

Action Plan

This Action Plan has been completed by the Provider and the Authority has not made any amendments to the returned Action Plan.

Action Plan ID:	MON-0018469-AP
Provider's response to Inspection Report No:	MON-0018469
Centre Type:	Children's Residential Centre
Service Area:	CFA DNE CRC
Date of inspection:	07 December 2016
Date of response:	01 February 2017

These requirements set out the actions that should be taken to meet the National Standards for Children's Residential Services.

Theme 2: Safe & Effective Care Standard 5: Planning for Children and Young People Judgment: Requires improvement
The Provider is failing to comply with a regulatory requirement in the following respect: One young person did not have an allocated social worker. There was no up-to-date care plan for one young person. There was no Aftercare Plan for one young person. Not all information had been received prior to the admission of one young person. Action Required: Under Standard 5: Planning for Children and Young People you are required to ensure that: There is a statutory written care plan developed in consultation with parents and young people that is subject to regular review. This plan states the aims and objectives of the placement, promotes the welfare, education, interests and health needs of young people and addresses their emotional and psychological needs. It

stresses and outlines practical contact with families and, where appropriate, preparation for leaving care.

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

- Social work team leader and Principal social worker have been contacted regarding the allocation of a social worker. The centre will ensure that future referrals will not proceed without an allocated social worker. Any issues in this regard will be brought to the attention of line management. The social work team leader, principal social worker and area manager will be contacted as appropriate.
- The social worker and aftercare worker were contacted regarding the up-to-date care plan and the aftercare plan. These documents are now in place. The Care Plan was received 19.12.2016. The aftercare plan was received 08.12.2016.
- All necessary information is now in place for our young people. The admissions process has been reviewed to ensure that all information is in place in advance of any future admission.

Proposed timescale:
19/12/2016

Person responsible:
Alternative Care Manager

Theme 2: Safe & Effective Care
Standard 7: Safeguarding and Child Protection
Judgment: Requires improvement

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

Staff required refresher training in child protection and welfare.

Not all staff were familiar with the provisions of the recent guidance note on child protection.

Action Required:

Under Standard 7: Safeguarding and Child Protection you are required to ensure that:

Attention is paid to keeping young people in the centre safe, through conscious steps designed to ensure a regime and ethos that promotes a culture of openness and accountability.

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

1. Workforce learning and development have been contacted to secure dates for the delivery of a refresher course in Children First. Dates will be finalised and the training will be delivered to the team within 8 weeks.
2. The Tusla Interim Child Protection Practice Note will be revisited with all staff within the next 4 weeks. Supervision will be provided to ensure adequate support for the internalisation of this information.

Proposed timescale:
24/03/2017

Person responsible:
Provider

Theme 2: Safe & Effective Care
Standard 10: Premises and Safety
Judgment: Requires improvement

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

The bathrooms in the centre were not maintained in keeping with the rest of the house.

The fire safety policy in the centre was out-of-date.

There were no daily fire safety checks.

The safety statement was not site-specific.

The CCTV policy in the centre was a draft policy.

Action Required:

Under Standard 10: Premises and Safety you are required to ensure that: The premises are suitable for the residential care of young people and their use is in keeping with their stated purpose. The centre has adequate arrangements to guard against the risk of fire and other hazards in accordance with Articles 12 and 13 of the Child Care (Placement of Children in Residential Care) Regulations, 1995.

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

1. Line management to look into the approval of capital funding for the refurbishment of the bathrooms.
2. Contact has been made with the Fire Safety Officer Nicola McKenna who stated that the current Fire Safety Policy for the centre is up-to-date and in keeping with best practice. This policy is reviewed regularly by her department and the centre is provided with the most up-to-date policy. The current policy is dated December 2016.
3. Daily fire safety checks are now entered into the daily handover checklist and will remain in place. This has been in place since 16.01.2017.
4. A review of the safety statement will take place with input sought from line management.
5. The current interim policy regarding the use of CCTV is being looked at by the national office and is part of a number of policies under review for Children's Residential Services. The national office reports that the tendering process has commenced for the review of national policies.

Proposed timescale:
30/11/2017

Person responsible:
Alternative Care Manager

Theme 4: Leadership, Governance & Management**Standard 2: Management and Staffing****Judgment: Requires improvement****The Provider is failing to comply with a regulatory requirement in the following respect:**

Out-of-date HSE policies were in use.

Not all risks on the register were current and relevant.

Control measures were not all recorded in the risk register.

Staff were not all qualified.

Formal analysis of individual training needs had not been completed.

Staff were not trained in restrictive practices.

Records of formal staff supervision did not always identify actions to progress matters arising.

Action Required:

Under Standard 2: Management and Staffing you are required to ensure that: The centre is effectively managed, and staff are organised to deliver the best possible care and protection for young people. There are appropriate external management and monitoring arrangements in place.

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

1. HSE policies which require updating have currently been identified and are being looked at by the national office. The national office reports that a procurement process has commenced in relation to the development of a suite of national policies for residential care. From the time of appointment of a person(s) to undertake the work the timeframe is between 4-6 months. Procurement process can often be lengthy and therefore the timeframe is estimated only from the appointment of the person(s).
2. The control measures identified in the risk register have been reviewed and updated. This work was completed 23.01.2017
3. Staff members are supported to consider the acquisition of the recognised qualification regularly. Courses of interest are brought to their attention. All mandatory training is completed in a timely manner. All training needs are reviewed annually with appropriate plans put in place.
4. A Training Needs Analysis is currently being carried out for the team and will be in place within 8 weeks. This will form part of the updated training audit for the centre. This audit is due for review in April 2017.
5. Workforce training and development have been contacted regarding the provision of training in Restrictive Practice. We are awaiting a response.
6. A review is currently taking place of the quality of supervision. It is planned that the forms for the recording of supervision will be reviewed with adjustments made to ensure the clear and accurate recording of actions to be taken, timeframes and review of decisions. This will be completed by 28th February 2017.

Proposed timescale:
31/10/2017

Person responsible:
Director of CRS, C&FA