There are established Care Managers (one for each house) who report to the PIC, The PIC reports to the Board who part delegate their duties through</p>	<p>Management structures are in place within PHT for one PIC and 3 house Care Managers. Deputies are to be added to the two larger houses.</p>	<p>Current governance duties including the implementation of monthly monitoring visits, monthly care plan file audits, thematic audits & monthly supervision of PIC etc. HQIA approved of the various</p>

<p>PCI/CSW and the PPIM. Roles and accountability are clear.</p> <p>The PIC is available to meet with residents as is the PPIM.</p> <p>Residents know that each service has a Care Manager and who they can speak to about any issues.</p> <p>Posters identifying the regional manager and Adult Safeguarding champion are also displayed within the services</p>		<p>changes in relation to the day-to-day governance of the service and PHT is now deemed to be compliant in this area.</p> <p>A new Company Constitution was approved by the CRO and the Charity regulator. PHT is now a PCI Company, with lines of governance from the PHT Board to PCI Trustees, and General Council.</p> <p>PHT Board meetings regularly throughout the year</p>
<p>No areas for improvement identified</p>		

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?
<p>Standard 5.3 The residential service has a publicly available statement of purpose that accurately and clearly describes the services provided.</p>		
<p>Statement of Purpose in place in all resident files, which have been signed by residents.</p> <p>Easy read version is available.</p> <p>It is updated annually</p>	<p>The Statement and Purpose of Function document is published on the PHT website, and easily accessible in each of the residential locations. It was reviewed during 2025.</p>	<p>Both versions of the Statement and Purpose of Function have been approved by HQIA following inspection in 2025.</p> <p>Statement and Purpose of Function are reviewed during PPIM visits</p>
<p>No areas for improvement identified</p>		

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?
<p>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>		
<p>Contracts in place for all residents – reviewed on a regular basis.</p> <p>PIC and PPIM are in regular contact with HSE.</p>	<p>Regular meetings with HSE Dublin South and Wicklow & HSE Mid-West take place to review their respective SLA 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</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>HQIA Inspection took place in April 2024.</p>

	<p>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.</p> <p>The new PIC is building professional relationships with HSE Disability officers and will seek advice when necessary.</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?
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.		
<p>Residents have access to a range of PHT provided resources., a car for transport to day services, laundry, gardens, living rooms etc.</p> <p>Regular resident meetings are held whereby needs for the house are discussed and residents are encouraged to make suggestions.</p>	<p>Resident needs are under constant review and staff are expected to raise any concerns or emerging needs are the earliest opportunity to ensure timely and effective response.</p> <p>Staff are encouraged to share professional views in relation to resident's needs during team meetings, handovers, supervision and training.</p>	<p>The budget is reviewed regularly throughout the year to ensure that there are adequate resources to provide safe and person-centred services.</p> <p>The PIC has submitting appropriate and detailed proposals to the HSE in relation to additional staffing to ensure there was adequate and safe staffing resources.</p>
No areas for improvement identified		

Theme 7: Responsive Workforce

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>Residents have no direct involvement in recruitment at this time. However, they should experience skilled individuals who are compassionate and caring.</p>	<p>Recruitment in 2025 has become even more challenging with adverts for posts not attracting SCW applicants.</p> <p>Staffing remained relatively stable in respect with few staff leaving. Most new recruits for the new service and relief as HCAs.</p> <p>PHT continue to have to engage the services of agency staff throughout 2025 in order to meet the additional needs of residents, following the approval of business cases by the HSE, which highlighted the need for additional staff at certain times of the day/night. All agency staff were stringently screened and a comprehensive inductions were completed on site.</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 filing cabinet in the locked company office.</p>

Standard 7.1 Safe and effective recruitment practices are in place to recruit staff.		
ACTION PLAN		
Area for Improvement	Responsibility	Completion Date
Continue to review the use of agency staff, to ensure that consistent and effective staffing arrangements remain in place.	PIC/Care Managers and PPIM	31/12/2026
Continue to advertise for SCWs and to try and recruit same	PIC	31/12/2026

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.		
Residents benefit from highly skilled staff force on a daily basis.	<p>The PHT staff team includes staff from a range of disciplines, for example, social care/ nursing/psychiatry/ teaching etc.</p> <p>With the advent of CORU registration, PHT will begin employing HCAs alongside SCWs. A review is needed to ensure that an effective skills mix remains in all houses, against assessed resident needs (This did not occur in 2025, as planned).</p>	<p>Training plan and matrix are reviewed as part of the Provider unannounced 6 monthly inspection</p> <p>All staff completed medication competencies.</p>

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.		
ACTION PLAN		
Area for Improvement	Responsibility	Completion Date
Review the staffing needs, in the light of CORU registration and the upcoming need to hire HCAs as well as SCW.	The Board/CSW and PPIM	31/05/2026
Review the use of agency staff, to ensure that consistent and effective staffing arrangements remain in place.	PIC/Care Managers and PPIM	31/05/2026

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 7.3 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.		
Residents should experience a knowledgeable and confident staff team who are able to meet their needs appropriately and effectively.	<p>A culture of the importance of supervision for staff is fostered from the top down. The PPIM strives to conduct monthly supervision with PIC – with 75% of supervision completed in 2025, given the staffing pressures, however regular phone calls and visits did occur to provide support.</p> <p>Supervision for care staff by Care Managers has further fallen behind</p>	Supervision records are in place and are reviewed as part of the 6 monthly inspection and when PPIM visits the services

	planned levels. Care Managers and care staff need to ensure that supervision occurs and meets the quality standards required. Time/ Shift resources need to be reviewed to ensure that opportunity for supervision exists.	
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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.

ACTION PLAN

Area for Improvement	Responsibility	Completion Date
Supervision schedule to be designed and implemented for 2026 – all supervisions of staff to be completed in a timely manner	PIC/Care Managers	30/04/26
Appraisal schedule to be designed and implemented for 2026 – all staff to have an appraisal within 2026	PIC/Care Managers	30/04/26
Care Managers and Care staff need to ensure that quality supervision occurs at least quarterly for all care staff	PIC/Care Managers	31/12/26
PIC to review with the Care Managers the time and resources needed to ensure that Supervision Occurs.	PIC/Care Managers	30/06/26

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.

Residents benefit from new approaches or person-centred interventions when required as relevant training is sourced and delivered to staff.	<p>PHT have a robust mandatory training programme and 2025 has highlighted the importance of the PIC responsiveness in supporting staff through training to meet the emerging needs of residents.</p> <p>PHT is open to reviewing contracts and professional relationships in the best interests of residents.</p>	<p>Training plan and matrix are reviewed regularly by the PIC and PPIM.</p> <p>Contracts with contracted supports are under constant review.</p> <p>Staff thoughts and training requests are discussed and then brought to PPIM for further analysis.</p>
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No areas for improvement identified

Theme 8: Use of Information

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>All residents have a key worker assigned to them who they meet regularly.</p> <p>Staff will regularly 'check in' with residents to ensure their understanding of a resident's wishes or views is correct.</p> <p>Key worker should ensure that have up to date and effective information to meet residents needs, wants and interests.</p>	<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>Training is provided on key working and person -centred practices to all staff.</p> <p>Staff do maintain relationships with other professionals with a resident's life i.e., PBS Support, Day Service's Provider, GP etc. This ensures that there is appropriate information sharing when necessary.</p> <p>Regular team meetings are held at which residents' needs are discussed and relevant information is shared amongst the whole team to ensure consistency in approach/ response.</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> <p>Monthly audit is completed by PIC</p>

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
Frequency of file audits to increase. The monthly Key Work Report now incorporates a full resident file audit. This continues to be an action point in 2026.	Care Managers/ PIC	30/06/2026

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>Resident's can have access to their paper and online file when requested.</p> <p>Documentation related to individuals is not kept in communal areas so as to ensure privacy.</p>	<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>An alternative to the current online recording system has been identified and is currently being tested for GDPR compliance by PCI IT department.</p>	<p>Monthly report is completed by the PIC</p> <p>GDPR policy is in place, which includes the safe storage of information.</p> <p>File audits are completed by Key workers and submitted to Care Managers, then</p>
No areas for improvement identified		

Summary

Throughout 2025 Peacehaven Trust worker hard to deliver 'high quality to excellent' person centred practice, with the focus on the residents having the service they wish to see and experience. The staff are trained and work hard to deliver excellence in every area of service provision and this is evidenced through their active engagement in training, key working, team meetings, supervisions and reflections. There is variance of excellence across the three houses, based on the needs of the residents, their independent skills, the skills mix and experience of that staff team.

It would be remiss not to comment on the continuing, and somewhat new challenges experienced throughout 2025 which are a progression of the similar challenges in 2024, (These led to the development a new service, to meet the needs of one specified resident). The new service opened in April 2025, as a separate Designated Centre. However residual challenges (from which further new challenges emerged) continue in the home that the specified resident departed from – this has been against our assessment that a reduction in incidents would occur, for which the Provider has commissioned independent assessment, and review of the service provided. PHT are working closely with the HSE on this matter.

The staff team, principally the Care Managers and Person in Charge should be commended for their dedication to adequately and safely staffing each service.

All vacancies have been filled in 2025, which was conducted along with some internal moves of residents from Blake House to Lydia House. All new admissions are settling in well.

In October of 2025, the PIC was asked by PCI, to take on an Acting 'Regional Manager's role'; therefore, a new 'Acting Services Manager' was installed after a successful interview as the PIC. This is a promotion for on the existing Care Managers – Graham Egan.

Michael Williams as the outgoing PIC, is now a PPIM, alongside Caroline Yeomans (who in turn is the 'Acting Director of the Council for Social Witness of the Presbyterian Church in Ireland'.

The Board of Peacehaven Trust, in conjunction with the Presbyterian Church in Ireland's Council for Social Witness remain fully committed to the delivering exceptional care; and will strive wit the PIC and the staff team to raise quality standards, on an ongoing basis.