

04/12/2025

# Peacehaven Annual Report

2024

CAROLINE YEOMANS

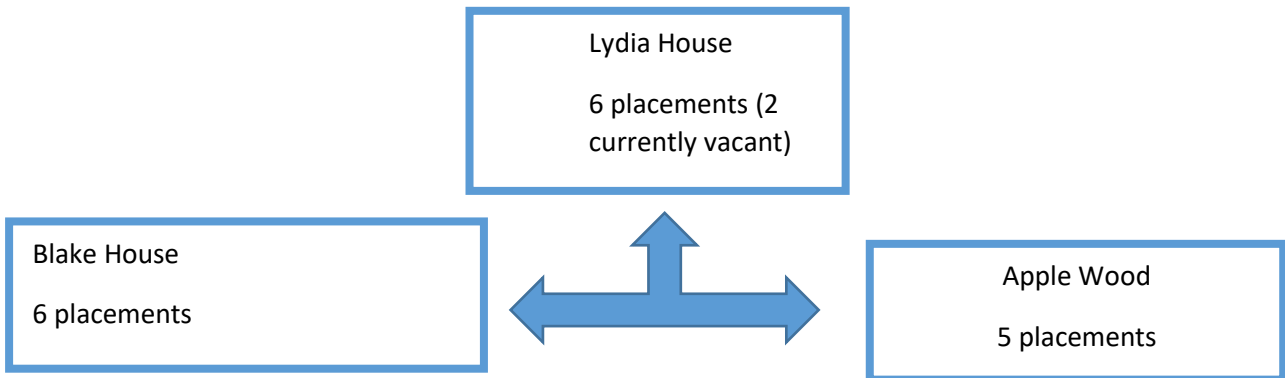
Regional Care Manager

Council for Social Witness

PEACEHAVEN TRUST  
PRESBYTERIAN CHURCH IN IRELAND; COUNCIL FOR SOCIAL WITNESS

**PEACEHAVEN ANNUAL REPORT 2024**

Designated Centre ID	003690
Registered Provider	Stuart Ferguson
Person in Charge	Michael Williams
Person Participating in Management	Caroline Yeomans



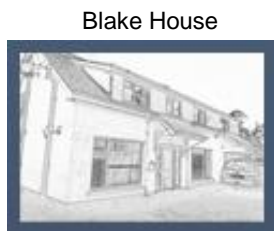
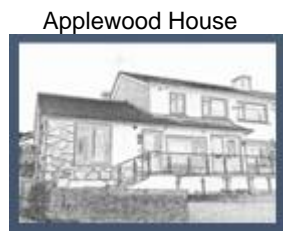
Peacehaven is a community-based, person-centred residential service, which prioritises the goals and ambitions of each resident. Peacehaven recognises that all people are equally and wonderfully made in God’s image, and everybody has something unique to bring to the community.

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

Currently Peacehaven operates its residential services across three separate houses.



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 Council for Social Witness’s Regional Manager. In addition, we have an Administration Manager and maintenance support.

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

Peacehaven Trust CLG is a Limited Company. 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 Trust 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 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.

SECTION 1: QUALITY AND SAFETY

Theme 1: Individualised Supports and Care

<b>Resident Experience</b> – What do people who use the service experience on a day-to-day basis?	<b>Ensuring</b> – How does the Person in Charge ensure that best practice occurs as a matter of routine within the service?	<b>Assured</b> – How is the Registered Provider assured of the quality and safety of care & compliance?
<b>Standard 1:1 The rights and diversity of each person are respected and promoted</b>		
<p>Residents are at the centre of the needs assessment and care planning process – all plans reflect their individual views and wishes.</p> <p>All residents have access to independent advocates should they wish to have support in this area – PHT staff regularly remind residents of this opportunity.</p> <p>Weekly planning meetings with residents takes place. In addition House Meetings occur monthly at which a number of topics are discussed and their 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>PHT 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>PHT has a robust training programme in place, many of which had the particular focus on respecting and promoting the rights of residents, including:</p> <ul style="list-style-type: none"> <li>- <b>GEARs PBS (Jan '24 &amp; also Feb '24)</b></li> <li>- <b>Motivational Interviewing (Feb '24)</b></li> <li>- <b>Fire Safety (March '24)</b></li> <li>- <b>Manual Handling (March '24)</b></li> <li>- <b>Key Working &amp; Advocacy (April '24)</b></li> <li>- <b>Rights Restrictions (May '23)</b></li> <li>- <b>First Aid (May '23)</b></li> <li>- <b>Residents' Rights &amp; also Risk Assessing (May '24)</b></li> <li>- <b>Life Story Work (July '24)</b></li> <li>- <b>Person Centred Practice (Aug '24)</b></li> <li>- <b>Medications and Epilepsy (Oct '24)</b></li> <li>- <b>GEARs [New Starters] (Oct '24)</b></li> <li>- <b>Open Disclosures &amp; Risk Management (Nov '24)</b></li> <li>- <b>Ongoing HSELand.ie training in Adult Safeguarding, Children First, Human Rights, Cyber security, PPE &amp; Hygiene and more.</b></li> </ul> <p>The training programme is under constant review, with a training needs assessment conducted at 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</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>is evidenced through the introduction of GEARs training.</p> <p>The Restrictive Interventions Review Committee is made up of parental and neutral representatives with experience in human rights 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>The Evolve APC psychologist has become a staff of PCI, enabling further clinical guidance for staff, and increased CRM activity.</p>	
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<b>Standard 1:1 The rights and diversity of each person are respected and promoted</b>		
<b>ACTION PLAN</b>		
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.	31/12/24
Continue to ensure the training programme is under continuous review to ensure prompt and live response to any changing needs of residents.	PIC/ Care Managers	31/12/24
Ensure monthly monitoring resumes	PIC	31/03/24

<b>Resident Experience</b> – What do people who use the service experience on a day-to-day basis?	<b>Ensuring</b> – How does the Person in Charge ensure that best practice occurs as a matter of routine within the service?	<b>Assured</b> – How is the Registered Provider assured of the quality and safety of care & compliance?
<b>Standard 1.2 The privacy and dignity of each person are respected.</b>		
<p>Staff will always knock a resident's bedroom and wait to be advised 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.</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 – as well 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>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 use of reflective practice. Due to a Trust in Care event, it is evident that some practices were not brought to team meetings for discussion.</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>All residents have the opportunity to raise any concerns via a range of methods:</p> <ul style="list-style-type: none"> <li>- Complaints procedure</li> <li>- Key working sessions</li> <li>- Residents' meetings</li> <li>- Monthly visits from PIC</li> </ul>

<b>Standard 1:2 The privacy and dignity of each person are respected.</b>		
<b>ACTION PLAN</b>		
Area for Improvement	Responsibility	Completion Date
<p>Ensure any practices which deviate from Care Plans are brought to Managers attention and discussed at team meetings.</p> <p>Staff and managers to address any action or language used by staff which seems disrespectful, which may include an apology to a resident.</p>	<p>Constant vigilance by Staff/ Care Managers/ PIC</p>	<p>On Going 31/12/25</p>

<b>Resident Experience</b> – What do people who use the service experience on a day-to-day basis?	<b>Ensuring</b> – How does the Person in Charge ensure that best practice occurs as a matter of routine within the service?	<b>Assured</b> – How is the Registered Provider assured of the quality and safety of care & compliance?
<b>Standard 1.3 Each person exercises choice and control in their daily life in accordance with their preferences</b>		
<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 their wants, wishes and interests.</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 help 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>Each person PHT support has individual care plans, which includes their wishes in relation to personal care, dressing, health &amp; 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 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>

<b>Standard 1.3 Each person exercises choice and control in their daily life in accordance with their preferences</b>		
<b>ACTION PLAN</b>		
Area for Improvement	Responsibility	Completion Date
File audits to increase in frequency & completion of same delegated between PIC and Care Managers. This remains an area for improvement.	PIC/ Care Managers	31/06/25

Monthly Meetings need to occur in each house.	Care Managers/ PIC	31/03/25
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<b>Resident Experience</b> – What do people who use the service experience on a day-to-day basis?	<b>Ensuring</b> – How does the Person in Charge ensure that best practice occurs as a matter of routine within the service?	<b>Assured</b> – How is the Registered Provider assured of the quality and safety of care & compliance?
<b>Standard 1.4 Each person develops and maintains personal relationships and links with the community in accordance with their wishes.</b>		
<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 PHT and residents decide whether they would like to attend.</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 &amp; 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 staff's encourage 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>
No areas of development identified		

<b>Standard 1.4 Each person develops and maintains personal relationships and links with the community in accordance with their wishes.</b>		
<b>ACTION PLAN</b>		
Area for Improvement	Responsibility	Completion Date
Develop practices/ understandings of supporting people with ID to develop personal/romantic relationships . Policy revision of existing policies (such as Visitors policy) is reflecting a person centred approach to personal/romantic relationships – though a dedicated policy is required.	All staff	31/12/25
	PPIM/ PIC	30/12/2025

<b>Resident Experience</b> – What do people who use the service experience on a day-to-day basis?	<b>Ensuring</b> – How does the Person in Charge ensure that best practice occurs as a matter of routine within the service?	<b>Assured</b> – How is the Registered Provider assured of the quality and safety of care & compliance?
<b>Standard 1.5 Each person has access to information, provided in a format appropriate to their communication needs.</b>		
<p>PHT approach communication with residents in a person-centred manner and continually reassess 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 of Evolve APC – from which PCI have employed the key psychologist directly 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 &amp; a plan of action agreed.</p>

<b>Standard 1.5 Each person has access to information, provided in a format appropriate to their communication needs.</b>		
<b>ACTION PLAN</b>		
<b>Area for Improvement</b>	<b>Responsibility</b>	<b>Completion Date</b>
Staff to implement Evolve/ PCI Psychologist recommendations	All staff	Ongoing throughout 2025

<b>Resident Experience</b> – What do people who use the service experience on a day-to-day basis?	<b>Ensuring</b> – How does the Person in Charge ensure that best practice occurs as a matter of routine within the service?	<b>Assured</b> – How is the Registered Provider assured of the quality and safety of care & compliance?
<b>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.</b>		
<p>PHT inform residents of national advocacy group when required and staff will apply for advocacy.</p> <p>2 staff are trained as advocates and are creating an advocacy group with the residents.</p>	<p>An advocacy policy and procedure were created in 2021. This remains in place following consultation with residents.</p> <p>The group met less frequently in 2024 than the previous year.</p>	<p>Advocacy residents’ group was created in 2021 and remains functioning, meeting with the PIC, however more meetings are required.</p>

**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 meet at least quarterly throughout 2025	PIC/ Residents advocacy group	31/12/2025

<b>Resident Experience</b> – What do people who use the service experience on a day-to-day basis?	<b>Ensuring</b> – How does the Person in Charge ensure that best practice occurs as a matter of routine within the service?	<b>Assured</b> – 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.**

Complaints are dealt with in a line the policy timeframe.  Staff review complaints/ queries during handovers 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.	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
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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.**

**ACTION PLAN**

Area for Improvement	Responsibility	Completion Date
Ensure all complaints are dealt with, within the policy specified timelines	PIC & Care Managers (And by review PPIM)	31/12/2025

## Theme 2: Effective Services

<b>Resident Experience</b> – What do people who use the service experience on a day-to-day basis?	<b>Ensuring</b> – How does the Person in Charge ensure that best practice occurs as a matter of routine within the service?	<b>Assured</b> – How is the Registered Provider assured of the quality and safety of care & compliance?
<b>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.</b>		
<p>All residents participate in their person-centred plan, many write the plan themselves with staff support as and when required. 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.</p>	<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>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 60% are in date and active.</p>	<p>File audits are completed by PIC/Care Managers &amp; they do assess the level of person-centred ethos &amp; application throughout records.</p> <p>Regular supervisions are held with all staff to ensure discussion and review of resident needs &amp; required support, with a focus on maintaining or improving current quality of life.</p> <p>Audits have not detailed gaps in system.</p>

<b>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.</b>		
<b>ACTION PLAN</b>		
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	31/03/2025
	Care Managers & PIC	31/03/2025

<b>Resident Experience</b> – What do people who use the service experience on a day-to-day basis?	<b>Ensuring</b> – How does the Person in Charge ensure that best practice occurs as a matter of routine within the service?	<b>Assured</b> – How is the Registered Provider assured of the quality and safety of care & compliance?
<b>Standard 2.2 The residential service is homely and accessible and promotes the privacy, dignity and welfare of each resident</b>		
<p>On all visits to the 3 services throughout 2024, each home was found to be full of friendly staff and welcoming residents.</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>

<b>Standard 2.2 The residential service is homely and accessible and promotes the privacy, dignity and welfare of each resident</b>		
<b>ACTION PLAN</b>		
<b>Area for Improvement</b>	<b>Responsibility</b>	<b>Completion Date</b>
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	PIC/ Care Managers	30/06/25
	PIC/Maintenance	31/12/2025

<b>Resident Experience</b> – What do people who use the service experience on a day-to-day basis?	<b>Ensuring</b> – How does the Person in Charge ensure that best practice occurs as a matter of routine within the service?	<b>Assured</b> – How is the Registered Provider assured of the quality and safety of care & compliance?
<b>Standard 2.3 Each person's access to services is determined on the basis of fair and transparent criteria.</b>		
<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.</p> <p>Staff routinely advocate for residents and support them to ac-</p>	<p>There is a clear policy and procedure in relation to access to the services offered by PHT</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>Incident/ safeguarding reports are also submitted and a tracker completed, which provides an evidence</p>

cess statutory services, i.e. dietician to ensure their needs are met in a timely and effective manner.		base to track patterns and trends in relation to one individual.
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**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
Ensure that as needs change for residents, that adequate assessment and access to MDT occurs	PIC/ Care Managers	31/12/2025

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.

**Theme 3: Safe Services**

<b>Resident Experience</b> – What do people who use the service experience on a day-to-day basis?	<b>Ensuring</b> – How does the Person in Charge ensure that best practice occurs as a matter of routine within the service?	<b>Assured</b> – How is the Registered Provider assured of the quality and safety of care & compliance?
<b>Standard 3.1 Each person is protected from abuse and neglect and their safety and welfare is promoted.</b>		
2024 continued to prove challenging in terms of the dynamics between residents in one service. Agreement has been reached to create a new specialist service for one of those residents – a purchase for property is in progress to allow for the development of the service.	All residents have an individualised care plan, stress plans and risk assessments  Evolve APC/ PCI Psychologist have begun work in relation the assessment of identified resident need and challenges with interacting with other 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 for further review; HSE's Safeguarding Team (CHO6) and HIQA

**Standard 3.1 Each person is protected from abuse and neglect and their safety and welfare is promoted.**

ACTION PLAN
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Area for Improvement	Responsibility	Completion Date
Construction of the 4 <sup>th</sup> service to address dynamics within 1 service to be continue – including recruitment and training of staff team; and purchase and refit/registration of accommodation.	PIC/PPIM	30/04/25

<b>Resident Experience</b> – What do people who use the service experience on a day-to-day basis?	<b>Ensuring</b> – How does the Person in Charge ensure that best practice occurs as a matter of routine within the service?	<b>Assured</b> – How is the Registered Provider assured of the quality and safety of care & compliance?
<b>Standard 3.2 Each person experiences care that supports positive behaviour and emotional wellbeing.</b>		
<p>Each resident has access to Evolve PBS support if required.</p> <p>Each resident has a Positive Interventions Support Plan, informed from incident and MDT data.</p> <p>Concerns are handed over and discuss thoroughly to ensure they are addressed appropriately and effectively.</p>	<p>Evolve APC/ 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> <p>Proposal submitted to HSE in May 2023 in relation to a new service that would meet the emerging needs of an identified resident – has been approved and is in construction.</p>

<b>Standard 3.2 Each person experiences care that supports positive behaviour and emotional wellbeing.</b>		
<b>ACTION PLAN</b>		
Area for Improvement	Responsibility	Completion Date
Specialist training to be provided by Evolve APC/PCI Psychologist	PIC	30/05/25
The 4 <sup>th</sup> service to constructed registered and opened	PIC/PPIM	30/04/2025

<b>Resident Experience</b> – What do people who use the service experience on a day-to-day basis?	<b>Ensuring</b> – How does the Person in Charge ensure that best practice occurs as a matter of routine within the service?	<b>Assured</b> – How is the Registered Provider assured of the quality and safety of care & compliance?
<b>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.</b>		
Where necessary restrictions are in place to ensure the safety of an individual. 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.	Risk assessment training is delivered to staff.  Rights Restrictions training is delivered to all staff.	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 before submission to HSE.
No areas for improvement identified		

<b>Resident Experience</b> – What do people who use the service experience on a day-to-day basis?	<b>Ensuring</b> – How does the Person in Charge ensure that best practice occurs as a matter of routine within the service?	<b>Assured</b> – How is the Registered Provider assured of the quality and safety of care & compliance?
<b>Standard 3.4 Adverse events and incidents are managed and reviewed in a timely manner and outcomes inform practice at all levels.</b>		
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.  Staff are aware of the need to provide reassurance to all residents.	All incidents (inc. medication errors) are recorded on a tracker and reviewed quarterly.  Staff have received training in 2024 in GEARS a PBS programme managed by EVOLVE APC.  The PIC and PPIM review incident documentation following all incidents - the completion of these forms is identified as an area for improvement in 2024, at times paternalistic language can be used or the recording of the incident notes staff opinion.	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 Deputy Safeguarding Champion (PPIM) for discussion and review. Relevant HIQA notifications are submitted.

<b>Standard 3.4 Adverse events and incidents are managed and reviewed in a timely manner and outcomes inform practice at all levels.</b>		
<b>ACTION PLAN</b>		
Area for Improvement	Responsibility	Completion Date

All staff should receive on-going training on the completion of incident report	PIC/ Care Managers	31/12/2025
Any concerns regarding completion of forms should be addressed individually with staff via supervision	PIC/ Care Managers	Ongoing throughout 2025.

#### Theme 4: Health and Development

<b>Resident Experience</b> – What do people who use the service experience on a day-to-day basis?	<b>Ensuring</b> – How does the Person in Charge ensure that best practice occurs as a matter of routine within the service?	<b>Assured</b> – How is the Registered Provider assured of the quality and safety of care & compliance?
<b>Standard 4.1 The health and development of each person is promoted.</b>		
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.	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.  EVOLVE APC/ PCI Psychologist continue in their PBS role ensure it delivers tailored and specific training and interventions to meet individual resident need.	Composite health plans are created in conjunction with MDT health professionals and the residents so they are holistic and comprehensive  Staff report and discuss any concerns at handovers, supervisions and team meetings.  All health concerns are discussed at a tri-weekly meeting between PIC/ Care Managers

<b>Standard 4.1 The health and development of each person is promoted.</b>		
<b>ACTION PLAN</b>		
Area for Improvement	Responsibility	Completion Date
File audits to increase in frequency	PIC/Care Managers	31/12/2025

<b>Resident Experience</b> – What do people who use the service experience on a day-to-day basis?	<b>Ensuring</b> – How does the Person in Charge ensure that best practice occurs as a matter of routine within the service?	<b>Assured</b> – How is the Registered Provider assured of the quality and safety of care & compliance?
<b>Standard 4.2 Each person receives a health assessment and is given appropriate support to meet any identified need.</b>		
Staff support residents on a daily basis with the administration of medication, this enables	Every resident has a composite health plan that reflects current needs and the wishes of every individual.	Regular reviews with GP, privately contracted health professionals take place to review progress of

<p>a daily review of the person and their health needs.</p> <p>Staff accompany residents to the GP/ hospital as required.</p> <p>Staff also deliver person centred approach in relation to health, i.e., ensuring there are always reduced sugar options.</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 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>In 2024 1/3 Health Plans/Composite Health Assessments (CHAF) went out of date.</p>	<p>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 further concerns are identified and actioned.</p> <p>Progress notes detail strong evidence of continued health professional engagement for all residents (as per need).</p>
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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	31/03/2025

<b>Resident Experience</b> – What do people who use the service experience on a day-to-day basis?	<b>Ensuring</b> – How does the Person in Charge ensure that best practice occurs as a matter of routine within the service?	<b>Assured</b> – How is the Registered Provider assured of the quality and safety of care & compliance?
<b>Standard 4.3 Each person's health and wellbeing is supported by the residential service's policies and procedures for medication management.</b>		
<p>Staff administer medication daily to residents; any issues are found quickly and responded to.</p> <p>Staff evidence good knowledge of residents' health needs and ensure there is a support plan in place to meet those needs.</p>	<p>Medication management policy and procedure is in place</p> <p>All staff receive medication administration training on a regular basis</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> <p>Medication errors have further reduced in total in 2024 from the 2023 figures (which in themselves were a reduction from 2022). AN average error rate o 0.05% of all passes.</p>
No areas for improvement identified		

<b>Resident Experience</b> – What do people who use the service experience on a day-to-day basis?	<b>Ensuring</b> – How does the Person in Charge ensure that best practice occurs as a matter of routine within the service?	<b>Assured</b> – How is the Registered Provider assured of the quality and safety of care & compliance?
<b>Standard 4.4 Educational, training and employment opportunities are made available to each person that promotes their strengths, abilities and individual references.</b>		
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.	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.	Care plan audits take place to ensure they are written in a strengths-based manner.
No areas for improvement identified		

Section 2: Capacity and Capability

Theme 5: Leadership, Governance and Management

<b>Resident Experience</b> – What do people who use the service experience on a day-to-day basis?	<b>Ensuring</b> – How does the Person in Charge ensure that best practice occurs as a matter of routine within the service?	<b>Assured</b> – How is the Registered Provider assured of the quality and safety of care & compliance?
<b>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.</b>		
Staff strive to ensure that best practice is followed and adhered to.  The PIC sends out relevant research documents etc to staff to support them in the development of their practice related knowledge.	Policies and procedures are in place and reviewed regularly.  The most recent HQIA inspection report noted the outstanding policies are an area for improvement. This is an ongoing piece of work to be completed by the PCI and PPIM.  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.	Regular team meetings and supervisions take place with the staff team.  PHT Trust is accountable to the Board.  Monthly reports are completed against the standards and regulations as are 6 monthly reports and an annual report

**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.**

<b>ACTION PLAN</b>		
Area for Improvement	Responsibility	Completion Date
PIC and mangers to continue to engage with best practice. On going training against the regulations and standards is needed. All outstanding policies to be reviewed	PIC/Care Managers  PIC/ PPIM	31/12/2025

<b>Resident Experience</b> – What do people who use the service experience on a day-to-day basis?	<b>Ensuring</b> – How does the Person in Charge ensure that best practice occurs as a matter of routine within the service?	<b>Assured</b> – How is the Registered Provider assured of the quality and safety of care & compliance?
<b>Standard 5.2 The residential service has effective leadership, governance and management arrangements in place and clear lines of accountability.</b>		
<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 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>Management structures are in place within PHT for one PIC and 3 houses. This to be reviewed with the addition of a 4<sup>th</sup> house, to ensure that good levels of governance continue.</p>	<p>Current governance duties including the implementation of monthly monitoring visits, monthly care plan file audits, thematic audits &amp; 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/CSW until the new Company Constitution is approved by the Charity Regulatory Authority – there have been significant developments in this area during 2023 and it is believed that the situation is close to resolution.</p> <p>PHT Board meetings regularly throughout the year</p>

<b>Standard 5.2 The residential service has effective leadership, governance and management arrangements in place and clear lines of accountability.</b>		
<b>ACTION PLAN</b>		
Area for Improvement	Responsibility	Completion Date
Review the role of the PIC with the commencement of	The Board/CSW and PPIM	31/12/2025

the 4 <sup>th</sup> service (i.e. to be within the current designated centre, or a new DC)		
Membership of Board to be reviewed. Chair of the Board will prioritise increasing number of Directors on the Board.	Chair of Board	31/12/2025

<b>Resident Experience</b> – What do people who use the service experience on a day-to-day basis?	<b>Ensuring</b> – How does the Person in Charge ensure that best practice occurs as a matter of routine within the service?	<b>Assured</b> – How is the Registered Provider assured of the quality and safety of care & compliance?
<b>Standard 5.3 The residential service has a publicly available statement of purpose that accurately and clearly describes the services provided.</b>		
Statement of Purpose in place in all files, which have been signed by residents.  Easy read version is available.  It is updated annually	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 2024.	Both versions of the Statement and Purpose of Function have been approved by HQIA following inspection in 2024.  Statement and Purpose of Function are reviewed during PPIM visits
No areas for improvement identified		

<b>Resident Experience</b> – What do people who use the service experience on a day-to-day basis?	<b>Ensuring</b> – How does the Person in Charge ensure that best practice occurs as a matter of routine within the service?	<b>Assured</b> – How is the Registered Provider assured of the quality and safety of care & compliance?
<b>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.</b>		
Contracts in place for all residents – reviewed on a regular basis.  PIC and PPIM are in regular contact with HSE.	Regular meetings with HSE CHO6 & CHO3 take place to review the SLA and PHT have the opportunity to submit business cases for additional funding in order to safely and effectively meet the needs of residents.  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.	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.  Regular reviews of budgets and all finance matters take place with PCI's finance manager to ensure compliance and adequate funding.  HQIA Inspection took place in April 2024.

No areas for improvement identified

### Theme 6: Use of Resources

<b>Resident Experience</b> – What do people who use the service experience on a day-to-day basis?	<b>Ensuring</b> – How does the Person in Charge ensure that best practice occurs as a matter of routine within the service?	<b>Assured</b> – How is the Registered Provider assured of the quality and safety of care & compliance?
<b>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.</b>		
<p>Residents have access to a range of PHT provided resources., a car for transport to day services etc.</p> <p>Regular resident meetings are held whereby needs for the house are discussed and residents are encouraged to make suggestions, for example, the residents in Applewood expressed an interest in good quality garden furniture – which was purchased through a grant donation.</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>PPIM must commend the PIC for submitting appropriate and detailed proposals to the HSE in relation to additional staffing to ensure there was adequate staffing resource.</p> <p>A comprehensive review was completed of all 3 services throughout 2024 with available resources at the centre of the analysis – this led to a proposal for a 4<sup>th</sup> service being accepted by the HSE.</p>
No areas for improvement identified		

### Theme 7: Responsive Workforce

<b>Resident Experience</b> – What do people who use the service experience on a day-to-day basis?	<b>Ensuring</b> – How does the Person in Charge ensure that best practice occurs as a matter of routine within the service?	<b>Assured</b> – How is the Registered Provider assured of the quality and safety of care & compliance?
<b>Standard 7.1 Safe and effective recruitment practices are in place to recruit staff.</b>		
<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 2024 remained challenging with adverts for posts not attracting applicants.</p> <p>Staffing remained relatively stable in respect with few staff leaving and PHT have recruited 2 new relief staff in 2024.</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>

	<p>PHT did have to engage the services of agency staff throughout 2024 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>	
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**Standard 7.1 Safe and effective recruitment practices are in place to recruit staff.**

**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	31/12/2025
Review the use of agency staff, to ensure that consistent and effective staffing arrangements remain in place.	PIC/Care Managers and PPIM	30/06/2025

<b>Resident Experience</b> – What do people who use the service experience on a day-to-day basis?	<b>Ensuring</b> – How does the Person in Charge ensure that best practice occurs as a matter of routine within the service?	<b>Assured</b> – How is the Registered Provider assured of the quality and safety of care & compliance?
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**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.</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>
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**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	31/12/2025
Review the use of agency staff, to ensure that consistent and effective staffing arrangements remain in place.	PIC/Care Managers and PPIM	30/06/2025

<b>Resident Experience</b> – What do people who use the service experience on a day-to-day basis?	<b>Ensuring</b> – How does the Person in Charge ensure that best practice occurs as a matter of routine within the service?	<b>Assured</b> – How is the Registered Provider assured of the quality and safety of care & compliance?
<b>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.</b>		
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 – this did slow during 2024, given the staffing pressures, however regular phone calls and visits did occur to provide support.</p> <p>Supervision for care staff by Care Managers is behind planned levels. Care Managers and care staff need to ensure that supervision occurs and meets the quality standards required.</p>	<p>Supervision records are in place and are reviewed as part of the 6 monthly inspection and when PPIM visits the services</p> <p>PPIM completed PIC's appraisal in April '24 A date has been set for April '25.</p>

<b>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.</b>		
<b>ACTION PLAN</b>		
Area for Improvement	Responsibility	Completion Date
Supervision schedule to be designed and implemented for 2025 – all supervisions of staff to be completed in a timely manner	PIC/Care Managers	30/04/25
Appraisal schedule to be designed and implemented for 2024 – all staff to have an appraisal within 2024	PIC/Care Managers	30/04/25
Care Managers and Care staff need to ensure that	PIC/Care Managers	31/12/25

quality supervision occurs at least quarterly for all care staff		
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<b>Resident Experience</b> – What do people who use the service experience on a day-to-day basis?	<b>Ensuring</b> – How does the Person in Charge ensure that best practice occurs as a matter of routine within the service?	<b>Assured</b> – How is the Registered Provider assured of the quality and safety of care & compliance?
<b>Standard 7.4 Training is provided to staff to improve outcomes for people living in the residential service.</b>		
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 2024 has highlighted the importance of the PIC responsiveness in supporting staff through training to meet the emergent needs of residents.</p> <p>The ongoing review of training in 2024 led to the proposal to change PBS providers who would be able to deliver a range of specialised training, which will benefit staff and residents going forward. 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>The PIC and Care Managers hold regular team meetings and supervision were by staff thoughts and training requests are discussed and then brought to PPIM for further analysis.</p>
No areas for improvement identified		

## Theme 8: Use of Information

<b>Resident Experience</b> – What do people who use the service experience on a day-to-day basis?	<b>Ensuring</b> – How does the Person in Charge ensure that best practice occurs as a matter of routine within the service?	<b>Assured</b> – How is the Registered Provider assured of the quality and safety of care & compliance?
<b>Standard 8.1 Information is used to plan and deliver person-centred, safe and effective residential services and support.</b>		
<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>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>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>

	<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 Services 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>	
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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
Frequency of file audits to increase. This continues to be an action point in 2024.	Care Managers/ PIC	30/06/2024

<b>Resident Experience</b> – What do people who use the service experience on a day-to-day basis?	<b>Ensuring</b> – How does the Person in Charge ensure that best practice occurs as a matter of routine within the service?	<b>Assured</b> – How is the Registered Provider assured of the quality and safety of care & compliance?
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**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. 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 Care Managers.</p>
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No areas for improvement identified

## Summary

In 2024 Peacehaven Trust has continued to deliver 'high quality to excellent' person centred practice, with the focus on the residents leading 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 challenges experienced throughout 2024 which are a continuation of the same challenges in 2023, which required a new service to be developed, to meet the needs of one specified resident. This is in progress and is due to open in early 2025. It is anticipated that the new service will lead to a reduction in incidents particularly in LH, when the specified resident moves to the new service.

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

Peacehaven Trust experienced the tragic passing of a much cared for resident in early 2024 and this was felt deeply by residents and staff. The placement for the deceased, along with the placement for the resident who passed away in late 2023 were not filled in 2024, due to the ongoing behavioural challenges in LH. All vacancies are to be fill in 2025 as soon as is practicable based on the needs of the existing residents.

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.