



Statement of Purpose and Function

Peacehaven Trust

Accessible Version

Locations: Revision No. 14 24th February 2025 Lydia House Blake House Applewood Heights







Applewood Heights

Registration details

Other information set out on the Certificate of Registration.

The information is set out by HIQA in the Certificate of Registration is included at the back of this document.

Registered provider

Name: Provider Representative: Main address: Telephone number: Email address:



Peacehaven Trust CLG Stuart Ferguson (Chair of the Board) 1 & 2 Hillside, Greystones, Co. Wicklow 01-9101338 admin@peacehaventrust.com

Person Participating in Management

Name: Main address:

Email address:

Telephone number:

Caroline Yeomans Presbyterian Church in Ireland, Assembly Buildings, Belfast, BT1 6DW 048 90417234 cyeomans@pcisocialwitness.org

Person in Charge

Name: Main address: Telephone numbers: Email address:



Michael Williams 1 & 2 Hillside, Greystones, Co. Wicklow 087 9573227 or 01 9101338 michaelwilliams@peacehaventrust.com





Other people involved in management

Salome Murphy		01-2871450 salome@peacehaventrust.com	
Sean Kelly		01-2017933 <u>sean@peacehaventrust.com</u>	
Graham Egan	G.	01-2875977 graham@peacehaventrust.com	

Aim of the centre



The aim is to support each individual resident physically, socially, emotionally and spiritually, while respecting their dignity and unique individuality.

Objectives of the centre

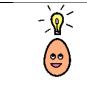
	1. To provide best practice standard of excellence in
Dijetire	care and support.
	2. To provide a living environment that ensures that
	residents live in a comfortable, clean and safe setting.
	3. To encourage and support each person to reach their
	full potential

Ethos of the centre

To provide supports that are:	
Person centered.	
 Operates from a Christian ethos. 	
 Respects the beliefs of all those supported. 	
Encourages choice.	

Services and Facilities Provided in the Designated Centre

A) What are the specific care needs that the designated centre is intended to meet?



All people living in this designated centre are entered on the National Ability Supports System (NASS) as having an intellectual disability, and this is considered their primary disability, we support people also with a physical disability,





	mental health concerns and combinations of each category.
1-8-	People living in our houses are supported to lead as self- determined lives as possible.
	The needs of each person are individual and are recorded in detail in their care plans.

B) What facilities are provided by Peacehaven Trust to meet these care needs?

needs?			
cook	The facilities here are in keeping with typical domestic living accommodation which includes:		
	Individual bedrooms		
	En-suite bathroom(s)		
bus timetable	Shared bathroom(s)		
	Kitchen and dining room		
	Sitting room		
	Separate utility area		
	Access to laundry facilities		
	Private space		
	There is a front garden		
∠ @ ₩	Back garden		
	Accessible Paths		
	Adequate storage		
	Rooms of a suitable size and layout		
	Appropriate ventilation/heating and lighting		
	Safe disposal of general waste		
	Private transport		
	People also avail of community facilities for their interests		
	and leisure needs (pubs, cafes, fitness centre, churches,		
	shops, etc). These may be detailed in their individual care		
	plans, where supports are required.		

C) What are the services which are to be provided by the registered provider to meet those care needs?











Gardening services
Maintenance services
 Medication training for residents
 Access to Employment support services
 Access to Day services
 Access to Rehabilitation services
 Access to local churches.
Recreation services
Transport
The main aim of Peacehaven is to use generic community facilities and services where possible.
raenties and services where possible.
Residents can purchase themselves:
Physio Therapy
Chiropody

D) What criteria are used for admission to the designated centre, including the designated centre's policy and procedures (if any) for emergency admissions?

Peacehaven has a detailed referrals, admissions, transfer and discharge policy which goes into detail the procedure for each of these situations, our referrals come through the HSE Community Health Care Office in Bray. The policy is available on our website and from our office.			
planned bas	sis. In em ided with	ergency n as muc	scharge are made on a situations people involved ch information as possible and d decisions.
Respite is provided in this location :			
Yes	No	X	

What are the number, age-range and gender of the residents for whom it is intended that accommodation should be provided? (Circle the relevant details)



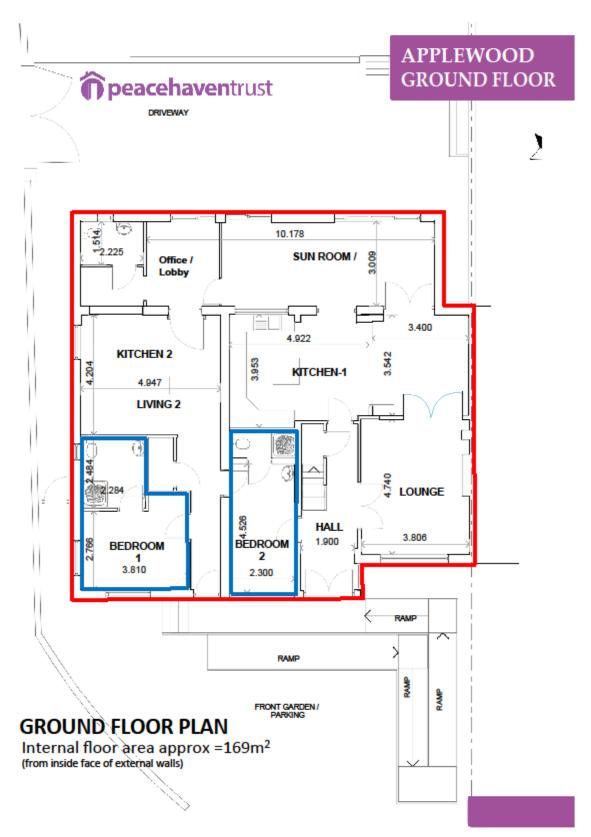


Lydia House	6 adults
Blake House	6 adults
Applewood Heights	5 adults
Age Range: 18 - 101	
Gender: Male 🗸 🛛 Fem	ale 🗸

A description (either in narrative form or a floor plan) of the rooms in the designated centre including their size and primary function?







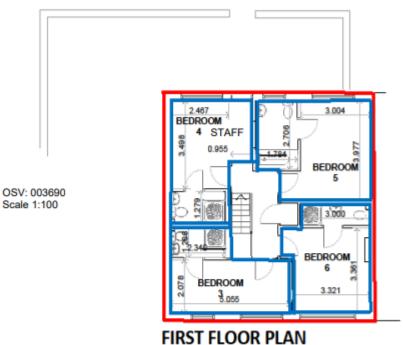




52 Applewood Heights, Greystones, Co. Wicklow. A63 AV65



APPLEWOOD FIRST FLOOR



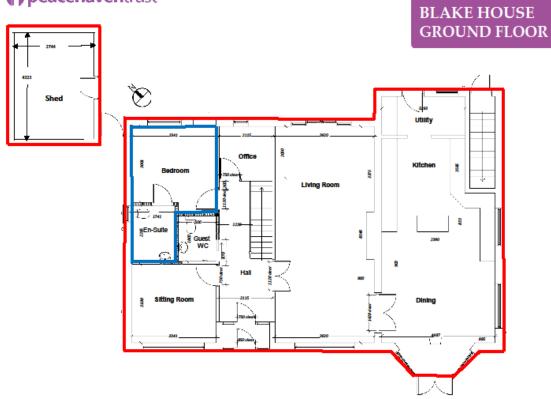
Internal floor area approx =71m² (from inside face of external walls)

Feb 2021



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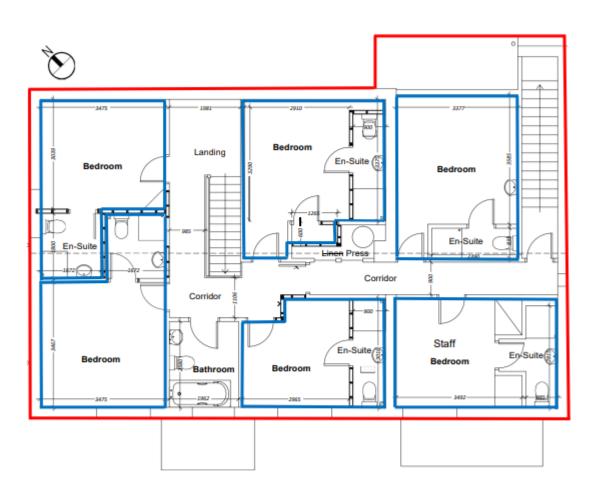


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BLAKEHOUSE FIRSTFLOOR

OSV: 003690 Scale 1:100

Blake House, Blacklion, Greystones, Co. Wicklow. A63 P276



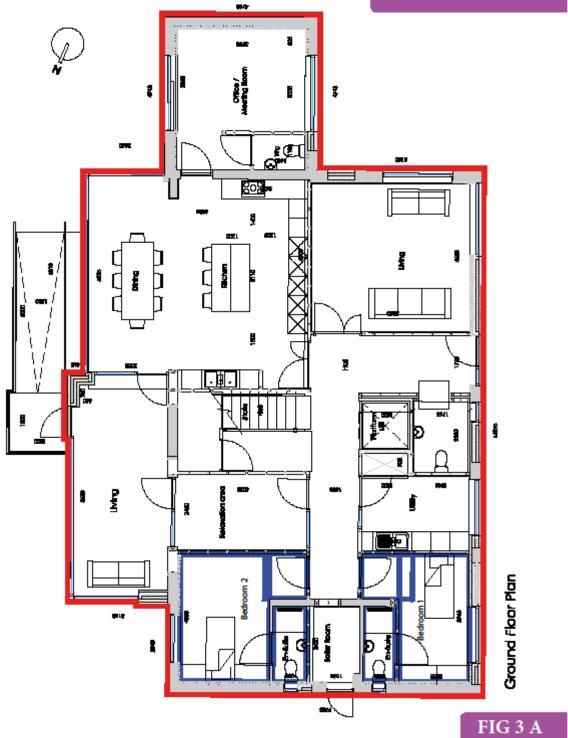






Transference peace haven trust

LYDIA HOUSE GROUND FLOOR







LYDIA HOUSE

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Are there any separate facilities for day care?





There are no separate facilities for day care.

Management and Staffing

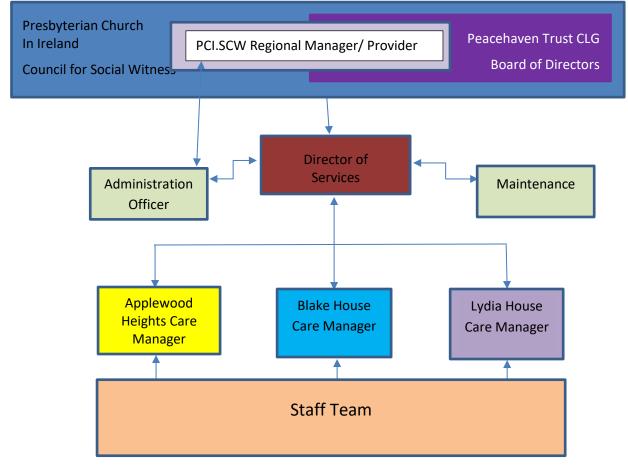
What are the total staffing complement, in whole time equivalents, for the designated centre with the management and staffing complements as required in Regulations 14 and 15?

000	Management team		
	Director of Services:	Michael Williams	
	Care Manager:	Salome Murphy	
	Care Manager:	Sean Kelly	
	Care Manager:	Graham Egan	
	Position	Number	Whole time
		employed	equivalent
	Director of	1	1
	services		
	Admin Manager	1	0.6
	Care Manager	3	1.5
	Social care worker	21	13.5
	Relief posts	5	1.3
	Maintenance	1	0.3
	Staff could be require	ed to work in any ho	use; there are a
	number of staff who	work across two hou	ises.





What is the organisational structure of the designated centre?



Residents' wellbeing and safety

What are the arrangements made for dealing with reviews of the resident's individualised personal plan referred to in Regulation 8?



Residents are supported each year to create Care Plans, and Risk Assessments which support their wellbeing and safety.

This information is recorded in the persons file on our computerised system VCare.

The keyworker supports the resident to create the plans. There is also a Person Centred Plan which identifies the goals that the resident has for themselves in the year ahead.

The care manager oversees the development and implementation of these plans.

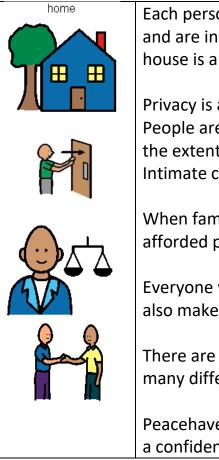




List details of any specific therapeutic techniques used in the designated centre and arrangements made for their supervision?

All support staff are trained in the sa	afe Medication	
Management.		
Where a person has a diagnosis of e with the person are trained in Epiler administration of Recovery medicat	osy and in the	
Access to other therapies are provid	led as required:	
Occupational therapy	\checkmark	
Speech and language therapy	\checkmark	
Memory Support (Dementia)	\checkmark	
Each resident is supported in unders	standing and doing	
actions recommended by a relevant practitioner.		
This information is recorded in their	care plan.	

What arrangements are made for respecting the privacy and dignity of residents?



Each person's bedroom is private to them, and staff knock and are invited in. They have lockable bedroom doors. Each house is a person's home.

Privacy is a human right highlighted in our planning process. People are assisted with their intimate care needs only to the extent necessary and then in a respectful manner. Intimate care plans are drawn up as required.

When family or friends visit, they are welcomed and afforded privacy for their conversations.

Everyone who wishes has a personal mobile phone and can also make private phone calls on the house telephone.

There are opportunities for resident led discussion around many different things. These include Rights and Respect.

Peacehaven Trust has a Confidentiality policy and staff have a confidentiality clause in their contracts.





Any disregard for a person's dignity or privacy may form the basis of a Complaint under our Complaints Policy.
Every effort is made to ensure the appropriate media for communication is used for each individual.

What are the arrangements for residents to engage in social activities, hobbies and leisure interests?

People we support are encouraged to join in community activities of their choice in their chosen community.
The specific goals in relation to this are identified in their care plan.
Family and friends come to visit.
Staff roster arrangements are made to maximise staff presence during identified times of preferred social and recreational opportunities.

What are the arrangements for residents to access education, training and employment?

	People we support are encouraged and facilitated to access education, training and employment of their choice.
	The specific goals in relation to this are identified in their care plan.

What are the arrangements made for consultation with, and participation of, residents in the operation of the designated centre?

Every person is encouraged and consulted on taking an active part in the running of the house, including looking after their own bedrooms, preparation of meals, planning of trips and events etc.
There are informal monthly meetings in each house with the people who live there once a month minimum to ensure that their on-going participation in the operation of the house is present.





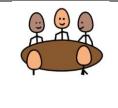
What are the arrangements made for residents to attend religious services of their choice?

	People choose the services they wish to attend and this
	information is recorded in the resident's care plan, along with
	the supports that they would need (if any).

What are the arrangements made for contact between residents and their relatives, friends, representatives and the local community?

	A private lounge area is available for the residents to meet with visitors in private as they wish. There are no restrictions
	on visiting times, in normal times – However during a
	pandemic, we follow the Health Guidance and may have to
	stop visits for a while.
	The information in relation to this is recorded in detail for each resident in their care plan. Families are invited to be involved in each person's individual plan on going at the person's request.
	Families are encouraged to give feedback on the service informally through contact with staff. Families have all been informed of the complaints policy and have all received a
STORY ATTRAARCE RESTRUCTIONS	copy of the policy, and will have a copy of the Statement of Purpose.
	Community participation is encouraged and the information in relation to this for each resident is recorded in more detail on their individual care plan.
	Friendships are nurtured and created where possible and more detail is included individually for each person in their care plan.

What are the arrangements made for dealing with complaints?



Peacehaven has a complaints policy and procedure and annually reports complaints and their outcomes internally to PCI's head of Disability every month. Every 6 months data is provided to the HSE in relation to this.





The Director of Services is the Complaints Officer, who handles all complaints within set timeframes and keeps records on all complaints and actions undertaken to resolve the issue.
An accessible document which shows how to make a complaint is available in each location.

What are the fire precautions and associated emergency procedures in the designated centre?



A range of fire safety equipment is installed in the house and these include: (tick as appropriate)

Fire alarms	\checkmark
Smoke alarms	\checkmark
Fire extinguishers	\checkmark
Fire blanket	\checkmark
30 minute fire-retardant doors & walls	\checkmark
Emergency fire exit signs	\checkmark
External fire assembly point	\checkmark
A log is maintained of maintenance of fire	\checkmark
alarms and fire extinguishers.	

*

Unannounced fire drills carried out at six monthly intervals, at various times: one day-time/ waking fire drill (summer) and one simulated sleep fire drill in hours of darkness (winter).

There is an evacuation plan in each location.

There is a safety statement in each location.

All staff have undergone training in fire safety.

A list of key policies that inform practice in the service:

Accident Incident Reporting System
Admission Policy
Advance Health Care Directive Policy
Alcohol and Illegal Drugs Policy
Bereavement Support Policy
Board Conflict of Interest Policy





Child Protection Policy	
Code of Conduct for Charity Trustees	
Communication with Residents, Relatives, Staff, Council for Social Witness and Others.	
Complaints Procedure	
Computer Usage Policy	
Confidentiality and Privacy Policy	
Dementia Guide	
Dealing with Covid-19 in the Workplace	
Dress Code Policy	
Emergency Plans AW, BH & LH	
Employee Handbook	
Employee Payments Policy	
Equality and Diversity Policy	
Finance Policy	
Fire Procedure for Safe Evacuation	
Food Nutrition and Food Safety Policy	
General Data Protection Policy	
Harassment, Sexual Harassment, Bullying, Victimisation Policy	
Infection Control Policy	
Intimate Care Policy & Procedures	
Key Working General Guidelines	
Lone Worker Policy	
Maintenance Policy	
Manual and Person Handling	
Medication Management	
Missing Persons Policy and Procedures	
Motoring Policy	
Open Disclosure	
PCI/Peacehaven Ethos	
PCI/Peacehaven Mission Statement	
PCI/Peacehaven Rules for Contractors	
PCI/Peacehaven Philosophy of Service	
Positive Behavioural Support Policy	
Provision of Information to Residents	
Record Keeping - creation, access, retention, maintenance and destruction of records.	
Recruitment, Selection and Garda Vetting	
Residents Access to Education	
Residents Contracts and Agreements Policy	
Residents Holiday Policy	
Residents Personal Property, Finances and Possessions Policy	
Residents Support for Church Attendance Policy	
Restraint and Restrictive Practices Policy	
Risk Management and Emergency Planning Policy	
Safeguarding Vulnerable Adults Policy	
Safety Statements AW, BH & LH	
Smoking Policy	
Social Media Usage Policy	





Staff Educational Assistance Policy

Staff Immunisation Policy

Staff Leave Policy

Staff Training Policy

Student Work Experience Policy

Suicide Intention Safety Plan - Guidelines for disclosure of suicidal intent.

Supervision Policy

Supportive & Assistive Aids & Technology Policy Including CCTV

Temporary Absence and Discharge of Residents

Trust in Care Policy

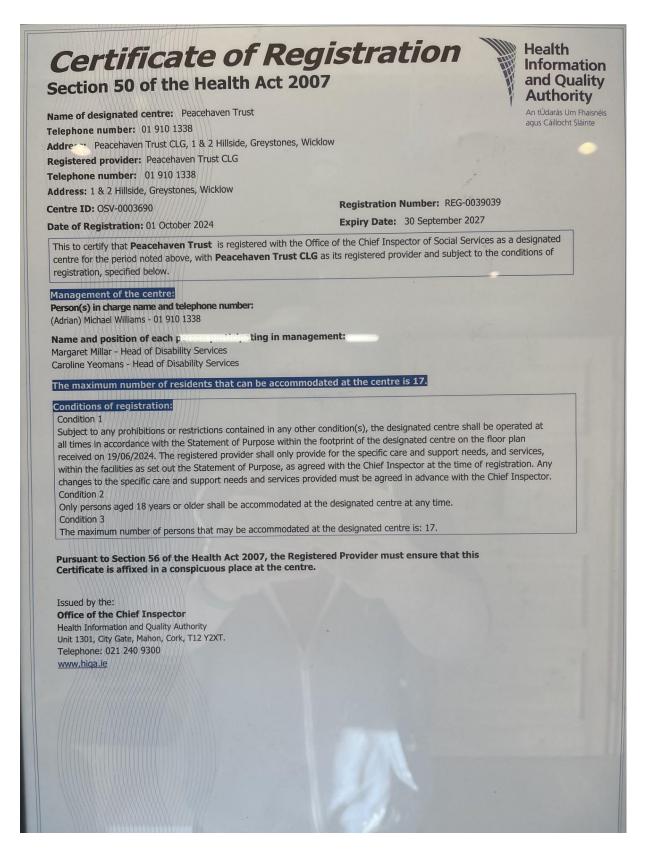
Visitors Policy

Volunteers Policy





Appendix 1: Certificate of Registration







Date completed: 24th February 2025 Completed by: Michael Williams Date for review: 1st February 2026