

**2021**

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

**1<sup>st</sup> July 2021 – 31<sup>st</sup> December 2021**

**Our commitment to quality and safety**

PCI/ Peacehaven aims to safeguard the welfare of its residents by providing the highest possible standard of care and adopting safe working practices to minimise the potential for abuse. Regular reviews and audits provide the organisation with the opportunity to assess and improve performance in order to realise our vision of providing the best quality care possible in a supportive safe and caring home from home environment.

This review is informed by:

- HIQA reports (most recent June 2021)
- 6 monthly unannounced/announced monthly reports
- Incident log
- Complaints log
- Resident Quarterly Questionnaires
- Care plan audits
- Health and Safety Audits
- Thematic Audits
- Safeguarding Plans

**HIQA report**

A short notice announced inspection was carried out by HIQA on 30<sup>th</sup> June 2021 to monitor ongoing compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013-2015 as amended.

This was the sixth inspection to date. The lead Inspector was Andrew Mooney (Lead). He was accompanied by Jennifer Deasy.

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

REGULATION TITLE	JUDGEMENT
<b>Capacity and Capability</b>	
Regulation 15: Staffing	Compliant

Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
<b>Quality and Safety</b>	
Regulation 29: Medicines and pharmaceutical services	Substantially Compliant
Regulation 5: Individual assessment and personal plan	Not Compliant
Regulation 6: Health Care	Substantially Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

Changes from previous inspections outcome
1. Regulation 16 moved from non-compliant to compliant
2. Regulation 23 moved from non-compliant to compliant
3. Regulation 6 moved from non-compliant to substantially compliant
4. Regulation 7 moved from non-compliant to compliant

It is acknowledged by both the PIC and PPIM the importance of maintaining regulatory compliance at all times and ensuring that it is not a fluctuating circumstance. Therefore, it is necessary to review the action plan resulting from any HQIA inspection to ensure the actions taken have the required outcomes. It is also helpful to review against the ever-changing backdrop of health and social care so that best practice and most effective approaches are taken.

**Reasons for non-compliance, preliminary actions taken and current position report as of January '22.**

Reasons for non-compliance	Actions that were taken	Current position (January '22)	Further recommendations from PPIM
Regulation 29: Medicines and pharmaceutical services	Out of date medicine		- Further

<ul style="list-style-type: none"> <li>Out of date medicine was not clearly stored</li> </ul>	<p>pouches are clearly labelled as return to pharmacy. New Meds Self-Assessment forms in place; for those wanting to develop their self-use of meds, plan is in place.</p>	<p>Suspended, as same resident has restrictive practices due to self-harm.</p>	<p>assessment is required in relation to patterns/ trends re. medication errors.</p>
<p><b>Regulation 5: Individual assessment and personal plan</b></p>			
<ul style="list-style-type: none"> <li>Not all audited assessments were comprehensive due to lack of access to allied health care professionals</li> <li>The provider needs to seek &amp; provide SLT services to residents</li> </ul>	<p>SLT assessments in place for those who require them (From Private Provider)</p>		
<p><b>Regulation 6: Health Care</b></p>			
<ul style="list-style-type: none"> <li>Documentation relating to the management of certain epilepsy interventions requires improvement</li> <li>Emergency management interventions need to be implemented consistently</li> </ul>	<p>Epilepsy Interventions have been clarified with information across the files audited to ensure the same information is available to staff as required.</p>	<p>Epilepsy themed audits now in place (Conducted annually).</p>	<p>These have been reviewed by PPIM, audits to be built upon in following year to ensure completeness information accurate.</p>

## Resident File Audit

### Commentary

As part of the new governing structures a schedule for resident file audits and a template for auditing a file was designed to ensure quality in the reporting and recording.

On review, 2 file audits were completed in July '21 and 1 file audit was completed in December '21. The file audits focus on the following areas:

- Resident's Information, Permissions, Contracts, Person -Centred Planning, Financial Support Needs, Medication Files, Assessments, Risk Assessments, Health & Safety Risk Assessment, Progress Notes and Actions Arising.

The audit template does allow for detail to be added in relation to improvements that could be made or to evidence that information included is sufficient. It is also able to note whether the records comply with regulations and HSE standards.

### Incident log

#### Commentary

All accidents, incidents and near misses including medication errors are recorded in the incident log, which is collated on a monthly basis and forwarded to the Head of Disability Services.

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

All medication errors are recorded on a Medication Error report form and actions are put in place relating to that single incident.

All accidents, incidents and near misses including medication errors are discussed at team meetings and weekly Care Manager’s meeting with a view to reflective practice & shared learning.

The incident log is reviewed quarterly by the registered provider representative and a 6 monthly report given to the Board of Management. A board meeting was held on the 8<sup>th</sup> July 2021.

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

Any potential safeguarding incident is reviewed by PIC, Head of Disability Services and Head of Safeguarding on receipt of incident form.

#### Incidents recorded

53 Incidents in total This is a 15% increase in incidents from the previous 6 months.

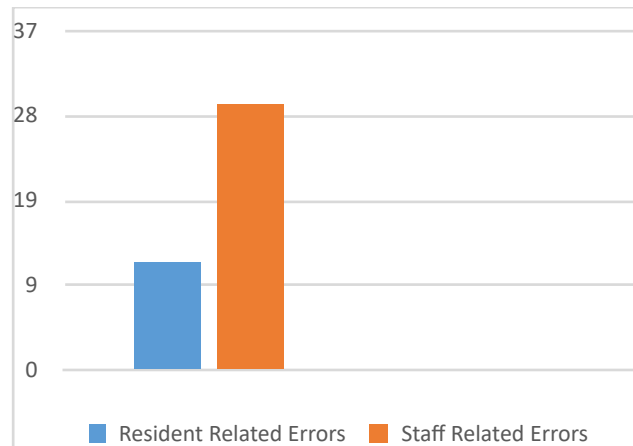
Type of Incident	Number
Slips, Trips and Falls	7
Self-injurious behaviour	2
Accident (other than slips, trips or falls)	1
Verbal aggression	2
Physically challenging behaviour to an object	9
Resident Abuse (resident to resident) (inc. alleged*)	2
Burn	4
Cut	6
Physically Challenging behaviour to a person	1
Other (including health concerns, transport issues etc)	8

Missing money	1
Admission to hospital	1
Attendance at A&E	
Unknown injury	2
Wheelchair related injury	2
Seizure	1

#### Medication errors

During the period 1<sup>st</sup> July 2021 – 31<sup>st</sup> December 2021, 27 medication errors occurred. This is an increase of from the previous 6-month period. This data was sourced from monthly reports, and cross referenced with quarterly tracker (minus 'cancelled' error reports. No reports were cancelled during this period.

Type of Error	Number
<b>Incidents (Including Resident Caused)</b>	
Medication vomited	0
Refusal to take medication	3
Resident missed their medication	1
Adverse Reaction	1
Taking with another Substance	0
Medication Loss	0
Medication Spillage	6
Medication Spoilage	1
<b>Totals</b>	<b>12</b>
<b>Staff caused Errors</b>	
To the wrong person	0
Wrong medication	0
Incorrect dosage	3
Via the incorrect route	0
At the incorrect time	3
Medication omitted by staff	8
Medication not restored	0
Stock Control	1
Incorrect form used	0
Incorrect code used on Mar Sheet	4
Medication not recorded on MAR Sheet	5
MAR Sheet is not signed	4
PRN rational not entered onto MAR sheet	1
Incorrect time recorded on MAR sheet	0
Rational for incorrect time not recorded-MAR sheet	0
<b>Total Number of Staff Errors in 6-month period</b>	<b>29</b>
<b>Total Number of Errors in 6-month period</b>	<b>41</b>



### Complaints Log 1<sup>st</sup> July 2021 – 31<sup>st</sup> December 2021

Month	Number	Nature of Complaint	Investigation Held	Outcome Reached	Complainant Satisfied
July '21	0				
August '21	0				
September '21	1	Resident reported that a staff member raised their voice at them.			Yes
October '21	0				
November '21	1	Resident throw a knife at another resident's head	Yes	Yes	Family dissatisfied with outcome, internal appeals process was utilised – complaint was not upheld.
December '21	0				

### Compliments Log 1<sup>st</sup> July 2021 – 31<sup>st</sup> December 2021

Month	Compliment
July '21	A tenant's sister thanked staff for work done with her brother over past 2 years – she cannot believe the change in him and wanted us to know how grateful she are the family are.
	A Father thanked staff for helping a tenant to find a restaurant to help celebrate Mum's 70th birthday.
August '21	A tenant's parents wrote to thank the service for the care of their son over the previous 40 years.
September '21	0

October '21	0
November '21	0
December '21	0

### Safeguarding Concerns

Month	Safeguarding Concern	Action	Status report as of January '22
July 2021	Resident had seizure on public transport. Safeguarding was raised given the requirement for an emergency response	Reported to HQIA, protection plan was in place.	No further concerns raised.
July 2021	Resident took overdose of paracetamol	Reported to HQIA, protection plan was in place	Ongoing concerns, Studio 3 & Psychiatrist involved in support.
September 2021	Resident attended hospital	Reported to HQIA – screened out.	No further concerns
November 2021	Stranger approached tenant & asked for money	Reported to Garda Safeguarding closed out	No further concerns
November 2021	Resident threw a knife and hit another resident	Reported to HQIA Protection plan in place	Ongoing remedial works taking place

### Thematic Audits

Following learning from the HQIA inspection in June '21 and to further enhance governance, a thematic audit schedule was designed which focused on particular areas of need/ service provision, i.e. epilepsy, speech and language input and communication needs.

In November '21, an audit was completed against the Dementia Standards. It is noted that against the standards, Peacehaven Trust's current position is as follows:

Standards	Actions
<b>Standard 1. Appropriately trained Staff and Service development</b>  Principle: People with dementia receive care and support from staff who have the prerequisite knowledge and skills to perform their role effectively.	Training needs analysis needs to be completed  Training for contemporary care delivery re dementia is required.



<p><b>Standard 2: Memory Assessment Service</b></p> <p>Principle: All people with intellectual disability have access to a memory assessment service specialising in baseline screening, dementia assessment and diagnosis in persons with intellectual disability.</p>	<p>No actions identified</p>
<p><b>Standard 3: Health and Personal Care</b></p> <p>Principle: Each person with dementia is encouraged and supported by staff to participate in their own personal care at whatever level they are capable of. The person's preferences, privacy, dignity, and well-being are key principles which underpin all care activities. Optimum physical and mental health is promoted in partnership between the person, their carers, family and health care team.</p>	<p>No actions identified</p>
<p><b>Standard 4: Communication and Behaviour</b></p> <p>Principle: The personhood and well-being of the person is maintained through effective communication approaches. People with dementia who develop non-cognitive symptoms that cause them distress or behaviours that challenge are offered an assessment at an early opportunity to establish generating and aggravating factors.</p>	<p>No actions identified</p>
<p><b>Standard 5: Promoting Well-Being and Social Connectedness.</b></p> <p>Principle: Each person with dementia is supported to maintain relationships with those who are important to them in their family, home/service, and local community.</p>	<p>No actions identified</p>
<p><b>Standard 6: Supporting Persons with Advanced Dementia: Addressing Palliative and End-of-Life Care Needs.</b></p> <p>Principle: Each person with dementia receives care that is appropriate to his /her needs and wishes and every effort is made to optimise the person's quality of life by providing the best possible palliative and end-of-life care. The person with dementia their peers, family and staff are viewed as a single unit of care with appropriate supports to address their collective needs.</p>	<p>No actions identified</p>

### Resident Service Input

Following discussion held by the PPIM and PIC, it was agreed that it was important to seek the views of residents on all aspects of living with Peacehaven Trust in a more meaningful way than previously. It was agreed that an encompassing survey/ questionnaire would be challenging for some residents considering communication and information processing difficulties. Therefore, a schedule of smaller, more concise surveys was launched, which would be completed by residents with the support of staff. Each survey would focus on a particular area of provision and would be carried out on a quarterly basis.

In September 2021, the area of provision examined was quality of food (including breakfast, lunch, dinner and snacks). The survey demonstrates a reasonably high level of satisfaction with the provision of food, meals and snacks throughout the 3 houses of the PCI/Peacehaven group. There is some confusion on the part of some residents regarding their ability to be involved and make choices. Perhaps this is best addressed by (A) key workers who can assist residents to realise the range of choices available to them and (B) at the weekly meeting for menu planning, and settling the shopping list, that staff are as attentive as possible to ensure inclusion of all residents in the process. The following actions were recorded as a result of this survey

Action	Completed	Comments
Director of Services to meet with residents who have requested a meeting	This has not yet taken place	To be completed by 31/07/22
Director of Services to debate this report with the staff team, with a view to improving residents' satisfaction.	PIC has met with staff teams to discuss	
PCI/Peacehaven's provision of Meals, Food and Snacks report to be published for all residents, families and staff to review	This has not yet been done	To be published by 31/07/22
Director of Services and Care Managers to review the policy on snacks, specifically the non-provision of 'un-healthy' snacks, and to determine with the resident group [through house meetings] what snacks their weekly payments will provide.	This has not yet been done	To be completed by 31/08/22

### Quality improvements

- A number of new auditing tools have been introduced over the 6-month period between July '21 and December '21 to strengthen governance structures within Peacehaven.
- Studio 3 have began working alongside tenants with identified behaviour support needs, staff have reported their input to be helpful in navigating their responses to some behaviours which may challenge.
- The services of a Speech and Language Therapist have been engaged and there are now comprehensive assessments in place. There is an ongoing schedule of involvement as and when required agreed.

### Concluding comments

The 6 months between July '21 and December '21 were focused on implementing the newly introduced governance structures within the services to ensure an ongoing, consistent approach in relation to quality assurance. Two sets of examining and auditing processes were introduced; the thematic audits and resident surveys, all with the purpose of ensuring regulatory compliance and service improvement. However, this can only be achieved if actions resulting from the data collected are addressed in a timely manner.

The significant increase in medication errors is a concern despite the further analyse across each quarter, and reflects a culture of fluctuating compliance and lack of consistency in the practice of medication administration.

Covid continued to impact on the lives of residents' and staff have been instrumental in providing activities and stimulation within the home to support residents to maintain some normality through the differing levels of 'lockdown' and restrictions. Staff have advocated on residents' behalf to external providers, for example in relation to day services being reopened.

### Improvements required

#### 1. Medication Administration

A review of medication errors has highlighted an area of practice that requires further analysis and support for staff to ensure regulatory compliance and the safety and wellbeing of residents.

***Actions put in place to improve staff performance in this area and reduce number of errors.***


Action	Person/s responsible	Date for completion
Wendy Kelly to complete Medication Administration assessment of processes	PIC/ PPIM	31/07/22
PIC & PPIM to complete in depth monthly medication audit in all 3 services	PIC/PPIM	31/07/22
Meeting to be held with Care Managers to explore errors	PIC/PPIM/Care Managers	12/07/22
Medication Error reduction action plan to be created	PIC/Care Managers	20/08/22
Medication error notifications to be sent to PPIM for review	All staff	Ongoing

#### 2. Resident Input

Standard 1.3 (National Standards for Residential Services for Children and Adults with Disabilities states that “each person exercises choice and control in their daily life in accordance with their preferences.” In order to not only comply but to achieve excellence in this area, actions derived from resident surveys must be addressed in a timely manner. Whilst it is important to seek resident views and opinions, it is a mute exercise when the outcomes are not effectively actioned. To ensure a truly person – centred approach, improvements are required in the area of resident input.

***Actions put in place to maximise effectiveness of resident surveys***

Action	Person/s responsible	Date for completion
Review of all resident surveys to take place	PIC/PPIM	30/08/22
Action plan from Food Provision survey to be completed	PIC	31/07/22
Standard 1.3 to be discussed at Care Managers meeting - discussion to centre on how PHT can effectively garner the wishes/ preferences of residents	PIC/PPIM/Care Managers	31/07/22
Completion of Food Provision action plan to be reviewed	PPIM	30/08/22

Review written by: 	Date 22/06/22
Date Approved by Board of Management _____	

Actions reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_