

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	Peacehaven Trust
<b>Centre ID:</b>	OSV-0003690
<b>Centre county:</b>	Wicklow
<b>Type of centre:</b>	Health Act 2004 Section 39 Assistance
<b>Registered provider:</b>	Peacehaven Trust Limited
<b>Provider Nominee:</b>	(Adrian) Michael Williams
<b>Lead inspector:</b>	Raymond Lynch
<b>Support inspector(s):</b>	
<b>Type of inspection</b>	Announced
<b>Number of residents on the date of inspection:</b>	17
<b>Number of vacancies on the date of inspection:</b>	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: 29 August 2017 09:30 To: 29 August 2017 15:30

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

Outcome 05: Social Care Needs
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 14: Governance and Management
Outcome 17: Workforce

**Summary of findings from this inspection**

Background to inspection:

This was an announced inspection to monitor the centres on-going level of compliance against the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (Regulations)

The centre was previously inspected in April 2016 where good levels of compliance were found across the majority of outcomes assessed. This inspection was to assess the progress the centre had made with regard to addressing the actions from that inspection.

Of the seven outcomes assessed five were found to be complaint including healthcare needs, social care needs and governance and management. Risk management and workforce were found to be substantially compliant.

Written feedback from relatives was very positive with comments including "my family member loves it here and see this house as his home", "staff are excellent, my family member has a marvelous life in this house", "I have never once had to make a complaint and I could not be happier as my family member is in such good hands".

Overall it was found that quality and safety of care delivered to each individual resident was to a very good standard and one resident spoken with reported to the inspector that they loved living in their home.

How we gathered our evidence:

The inspector met with two staff members and spoke to them at regular intervals about the service being provided to the residents. The person in charge (who was also in the role of Provider Nominee) was also spoken with at length over the course of this inspection.

The inspector also met with three of the residents and had the opportunity to have a cup of coffee and a chat with one of them. This resident appeared very much at home in the centre, was very much at ease in the company of management and staff and told the inspector that they loved living in the house as they saw it as their home.

Policies and documents were also viewed as part of the process including a sample of residents' health and social care plans, residents meetings, medication management records and personal emergency evacuation plans.

Description of the Service:

The centre comprised of two large detached houses and one semi detached house supporting 16 residents in total. For the purpose of this inspection the inspector visited two of those houses. One house was modern, bright and spacious where each resident had their own individual bedrooms (decorated to their individual preferences), most of which were ensuite.

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 was a short distance away and was equally very much a home to the residents. It was smaller than the first house however, it was decorated to take into account the residents personal tastes and preferences.

While this house was meeting the needs of the residents it was observed that some parts of it could be modernised and at the time of this inspection the person in charge was reviewing this. The third house was not visited as part of this inspection process.

The centre was in very 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:

Of the seven outcomes assessed five were found to be compliant and two

substantially complaint. It was also found that the majority of the actions arising from the previous inspection in April 2016 had been addressed adequately. Complaints were now being managed as required, residents were being supported to hold monthly meetings and the statement of purpose had been updated.

Some documentation required further review and updating, however outcome 18 was not assessed as part of this inspection. The person in charge was provided with verbal feedback on this by the inspector at the close of the inspection.

This inspection found that residents were in receipt of a person centred, individualised service, staff were attentive to the needs of the residents, family members spoke very highly of the quality and safety of care and support provided to the residents. Of the residents spoken with they reported very positive feedback about their experience of living there.

These were further discussed in the main body of 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 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):**

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

**Findings:**

Of the small sample of personal plans reviewed the inspector was assured that the assessed health and social care needs of the residents were being addressed. The issue regarding a transitional plan for one resident in the previous inspection had been resolved (and the person in charge assured the inspector that assessment of need documentation was to be further reviewed and developed).

Each resident had a personal plan in place that provided important information about them including things they liked, disliked, things that were important to them, their hopes and dreams and their friends and family members.

Of a small sample viewed the inspector observed that the residents had a range of meaningful day services and/or work opportunities to avail of as part of their assessed needs. For example some residents worked in local supermarkets.

The inspector spoke with one resident and they reported that they had lots to do during the day and the looked forward to going to their day service. The particularly liked art and partook in this activity on a regular basis.

Other residents got to engage in activities of their choosing such as going to concerts, engaging in cookery courses, computers, day trips, coffee mornings and outings on trains.

One resident who was experiencing some difficulty accessing their local community continued to be supported to engage in activities that were important to them.

For example, they loved the daily newspaper and were supported by staff to use the local shop to buy this. The resident also loved music and staff regularly arranged to have 'drop in friendship nights' in the house which were attended by family and friends of the resident.

Overall, the inspector was satisfied that the social care needs of the residents were being supported and provided for with the input of management, staff and family members on an on-going basis.

**Judgment:**

Compliant

**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):**

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

**Findings:**

For the purpose of this inspection the inspector followed up on the actions that arose from the previous inspection in April 2016. Fire logs and staff training records in fire safety and manual handling were not viewed as part of this inspection.

Overall the inspector was satisfied that the centre was managing risk in line with policy and procedures and the issue in the last inspection concerning the reporting, recording and learning from adverse incidents occurring in the centre had been addressed. However, some improvement was required regarding the updating of some personal emergency evacuation plans.

The last inspection found that the centre had a risk register in place which a number of potential risks and controls in place to mitigate them. Risks identified included slips, trips, use of chemicals and electric equipment.

Where required individual risk assessments were also on each resident's personal files. These included falls, swallowing, supporting a resident with epilepsy and fire.

However, and as stated above it was noted that one resident's personal emergency evacuation plans was not adequately updated after the last fire drill. Both management and staff were found to be very responsive to the issue and assured the inspector that this would be addressed as a priority.

The person in charge was now keeping a tracking document of all incidents occurring in the centre and to ensure staff learning from this process, any adverse incident (should one occur) was discussed at staff meetings. For example, it was observed that one resident had left work early without informing staff members. Their care plans were updated to reflect this and to provide staff with guidance in the future should it happen again.

**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:**

This inspection found that there were systems in place to keep residents safe and the issue found in the last inspection regarding the management of residents' finances had been adequately addressed.

The last inspection found that there were policies and procedures in place for the prevention, detection and responding to an allegation or suspicion of abuse occurring in the centre. Feedback from family members informed the inspector that they felt their loved ones were safe and very well cared for in the centre and they knew who to contact if they had any concerns.

The inspector viewed a small sample of residents' finances and found that the issue raised in the previous inspection had been addressed. The person in charge was now monitoring and auditing residents' finances on a monthly basis to ensure all monies were safe and could be adequately accounted for.

There was a policy in place for providing intimate care and the inspector found that care plans were informative of how best to support each resident in a culture of dignity and respect.

While it was observed that restrictive practices were generally not in use in any part of the centre there was a recent safeguarding issue identified regarding the use of the

computer and accessing social media platforms.

While this had been addressed and a safeguarding plan put in place which continued to facilitate the residents to use the computer, staff were more supportive and vigilant with residents concerning this issue. It was observed this support was the least restrictive option and was not intrusive.

The person in charge informed the inspector that going forward this situation would be reviewed and safeguarding plans updated as required.

Staff training records in safeguarding were not viewed as part of this inspection.

**Judgment:**

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:**

This inspection found that the healthcare needs of each individual living in the centre were being adequately provided for and supported.

From a small sample of files viewed the inspector was assured that residents had access to health and allied healthcare professionals as and when required. Visits to GP's were routinely provided for as was dental care, speech and language therapy and visits to the chiropodist.

Where required specialist interventions were also provided for. For example, a resident with epilepsy had recently been supported to attend a neurology clinic. Health care plans were also found to be informative of how best to support the healthcare needs of each resident.

One resident (who was having some difficulty with accessing his community) was supported to experience best possible health as management and staff ensured that healthcare professionals made home visits to this resident. The inspector observed that this resident had recently been seen by their GP, the chiropodist and a specialist clinic in their home.

Mealtimes were not viewed as part of this inspection however, the inspector noted that

staff had tea with residents in a relaxed and social manner and residents were very much at ease in the company of management and staff members.

**Judgment:**

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):**

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

**Findings:**

The inspector found that there were systems in place for the safe ordering, storing, administration and disposal of medication and the issues arising from the last inspection had been adequately addressed.

This inspection found that provisional prescriptions were no longer in use, a monthly stock control system was now in place and monthly stock checks were provided for by the person in charge.

A locked drug press was in place and medication prescription sheets were available that included sufficient detail to ensure safe prescription, administration and recording standards. There were also appropriate procedures in place for the handling and disposal of unused medicines in the centre.

There was a system in place to record any drug errors. The inspector observed that if an error were to occur it would be reported accordingly to the person in charge and in line with policy and procedure.

Medications were now being routinely audited in the centre and from viewing a small sample of these audits, the inspector observed that all medications in use could be accounted for at all times.

The person in charge informed the inspector that only staff trained in the safe administration of medication were permitted to administer medication and where required p.r.n. medicines now had strict protocols in place for their use.

Training and staff records the safe administration of medication were not checked as part of this inspection.

**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):**

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

**Findings:**

This inspection found that there were adequate arrangements in place for the oversight, governance and management of the centre and the issues identified in the previous inspection had been addressed or were in the process of being addressed.

The centre was undergoing a change at provider level as this inspection was taking place so the inspector did not get to meet with the in-coming provider nominee.

However, an experienced and qualified person in charge had been appointed to the centre who was also covering the role of provider nominee until the changeover was completed. (Scheduled for completion in January 2018).

The person in charge was a professionally qualified social care professional with significant experience of working in residential settings. He understood his remit to the Regulations and was found to be responsive to the inspection process. He also knew the needs of the residents very well.

He had addressed many of the issue as identified in the previous inspection and now had systems in place for the adequate oversight of the centre. This included regular staff supervision and the undertaking of regular monitoring and auditing processes. Since the last inspection an annual review of the quality and safety of care was also undertaken as required.

The person in charge was being supported in his role by two experienced persons participating in management. The inspector spoke with this person and found them to be knowledgeable of the needs of the residents and supportive of the inspection process.

The inspector was assured that the incoming provider would have systems in place for the oversight of the centre going forward.

**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):**

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

**Findings:**

The last inspection found that there were appropriate staff numbers with an adequate skill mix to meet the assessed needs of the residents. While this issue regarding the supervision of staff had been addressed, some gaps remained in staff training.

The inspector met and spoke with two staff members working in the centre. They were found to be knowledgeable of the needs of the residents and spoke with them in a dignified and person centred manner. Staff spoke with were also very responsive to the inspection process and provided information and documentation as and when required.

The person in charge was now undertaking the process of staff supervision with his staff team and on viewing a sample of this documentation the inspector was assured that the supervision being provided was to a good standard.

Some gaps remained in staff training however, the person in charge assured the inspector that this issue was being addressed in the very near future.

Staff files were not viewed as part of this 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 report<sup>1</sup>

<b>Centre name:</b>	A designated centre for people with disabilities operated by Peacehaven Trust Limited
<b>Centre ID:</b>	OSV-0003690
<b>Date of Inspection:</b>	29 August 2017
<b>Date of response:</b>	18 September 2017

### 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 07: Health and Safety and Risk Management

**Theme:** Effective Services

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

One personal emergency evacuation plan required updating to reflect the needs of a resident.

**1. Action Required:**

Under Regulation 28 (3) (d) you are required to: Make adequate arrangements for

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

evacuating all persons in the designated centre and bringing them to safe locations.

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

The Personal Emergency Evacuation form will be revised and updated. Then the PEEP for each resident will be renewed; reflecting learning from each fire drill and unplanned fire alarm sounding.

**Proposed Timescale:** 31/10/2017

**Outcome 17: Workforce**

**Theme:** Responsive Workforce

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

There were some gaps identified in staff training requirements

**2. Action Required:**

Under Regulation 16 (1) (a) you are required to: Ensure staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.

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

The ongoing staff training schedule will be completed for staff for all core training – specifically in Safeguarding of Vulnerable Adults; Medication Management; First Aid Responder; Fire Safety, Manual Handling, and Epilepsy/Recovery. Staff who miss core training will not be able to take shifts, until they have caught up with the required level of training.

**Proposed Timescale:** 14/12/2017