

**Health Information and Quality Authority
Regulation Directorate**

**Compliance Monitoring Inspection report
Designated Centres under Health Act 2007,
as amended**



Centre name:	Peacehaven Trust
Centre ID:	OSV-0003690
Centre county:	Wicklow
Type of centre:	Health Act 2004 Section 39 Assistance
Registered provider:	Peacehaven Trust CLG
Lead inspector:	Raymond Lynch
Support inspector(s):	Paul Pearson
Type of inspection	Announced
Number of residents on the date of inspection:	16
Number of vacancies on the date of inspection:	1

About monitoring of compliance

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:

- **Registration:** under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
- **Monitoring of compliance:** the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider's compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

- to monitor compliance with regulations and standards
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or well-being of residents

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. Where a monitoring inspection is to inform a decision to register or to renew the registration of a designated centre, all 18 outcomes are inspected.

Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration decision. This monitoring inspection was announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 21 March 2018 08:00 To: 21 March 2018 19:00

The table below sets out the outcomes that were inspected against on this inspection.

Outcome 01: Residents Rights, Dignity and Consultation
Outcome 02: Communication
Outcome 03: Family and personal relationships and links with the community
Outcome 04: Admissions and Contract for the Provision of Services
Outcome 05: Social Care Needs
Outcome 06: Safe and suitable premises
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 09: Notification of Incidents
Outcome 10. General Welfare and Development
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 13: Statement of Purpose
Outcome 14: Governance and Management
Outcome 15: Absence of the person in charge
Outcome 16: Use of Resources
Outcome 17: Workforce
Outcome 18: Records and documentation

Summary of findings from this inspection

Background to Inspection:

This was an announced inspection to inform a registration decision after an application to the Health Information and Quality Authority (HIQA) by Peacehaven Trust Limited to register the centre.

The centre was previously inspected in August 2017, where good levels of compliance were found across a number of outcomes assessed. However, some challenges remained as some parts of the centre required updating and modernisation and the staffing arrangements required review.

The statement of purpose for the centre described the service as one that provides care and support for residents and can accommodate a maximum of 17 residents. The centre was located in Co Wicklow and was in close proximity to local amenities and shops. The service described itself as providing social care support in an enabling environment promoting safeguarding, health and the wellbeing of each resident. The aim of the service was to support each resident with their physical, social, emotional and spiritual needs whilst at the same time respecting their dignity and unique individuality.

How we Gathered our Evidence:

The inspectors met with three staff members and interviewed one of them about the service being provided to the residents. The person in charge (who was also acting as named provider to represent the entity) was also spoken with at length over the course of this inspection process.

The inspectors also met with eight of the residents and had the opportunity to speak with five of them for some time throughout the day. Residents informed the inspectors that they very much liked living in their home, felt safe there and spoke highly of the staff team.

Policies and documents were also viewed as part of the process including a sample of residents' health and social care plans, complaints policy, contracts of care, health and safety documentation, safeguarding documentation and risk assessments.

Description of the Service:

The centre comprised of two large detached houses and one semi-detached house supporting 16 residents in total (there was one vacancy on the day of this inspection). For the purpose of this registration inspection the inspectors visited all three houses. One house was modern, bright and spacious where each resident had their own individual bedroom (decorated to their individual preferences), most of which were en-suite.

There was a very large well equipped kitchen cum dining room, a number of sitting rooms of varying sizes, a separate utility room and adequate communal bathroom facilities provided. There were also front and back gardens available to the residents.

The second house, while meeting the needs of the residents required updating and modernisation. At the time of this inspection the person in charge was reviewing this and informed the inspectors that plans had been drawn up to renovate this house.

The third house was currently being decorated on the day of this inspection and the person in charge informed inspectors that further renovations were being planned. This was particularly in relation to an independent living space being updated to provide a more suitable living arrangement for the resident living there.

The three houses that comprised the centre were in close proximity to a nearby town however, transport was also provided so as residents had access to local amenities

such as churches, hotels, restaurants, cinema and shopping centres.

Overall Judgment of our Findings:

Overall it was found that residents were in receipt of a good quality of service and reported to inspectors that they were very happy living in the centre. However, some issues were identified with the premises and minor issues found with medication management, documentation and social care needs.

Of the 18 outcomes assessed, seven were found to be complaint, ten were found to be substantially compliant and one was assessed with a moderate non-compliance.

These are further discussed in this report and in the action plan at the end.

Section 41(1)(c) of the Health Act 2007. Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

Outcome 01: Residents Rights, Dignity and Consultation

Residents are consulted with and participate in decisions about their care and about the organisation of the centre. Residents have access to advocacy services and information about their rights. Each resident's privacy and dignity is respected. Each resident is enabled to exercise choice and control over his/her life in accordance with his/her preferences and to maximise his/her independence. The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.

Theme:

Individualised Supports and Care

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

Residents were consulted about how the centre was planned and run. The residents had access to advocacy services and information about their rights. There was a complaints process in place with residents and their families were aware of who the nominated person for receiving complaints was.

The complaints process provided information of advocacy service and the details of an external review process, to include the internal process if or when the person was not satisfied with the outcome of the complaints process.

Inspectors observed that staff members treated resident with dignity and respect. Staff and residents have a good rapport with each other.

Resident's privacy was respected in the centre. There was evident that residents could exercise independent choice in the daily activities. Residents participated in activities and availed of opportunities that were meaningful and suited to their choices and needs.

Inspectors found that resident's finances were kept safe and there was a policy in place that informed practice in the area. Residents retained control over their personal possessions and there was sufficient space for residents to store their clothes and possessions.

Judgment:

Compliant

Outcome 02: Communication

Residents are able to communicate at all times. Effective and supportive interventions are provided to residents if required to ensure their communication needs are met.

Theme:

Individualised Supports and Care

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

Staff were aware of the personal communication needs of each resident in the centre. The individual communication needs of each resident were included in their personal plans.

The residents were actively involved in the local community and there was access to T.V., radio and local news.

Judgment:

Compliant

Outcome 03: Family and personal relationships and links with the community

Residents are supported to develop and maintain personal relationships and links with the wider community. Families are encouraged to get involved in the lives of residents.

Theme:

Individualised Supports and Care

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

Positive relationships between residents and their families were supported. There was no restriction on family visiting times in the centre and residents could receive visitors in private as per their choice.

Residents were actively engaged in activities in the community these were individual and personal to each resident.

Judgment:

Compliant

Outcome 04: Admissions and Contract for the Provision of Services

Admission and discharge to the residential service is timely. Each resident has an agreed written contract which deals with the support, care and welfare of the resident and includes details of the services to be provided for that resident.

Theme:

Effective Services

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

There were policies and procedures in place for admitting residents to the centre, including transfers, transitions, discharges and temporary absence.

Residents' admissions were in line with the centre's Statement of Purpose and considered the wishes, needs and safety of the individual and the safety of other residents living in the shared accommodation and services.

A contract of care document was available which outlined the terms and conditions of services to be provided. From a sample of files viewed, each resident had a written agreement of the terms of their stay in the centre. However, it was difficult to ascertain the exact fees that were being charged for the services provided to each resident.

Judgment:

Substantially Compliant

Outcome 05: Social Care Needs

Each resident's wellbeing and welfare is maintained by a high standard of evidence-based care and support. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each resident's assessed needs are set out in an individualised personal plan that reflects his /her needs, interests and capacities. Personal plans are drawn up with the maximum participation of each resident. Residents are supported in transition between services and between childhood and adulthood.

Theme:

Effective Services

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

Assessment of resident's health, personal and social care needs were in place.

Residents were involved in identifying their choices and individual needs. This was

completed with their keyworkers annual or more frequently if required.

Resident's personal plans were reviewed by the inspectors. In some instances it was not clear if input was received from the multidisciplinary team in setting out the personal plans.

Residents knew how to access their personal plans and these were available in an easy-read format where required.

Resident's personal goals were outlined in their personal plans. The goals set were reviewed with a date of achievement or planning work documents for each goal.

However, in some cases there was inadequate information available to inform the inspectors that a resident had achieved their goal or that planning was in place to ensure that goals were being realised.

Judgment:

Substantially Compliant

Outcome 06: Safe and suitable premises

The location, design and layout of the centre is suitable for its stated purpose and meets residents individual and collective needs in a comfortable and homely way. There is appropriate equipment for use by residents or staff which is maintained in good working order.

Theme:

Effective Services

Outstanding requirement(s) from previous inspection(s):

Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:

The design and layout of the centre were in line with the statement of purpose. There was sufficient communal and dining space in each of the houses that comprised the centre. Residents had personalised their rooms and houses as per their choices. There were sufficient storage and bathroom facilities to meet the needs of the residents.

Worn carpeting had recently been replaced with laminate flooring in some bedrooms where required. The person in charge informed inspectors that further work was planned for other bedrooms in the future.

The accessibility of the premises required improvement in some areas. One house that was part of the overall centre did not provide for adequate space for the easy use of a wheelchair as required. As a result there was damage to the interior surfaces and decoration due to inadequate room to manoeuvre a wheelchair.

The same house had a raised rear back garden. Residents had expressed that part of this garden area was not readily accessible to them. Since this inspection the person in charge confirmed with the inspectors that although there is a large accessible patio, there is a raised lawn, due to the local topography and that improvements area of the garden will be provided for.

Judgment:

Non Compliant - Moderate

Outcome 07: Health and Safety and Risk Management

The health and safety of residents, visitors and staff is promoted and protected.

Theme:

Effective Services

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

The inspectors were satisfied that the health and safety of residents, visitors and staff was being promoted and protected and systems were in place for the management of risk in the centre. However, some individual risk assessments required review as the measures and interventions in place to manage elements of risk were not explicitly identified.

There was a Health and Safety Statement in place which was specific to the centre and the duties of both employee and employer regarding the overall health and safety requirements of the centre. There was also a policy on risk management available along with a risk register, which was made available to the inspectors on the day of inspection.

The inspectors were satisfied that where a risk was being identified it was addressed and actions put in place to mitigate it. However, some risk assessments required review as they were not explicitly identifying the measures in place to mitigate and manage some risks. It was observed the person in charge had already commenced this work prior to the inspection.

There was also evidence available that the centre responded to and learned from adverse incidents occurring and there was a system in place to review incidents and accidents. The person in charge said that should an adverse incident occur in the centre it would be recorded, reported and discussed at staff meetings so as learning from the incident could be shared among the entire staff team.

The inspectors also found that that a fire register had been compiled for the centre which was up to date. Fire equipment such as fire blankets and fire extinguishers were installed and had been checked and serviced by a consultancy company as required.

There was also emergency lighting, smoke detectors and fire doors installed

Documentation read by the inspectors outlined that staff did checks on all fire fighting equipment. Fire drills were carried out quarterly and all residents had individual personal emergency evacuation plan in place.

It was observed that there was adequate hand sanitizing gels, hand washing facilities and hot water available throughout the centre and adequate arrangements were in place for the disposal of waste.

Of a sample of files viewed, all staff had the required training in fire safety and manual handling.

Judgment:

Substantially Compliant

Outcome 08: Safeguarding and Safety

Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection. Residents are provided with emotional, behavioural and therapeutic support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.

Theme:

Safe Services

Outstanding requirement(s) from previous inspection(s):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

The inspectors found that there were adequate arrangements in place to protect the residents from harm and abuse in the centre. A sample of files also informed the inspectors that staff had training in the safeguarding of vulnerable adults

There was a policy on and procedures in place for, safeguarding residents which staff had training on. Of the staff spoken with during inspection, they were able to demonstrate their knowledge on what constitutes abuse, how to manage an allegation of abuse and all corresponding reporting procedures.

There was also a policy in place for the provision of personal intimate care and each resident had a personal intimate care plan on file. Personal intimate care plans were informative on how best to support each resident while at the same time maintaining their dignity, privacy and respect.

There was a policy in place for the provision of positive behavioural support. Of the staff

spoken with by the inspectors, they were able to verbalise their knowledge of how best to support residents' experience best possible mental health.

However, it was observed that some positive behavioural support plans contained basic information about the support requirements of the residents and required updating and review. It was also observed that while staff were very supportive and knowledgeable of the residents emotional health and wellbeing needs, some required up skilling and/training in this area.

While access to psychology support was available in the centre, it was not always in a timely manner. However, this was discussed and dealt with under Outcome 11: Healthcare Needs.

There were guidelines in place for the use of restrictive procedures and it was observed that they were reviewed accordingly and were appropriate, agreed with the residents and/or family representatives.

Judgment:

Substantially Compliant

Outcome 09: Notification of Incidents

A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.

Theme:

Safe Services

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

Arrangements were in place to ensure a record of all incidents occurring in the designated centre were maintained and, where required, notified to the Chief Inspector.

The person in charge demonstrated they were aware of their legal responsibilities to notify the Chief Inspector as and when required.

Judgment:

Compliant

Outcome 10. General Welfare and Development

Resident's opportunities for new experiences, social participation, education, training and employment are facilitated and supported. Continuity of education, training and employment is maintained for residents in transition.

Theme:

Health and Development

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

The policy on dealing with residents' access to education, training and employment was not available at the time of inspection. The assessment process in place to establish residents' goals was not robust and did not always indicate if the residents had achieved their goals.

Inspectors met and spoke with residents during the inspection who spoke about their social activities. Residents told inspectors about the activities they enjoyed and how staff supported them to access these activities where required.

Judgment:

Substantially Compliant

Outcome 11. Healthcare Needs

Residents are supported on an individual basis to achieve and enjoy the best possible health.

Theme:

Health and Development

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

The inspectors found that there were arrangements in place to ensure that residents' health care needs were supported and regularly reviewed with appropriate input from multidisciplinary professionals as and when required.

On reviewing a sample of files the inspectors saw that arrangements were in place for residents to have access to a GP and a range of allied health care professionals. For example, appointments with dentists, dental hygienists, clinical nurse specialists, occupational therapists and chiropodists were arranged and facilitated as and when required.

However, it was observed that access to psychology supports as required was not always timely for residents living in this centre.

A sample of files viewed by the inspectors informed that meals were varied and

nutritious.

Judgment:

Substantially Compliant

Outcome 12. Medication Management

Each resident is protected by the designated centres policies and procedures for medication management.

Theme:

Health and Development

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

The inspectors found that the medicines management policies were satisfactory however, some practices around the documentation and recording of medication required review.

There was a medicines management specific policy in place in the centre and a locked medicine cupboard was also in place.

There were also appropriate procedures in place for the handling and disposal of unused medicines. Medicines were ordered so as there would be an adequate supply of the prescribed medication available in the centre.

There was a system in place to record any medication errors and if an error were to occur it would be recorded and reported accordingly to the person in charge.

The inspectors observed that there were a number of medication errors reported in 2018. It was also observed that many of these errors were related to the documentation and recording of medication. In turn, the inspectors sought assurances that the control measures in place for the recording of medication were adequate.

From a sample of staff files viewed, the inspectors observed that staff had training in safe administration of medication. It was also observed that as required (p.r.n.) medicines had protocols in place for their use.

Judgment:

Substantially Compliant

Outcome 13: Statement of Purpose

There is a written statement of purpose that accurately describes the service provided in

the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.

Theme:

Leadership, Governance and Management

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

The statement of purpose contained all of the information required by schedule 1 of the regulations. An accessible easy read version was also available to the residents in the centre.

Judgment:

Compliant

Outcome 14: Governance and Management

The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems are in place that support and promote the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability. The centre is managed by a suitably qualified, skilled and experienced person with authority, accountability and responsibility for the provision of the service.

Theme:

Leadership, Governance and Management

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

Overall the inspectors found that there was a clearly defined management structure in place with clear lines of authority, accountability and responsibility for the monitoring, provision and quality of the service delivered.

The centre was managed by a suitably qualified, skilled and experienced person in charge who was a qualified social care professional. From speaking with the person in charge at length over the course of the inspection it was evident that he had an in-depth knowledge of the individual needs and support requirements of each resident living in the centre

He was also supported in his role by two qualified care managers, who were also qualified social care professionals.

The person in charge was aware of his statutory obligations and responsibilities with regard to the role of person in charge, the management of the centre and to his remit to the Health Act (2007) and Regulations. The inspectors found that appropriate management systems were in place for the absence of the person in charge.

There was a number of qualified health and/or social care professionals on duty in the centre and one of these would assume the role of shift leader in the absence of the person in charge or social care leader. There was also an on call system in place, where staff could contact a manager 24/7 in the event of any unforeseen circumstance.

An annual audit of the safety and care provided in the centre was completed for 2017. The inspectors viewed a sample of this report and found that it was identifying issues in the centre with a timeframe identified to address those issues. However, it was observed that some actions arising from audits were not being addressed in a timely manner.

Internal audits were also carried out in the centre by the person in charge. These audits were in-depth and also identified areas of compliance and non-compliance with a timeframe identified to address areas of non-compliance.

Of the staff spoken with on this inspection they informed the inspectors that they received supervision from one of the care managers working in the centre and that they felt very much supported in their role.

Throughout the course of the inspection the inspectors observed that all the residents were familiar with the person in charge and staff members and appeared comfortable and relaxed in their presence.

Judgment:

Substantially Compliant

Outcome 15: Absence of the person in charge

The Chief Inspector is notified of the proposed absence of the person in charge from the designated centre and the arrangements in place for the management of the designated centre during his/her absence.

Theme:

Leadership, Governance and Management

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

The person in charge was aware of the responsibility and requirement to notify the Chief Inspector of any proposed or unplanned absence of the person in charge.

It was also observed that suitable arrangements were in place for the management of the centre in his absence.

There were two full time qualified care managers working in the centre, who were experienced social care professionals.

There was also on call system in place 24/7 for staff to avail of if and when required

Judgment:

Compliant

Outcome 16: Use of Resources

The centre is resourced to ensure the effective delivery of care and support in accordance with the Statement of Purpose.

Theme:

Use of Resources

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

The inspectors observed that there were adequate and sufficient resources available to meet the residents' assessed needs in the centre.

The inspectors also observed that there were required, adaptations had been made in the centre. For example, ramps and handrails had been installed at the front of the centre in order to support some residents with their mobility needs. (Further renovations to upgrade the centre were required however, these were discussed under Outcome 6: Safe and Suitable premises).

The centre also had the use of three vehicles for social outings. The vehicles were insured appropriately and had up to date NCT certificates where required.

Judgment:

Compliant

Outcome 17: Workforce

There are appropriate staff numbers and skill mix to meet the assessed needs of residents and the safe delivery of services. Residents receive continuity of care. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.

Theme:

Responsive Workforce

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

The provider had ensured that a competent and stable workforce was in place, however, the numbers of staff available to support some residents with changing needs required review.

The inspectors found that there was a staff team in place who were a qualified and experienced team of health and/or social care professionals. The team consisted of a person in charge, administration manager, two care managers and a team of health/social care workers working in the centre. The inspectors reviewed a sample of staff files and found that staffing records were maintained and available in accordance with the Regulations.

The inspectors observed that residents received assistance in a dignified, timely and respectful manner. From observing staff in action it was evident that they were competent to deliver the care and supports needs required by the residents. Feedback from residents spoken with was also very positive about the service provided.

The person in charge met with the care managers on a regular basis. They in turn staff provided on-going supervision and support to the staff team.

However, it was observed by the inspectors that the staffing arrangements required review due to the changing needs of some of the residents. The person in charge has also identified this issue and was in the process of trying to secure additional staffing hours at the time of this inspection.

Judgment:

Substantially Compliant

Outcome 18: Records and documentation

The records listed in Part 6 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

Theme:

Use of Information

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

Inspectors reviewed the operating policies and procedures as required in Schedule 5 of the Regulations.

However, there were gaps evident in the maintenance of some documentation, some policies were not available and others required revision and updating.

For example, there was no policy available with regard to access to training and education available on the day of the inspection.

Judgment:

Substantially Compliant

Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

Report Compiled by:

Raymond Lynch
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	A designated centre for people with disabilities operated by Peacehaven Trust CLG
Centre ID:	OSV-0003690
Date of Inspection:	21 March 2018
Date of response:	27 April 2018

Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non-compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

Outcome 04: Admissions and Contract for the Provision of Services

Theme: Effective Services

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:

It was difficult to ascertain the exact fees residents were being charged for services provided

1. Action Required:

Under Regulation 24 (4) (a) you are required to: Ensure the agreement for the provision of services includes the support, care and welfare of the resident and details

¹ The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.

of the services to be provided for that resident and where appropriate, the fees to be charged.

Please state the actions you have taken or are planning to take:

The PIC will amend the Residents Guide and Tenancy Handbook to clarify payments (Rent and Care); payment schedules (weekly or monthly) and payments options (cash or direct debit) available for residents – to bring clarity to all residents' payments.

Proposed Timescale: 30/04/2018

Outcome 05: Social Care Needs

Theme: Effective Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

Some residents personal plans required review as in some cases there was no information available to inform the inspectors if goals had been achieved.

2. Action Required:

Under Regulation 05 (6) you are required to: Ensure that residents' personal plans are reviewed annually or more frequently if there is a change in needs or circumstances.

Please state the actions you have taken or are planning to take:

Ensure all Person Centred Plans are (A) Up to Date; (B) The Goals are clearly identified in the folder – along with action plan (C) Goals completed are clearly identified in the Care Folder.

Proposed Timescale: 31/05/2018

Outcome 06: Safe and suitable premises

Theme: Effective Services

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:

The accessibility of the premises required improvement in some areas. One house that was part of the overall centre did not provide for adequate space for the easy use of a wheelchair as required and the back garden was not easily accessible.

3. Action Required:

Under Regulation 17 (6) you are required to: Ensure that the designated centre adheres to best practice in achieving and promoting accessibility. Regularly review its accessibility with reference to the statement of purpose and carry out any required alterations to the premises of the designated centre to ensure it is accessible to all.

Please state the actions you have taken or are planning to take:

Renovations to two properties (and garden) will be completed in line with HSE funding release; and as soon as builders are able to commence works. Estimated 4 – 8 weeks for works. Tenders already in place. Renovations will address wheel chair accessibility within the interior of one property, safety on raised lawn and access to that lawn; increasing privacy and dignity within another property. Also updating décor in-line with residents' wishes within all properties.

Proposed Timescale: 31/08/2018

Outcome 07: Health and Safety and Risk Management

Theme: Effective Services

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:

Some risk assessments required review and updating to explicitly include the measures and actions in place to control the risks identified.

4. Action Required:

Under Regulation 26 (1) (b) you are required to: Ensure that the risk management policy includes the measures and actions in place to control the risks identified.

Please state the actions you have taken or are planning to take:

The 'Resident's Safety and Risk Assessment' document has been reviewed and revised from the 2017 version into a new 2018 version. The new form details 24 different risk factors. Key workers were in process of change over between the old and new documents at the time of inspection, with a deal line for completion of all 'RSRAP' forms by 30th April 2018.

Proposed Timescale: 30/04/2018

Outcome 08: Safeguarding and Safety

Theme: Safe Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

Some staff required training in positive behavioural support

5. Action Required:

Under Regulation 07 (2) you are required to: Ensure that staff receive training in the management of behaviour that is challenging including de-escalation and intervention techniques.

Please state the actions you have taken or are planning to take:

The PIC is seeking a Clinical partner with whom effective 'Positive Behavioural Support' training can be completed for all staff in line with recently adapted policy. This clinical

partner will also become part of the governance system of PHT, with clinical review meetings; which will assist in guiding staff as they address some changing needs and behaviours that challenge. This clinical partner will also train staff in writing better effective Care Plans/Positive Behaviour Support Plans.

Proposed Timescale: 31/08/2018

Outcome 10. General Welfare and Development

Theme: Health and Development

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

From reading a sample of residents personal plans it was not always explicitly clear how residents were being supported to access opportunities for education, training and employment or how their social care goals were being achieved.

6. Action Required:

Under Regulation 13 (4) (a) you are required to: Ensure that residents are supported to access opportunities for education, training and employment.

Please state the actions you have taken or are planning to take:

The Resident's Access to Education Training & Development Policy has been revised and made available to staff and residents since the inspection.

The 'Assessment of Needs' form; the Residents' Safety and Risk Assessment Plan and the 'Care Plan' to be amended to specifically address 'Education, Training and Development'. These revised forms then to be completed by all keyworkers for all residents.

Proposed Timescale: Assessment of Needs & Care Plan amendments – 30th April 2018;
Updating of forms by keyworkers 30th June 2018.

Proposed Timescale: 30/06/2018

Outcome 11. Healthcare Needs

Theme: Health and Development

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

Access to psychology support was not always timely for some residents living in this centre

7. Action Required:

Under Regulation 06 (2) (d) you are required to: When a resident requires services provided by allied health professionals, provide access to such services or by

arrangement with the Executive.

Please state the actions you have taken or are planning to take:

Access to psychology through HSE/ MHID team is limited to intern psychologists, only when they are on placement; therefore not always available.

Peacehaven Trust is seeking a clinical partner (in line with outcome 8) to provide an accessible and timely service for residents; support for staff; and training for staff for supporting residents within a best-practice clinical framework.

Proposed Timescale: 31/08/2018

Outcome 12. Medication Management

Theme: Health and Development

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

The processes in place for the administration of medication required review.

8. Action Required:

Under Regulation 29 (4) (a) you are required to: Put in place appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that any medicine that is kept in the designated centre is stored securely.

Please state the actions you have taken or are planning to take:

The PIC will continue to review all medication incidents, each on their own merits and also combined for analysis; sharing learning with staff and when appropriate with residents; taking appropriate action to reduce errors with individuals, and also with recurring patterns – to ensure the highest standards of resident safety. Medication Errors will be added to the monthly monitoring form for analysis with Senior Management and the Board. Staff who fail to learn from previous errors will be addressed in appropriate formats.

The PIC will attend a 'Reducing Medication Errors in Health Care Services' Conference.

Proposed Timescale: On going for Medication Error Review.

Addition of Medication Errors to Monthly Monitoring Reports – 30th April 2018

Reducing Medication Errors in Health Care Services – 27th June 2018

Proposed Timescale: 27/06/2018

Outcome 14: Governance and Management

Theme: Leadership, Governance and Management

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:

While the annual review was an in depth process it required some review as some of the actions arising from the review were not being addressed in a timely manner.

9. Action Required:

Under Regulation 23 (1) (d) you are required to: Ensure 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 standards.

Please state the actions you have taken or are planning to take:

The PIC and the Chair of the Board/Provider will review the 2017 Annual Review; Review and revise the time frames for actions as required, and ensure they are being addressed on time.

Proposed Timescale: 31/05/2018

Outcome 17: Workforce

Theme: Responsive Workforce

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:

The staffing arrangements required review due to the changing needs of some of the residents in the centre.

10. Action Required:

Under Regulation 15 (1) you are required to: Ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.

Please state the actions you have taken or are planning to take:

The HSE, the Provider (Chair of the Board) and PIC are in process of agreeing a revised budget for 2018, which includes additional staffing for three identified business cases (for individual resident's changing needs), plus additional staffing for a 17th resident, which will provide the staffing stability and capability currently needed.

Proposed Timescale: 31/05/2018

Outcome 18: Records and documentation

Theme: Use of Information

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:

Some policies and procedures required review and/or updating.

11. Action Required:

Under Regulation 04 (3) you are required to: Review the policies and procedures at intervals not exceeding 3 years, or as often as the chief inspector may require and, where necessary, review and update them in accordance with best practice.

Please state the actions you have taken or are planning to take:

Subject to review Process regarding Judgement.

As stated in outcome 10 the Resident's Access to Education Training & Development Policy (draft) is now in place being reviewed by the Management Team prior to approval by the Board.

The Data Protection Policy and the Record Keeping Policy need to be reviewed and made compliant with the GDPR and approved by the Board for commencement on the 25th May 2018.

Health and Safety Statements will be reviewed and signed for 2018.

Proposed Timescale: 24/05/2018