

# Action Plan

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

<b>Action Plan ID:</b>	MON-0016472-AP
<b>Provider's response to Inspection Report No:</b>	MON-0016472
<b>Centre Type:</b>	Children's Residential Centre
<b>Service Area:</b>	The Child and Family Agency Carlow/Kilkenny/South Tipperary
<b>Date of inspection:</b>	17 December 2015
<b>Date of response:</b>	9 March 2016

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

<b>Theme 1: Child - centred Services</b> <b>Standard 4: Children's Rights</b> <b>Judgment: Requires improvement</b>
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<b>The Provider is failing to comply with a regulatory requirement in the following respect:</b>
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Some centre practices required review in order to ensure that children's rights were respected at all times. Some practices that infringed on children's rights were not always risk assessed, implemented only when the risk indicated that they were required, and suitable alternatives had not been considered.
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The complaints procedures in use in the centre was not consistently followed and nor were the outcomes of the complaints clear.
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<b>Action Required:</b>
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Under Standard 4: Children's Rights you are required to ensure that: The rights of young people are reflected in all centre policies and care practices. Young people and their parents are informed of their rights by supervising social workers and centre staff.
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**Please state the actions you have taken or are planning to take:**

1. Centre Policies and Procedures will be reviewed to ensure that Young People's rights are respected.
2. Where individual Risk Assessments warrant an infringement of Young People's rights, the assessment will be time specific and subject to regular review by centre manager, staff team and referring social worker.
3. Copies of Risk Assessments will be placed on Young Person's main file.
4. A review of the Complaints Policy/Procedure will be undertaken by centre and service manager.
5. Training input for the centre staff team will be provided regarding the amended Complaints Policy.

**Proposed timescale:**  
**30/06/2016**

**Person responsible:**  
**Interim Service Manager**

**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 child did not have a allocated social worker at the time of inspection.

Some placement plans required updating.

Systems in place to facilitate safe internet use to facilitate on-going contact with family, where appropriate, had not been not developed.

There was insufficient evidence that two children who were over the age of 16 had a aftercare service and aftercare plan.

**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:**

1. The Young person without allocated social worker at time of inspection has now been allocated same as of 27th January 2016.

<p>2. Any future issue of non allocation of social worker will be brought to the attention of the referring social work department in writing by the key worker in the first instance. Issue escalated where necessary.</p> <p>3. Placement plans have been updated since inspection. A system has been established whereby placement plans are checked by social care leaders monthly who sign to that effect.</p> <p>4. National Placement Plan format is due for implementation, along with a Placement Support Plan and Placement Progress Report. An implementation date will be established post training in this new documentation. Training dates are April 14th and 22nd.</p> <p>5. The Policy on Social Media is being reviewed with the aim of developing systems to facilitate safe internet/mobile phone usage. The policy will outline the systems in place and young people will be advised of the boundaries around usage.</p> <p>6. Both young people over 16 have been referred to the Aftercare service. Evidence of referral will be maintained on Young Person's main file. The Aftercare worker once identified will attend all relevant placement meetings. Where an Aftercare officer is not made available this issue will be brought to the attention of the Social Work Department in writing by the key worker in the first instance, escalated where necessary.</p> <p>1, 2 &amp; 3 Action completed 4 – 6 End of quarter two</p>	
<p><b>Proposed timescale:</b> <b>30/06/2016</b></p>	<p><b>Person responsible:</b> <b>Interim Service Manager</b></p>

<p><b>Theme 2: Safe &amp; Effective Care</b> <b>Standard 7: Safeguarding and Child Protection</b> <b>Judgment: Requires improvement</b></p>
<p><b>The Provider is failing to comply with a regulatory requirement in the following respect:</b> The management and investigation processes when an allegation was made by a child against a staff member was not clear.</p> <p>Adequate staffing ratios, following recommendations from a child protection investigation were not consistently implemented.</p> <p><b>Action Required:</b> 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.</p>

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

1. Review of existing management and investigation processes where an allegation is made by a young person against a staff member will be undertaken by centre and service manager incorporating a review of associated documentation.

2. Recommendations relating to staffing ratios following a child protection investigation will be monitored by the centre manager to ensure consistent implementation. Amended rosters will be issued and retained on site. Staffing ratio requirements will be reflected in daily shift planning and recorded in Daily Shift Planner.

1. End of quarter 2
2. With immediate effect.

**Proposed timescale:**  
**30/06/2016**

**Person responsible:**  
**Interim Service Manager**

**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:**

There was a lack of planning to address the institutional features of the building.

The centre building was not adequately decorated to create a homely atmosphere .

Fire exit procedures were not clearly displayed throughout the centre.

The centre's safety statement was out of date.

Risk assessment management was not sufficiently developed.

**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. A Meeting is scheduled to explore options for altering or minimising the institutional features of the building including the potential for a separate route to the residential and educational sections of the building to be assessed.
2. Minor capital request for 2016 has been submitted: including new lighting, painting and refurbishment. Upon sanction this work will commence.
3. Additional fire exit procedure signage has been installed throughout the centre as

of March 7, 2016.

4. Safety Statement and file content are currently being updated by centre health and safety officers and centre manager.

5. National Risk Assessment template in place as of January 2016 as part of Centre Governance Report.

1, 2 & 6 Action completed.

3, 4 & 5 End of quarter 2.

**Proposed timescale:**  
**30/06/2016**

**Person responsible:**  
**Interim Service Manager**

**Theme 4: Leadership, Governance & Management**

**Standard 1: Purpose and Function**

**Judgment: Requires improvement**

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

The centre's Statement of Purpose was not up-to-date and did not accurately describe the care that was provided in the centre.

**Action Required:**

Under Standard 1: Purpose and Function you are required to ensure that:  
The centre has a written statement of purpose and function that accurately describes what the centre sets out to do for young people and the manner in which care is provided. The statement is available, accessible and understood.

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

The Purpose and Function Policy will be reviewed to reflect current care provision and client profile in the centre.

**Proposed timescale:**  
**30/06/2016**

**Person responsible:**  
**Interim Service 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:**

Due to an integral member of the staff team being managed under a different management structure to the centre, this led to a lack of clarity regarding accountability and reporting mechanisms.

The register for children did not have details consistently recorded.

The centre's administration support did not adequately meet the centres

administrative needs.

The centre's procurement card system to buy day-to-day necessities was inefficient because it was limited to a small number of staff.

Risk management in the centre was not sufficiently developed.

Monitoring systems that assessed the quality of records and decisions of staff were not sufficiently developed.

**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. The service to be provided and reporting structure for this person will be outlined in the amended Purpose and Function for this Centre.
2. A National Register re: Admission and Discharge is now in place and held by CRS National Office. A template form exists to capture the detail of all admissions/discharges from the centre. This form once completed is forwarded to the National Office and copied to the Service Manager after each admission and discharge.
3. The existing administrative demands on the centre have been divided between the centre manager and social care leaders, other than the processing of invoices which are dealt with off site. A list of designated administrative tasks has been compiled and allocated.
4. The centre's procurement card system has been expanded to incorporate an additional five (5) members of staff including the housekeeper; associated training will be completed prior to issuing of cards.
5. A National Centre Risk Register template has been established, operational since January 2016.
6. A Centre Governance Report is now operational since January 2016. This report is completed by the Centre Manager on a monthly basis capturing detail regarding placements, staffing and governance. The report is forwarded to the Service Manager five (5) days after the end of each month and every three (3) months to the National Office.
7. A schedule of identified tasks has been compiled with associated timeframes to monitor existing systems by the centre manager and social care leaders

A Young Person's Placement Plan, Placement Support Plan and Placement Progress Report will be introduced in the centre to improve the quality of recording Training on this documentation is scheduled for the 14th and 22nd April. An implementation date will be established once the trainer and management are satisfied with the quality of completion. These documents include evidence of sign off by key worker, centre manager and service manager.

1, 3 & 4 end of quarter 2.

2, 5, 6 & 7 action completed	
<b>Proposed timescale:</b> <b>30/06/2016</b>	<b>Person responsible:</b> <b>Interim Service Manager</b>