

Action Plan

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

Provider's response to Inspection Report No:	736
Name of Special Care Unit:	Coovagh House
Unit ID:	246
Date of inspection:	8 and 9 September 2015
Date of response:	2 December 2015 (accepted response)

These requirements set out the actions that should be taken to meet the National Standards for Special Care Units 2014.

Theme 1: Child-centred Services

**Standard 1.2
Requires improvement**

The provider is failing to meet the National Standards in the following respect:

A personal search of one child impacted on their right to dignity and privacy because it was not sufficiently risk assessed.

Action required:

Under Standard 1.2 you are required to ensure that:

The privacy and dignity of each child are respected.

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

Unit staff to adhere to the Policy and Procedure for Special Care Services on Searching Young People. All staff will ensure that when completing a personal search that they clearly outline the rationale for said search when documenting the significant event. All staff to be informed of requirement of risk assessment to be completed in order to carry out a search. This will be done through staff meetings, staff supervision and memo to staff team. The policy on Searches will be reviewed by the National Office to confirm what is entailed in each search.

<p>Proposed timescale:</p> <p>Immediate</p> <p>31st March 2016</p>	<p>Person responsible:</p> <p>Unit staff team</p> <p>National Manager Special Care</p>
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Theme 2: Effective Services

Standard 2.2

Requires improvement

The provider is failing to meet the National Standards in the following respect:

There were a number of care planning approaches in place for children which was confusing and did not give a clear and comprehensive programme of special care to maximise the child's potential.

Action required:

Under Standard 2.2 you are required to ensure that:

Each child has a programme of special care which details their needs and outlines the supports required to the relevant legal authority.

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

All plans relating to the young person will be contained in one programme of special care and will include the care plan, placement plan, an individual treatment plan (ITP) and individual education plan (IEP) for ease of review. The programme will be reviewed at each child in care review to ensure all plans are completely aligned to meet the needs of the child.

Proposed timescale:
31st March 2016

Person responsible:
**National Manager
Special Care,
Unit Manager**

Standard 2.3

Requires improvement

The provider is failing to meet the National Standards in the following respect:

Damage to property observed during the previous inspection been not been repaired since.

Replacement doors for bedrooms recently damaged had the potential to impact on safety and security arrangements if not sourced in a timely manner.

Infection control measures were not adequate in relation to kitchen hygiene.

Vehicles used to transport children did not have all the required safety equipment, such as first aid kits.

Action required:

Under Standard 2.3 you are required to ensure that:

The special care unit is homely and promotes the welfare, dignity and safety of each child, consistent with the provision of safety and security.

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

1. Damage to property observed on previous inspection has been repaired.
2. Bedroom doors have been repaired to a level that ensures safety and security is maintained as an immediate measure.
3. New design of doors is currently under review in conjunction with TUSLA Estates and architect. Once sourced, surplus replacement doors will be maintained onsite to ensure repair in a timely manner.
4. Infection control measures have been reviewed. All food under the sink has been removed and food will no longer be stored in this area. A deep clean occurred in the kitchen and will continue on a monthly basis. Staff will follow a cleaning schedule in line with HACCP guidelines.
5. All vehicles have hazard triangles, torches in place and First Aid kits.

Proposed timescale:

1. Completed November 2015
2. Completed October 2015

Person responsible:
Unit Management
and Maintenance
Department

Unit Management
and Maintenance
Department

3. 31st March 2016	Unit Management
4. Completed October 2015	Unit Management and staff team
5. Completed October 2015	Unit Management

Theme 3: Safe Services

Standard 3.1

Requires improvement

The provider is failing to meet the National Standards in the following respect:

The systems in place to obtain status updates from social work departments to child protection referrals were not satisfactory.

Action required:

Under Standard 3.1 you are required to ensure that:

Each child is safeguarded from abuse and neglect and their protection and welfare is promoted.

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

The unit's Child Protection Officer has written to social work departments and will continue on a monthly basis to obtain status updates on child protection. The special care unit will transfer child protection referrals to the onward placement on discharge from special care.

Proposed timescale:

Completed October 2015

Person responsible:

Unit Child Protection
Officer

Standard 3.2

Significant risk identified

The provider is failing to meet the National Standards in the following respect:

Staff did not at times have the capacity to manage one child's behaviour.

Action required:

Under Standard 3.2 you are required to ensure that:

Each child experiences care that supports positive behaviour and emotional wellbeing.

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

1. A strategy meeting occurred to review the management of the child's behaviour which included the Gardaí.
2. A Significant Event Review Group (SERG) occurred which reviewed incidents whereby Gardaí assistance was required. The learning and outcomes from the SERG meeting have been documented, placed on file and discussed at debriefings, clinical and staff team meetings. Due to the physical size and profile of the young person it was impossible for staff to safely manage this young person at all times. Staff will continue to make immediate assessments of the situation and if risk is present to the young person and others, staff will request assistance of Gardaí if required.
3. A National Significant Event Review Group will be established to ensure external governance of incidents.

Proposed timescale:

1. 24th August 2015
2. 5th October 2015
3. 31st January 2016

Person responsible:

Unit Management
Unit Management
National Manager
Special Care Services

Standard 3.3

Significant risk identified

The provider is failing to meet the National Standards in the following respect:

The restrictive practice to manage a child's behaviour met the definition of a chemical restraint. As this was not deemed a form of restraint by the centre it did not receive the same managerial oversight as other forms of restraint.

Strategies to ensure best practice in relation to the use of this restrictive practice were inadequate as the policy did not offer any guidance to staff.

Action required:

Under Standard 3.3 you are required to ensure that:

Children are not subjected to any restrictive procedure unless there is evidence that it has been assessed as being required due to a serious risk to the safety and welfare of the child or that of others.

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

1. Unit staff will adhere to the Policy on Restrictive Practices. This policy will be expanded to include the administration of medication as defined as "chemical restraint". Unit staff will adhere to Policy on Medical Attention (Policies and Procedures for Special Care Services).
2. As confirmed by the written assurance to the Authority dated 28th October 2015, unit staff will adhere to the Policy on Medical Attention. The unit has received a written treatment plan from a Consultant Psychiatrist. This will provide guidance and direction on the benefits and /or side effects of the medication. Unit staff will adhere to the treatment plan and a copy will be maintained on file. Unit records and observations will reflect the treatment plan. The psychiatrist will continue to support unit staff and management in reviewing the prescribed medication. The reviewing process will be encompassed in the treatment plan.

Proposed timescale:

1. 31st March 2016

2. Completed November 2015

Person responsible:

Unit Management
National Manager
Special Care Services

Unit Management,
Consultant
Psychiatrist.

Standard 4.2
Significant risk identified

The provider is failing to meet the National Standards in the following respect:

Access to psychiatric input for children was not sufficiently robust as there was no provision for psychiatric assessment and ongoing psychiatric review available to the centre.

Medication management policies and procedures required improvement to ensure that they complied with legislative requirements and best practice guidelines.

Medication used to manage a child's behaviour met the definition of a chemical restraint, however, arrangements for the ongoing monitoring, recording and review of this was insufficient.

Action required:

Under Standard 4.2 you are required to ensure that:

Each child receives an assessment and is given appropriate support to meet any identified need.

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

1. A psychiatric service to the unit has been escalated to senior management level with ongoing discussions on the matter. A scheduled meeting is to occur to address psychiatry service. This matter is also under review at the High Court.
2. Two training programmes for the administration and management of medication have been sourced by the National Special Care Services and we await the roll out of the preferred option. Currently the medication management policy is being reviewed as part of the review of the suite of National Policies. Medication Management training will be provided by April 2014.
3. (i) Unit staff will adhere to the Policy on Restrictive Practices. This policy will be expanded to include the administration of medication as defined as "chemical restraint". Unit staff will adhere to the Policy on Medical Attention for Special Care Services.
(ii) As confirmed by the written assurance to the Authority dated 28th October 2015, unit staff will adhere to the Policy on Medical Attention. The unit has received a written treatment plan from the Consultant Psychiatrist. This will provide guidance and direction on the benefits and /or side effects of the medication. Unit staff will adhere to the treatment plan and a copy will be maintained on file. Unit records and observations will reflect the treatment plan. The consultant psychiatrist will continue to support unit staff and management in the reviewing of the prescribed medication. The reviewing process will be encompassed in the treatment plan.

<p>Proposed timescale: Immediate.</p> <ol style="list-style-type: none"> 1. 7th December 2015. 2. April 2016 3. (i) 31st March 2016 (ii) Completed November 2015 	<p>Person responsible: Director Children's Residential Services, National Manager Special Care Services</p> <p>Unit Management National Manager Special Care</p> <p>Unit Management National Manager</p> <p>Unit Management and Consultant Psychiatrist</p>
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Standard 5.2

Requires improvement

The provider is failing to meet the National Standards in the following respect:

A comprehensive national risk management policy and risk register which was under development during the previous inspection was still outstanding.

Action required:

Under Standard 5.2 you are required to ensure that:

The special care unit has effective leadership, governance and management arrangements in place with clear lines of accountability.

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

1. A National Risk Management policy and risk register is being devised for special care.
2. In the interim a local risk register is in place.
3. The unit will continue to adhere to the current Risk Management Policy devised by the HSE Mid West in 2013 pending development of the National Risk Management Policy for special care.

Proposed timescale:

1. **31st March 2016**
2. **Completed June 2015**
3. **Completed**

Person responsible:

**Unit Manager,
National Manager
Special Care**

Unit Management

**Unit Management,
Quality, Risk &
Patient Safety
(QRPS) Department.**

Theme 7: Responsive Workforce

Standard 7.3

Requires improvement

The provider is failing to meet the National Standards in the following respect:

Performance management tools were not subject to regular review so as to ensure consistent practice among staff and assess training requirements.

Action required:

Under Standard 7.3 you are required to ensure that:

Staff are supported and supervised to carry out their duties and promote and protect the care and welfare of children.

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

A performance management system is currently under review nationally by Tusla. Pending implementation of this system, unit management will continue to include performance management as part of supervision process. Supervision will be reviewed to assist in identifying training requirements and will be incorporated in the training plan for 2016.

Proposed timescale:

31st January 2016

Person responsible:

Unit Management

Standard 7.4**Requires improvement****The provider is failing to meet the National Standards in the following respect:**

There was no training needs analysis to inform the training plan for the coming year in light of new standards for special care units in place since 2014 and pending regulations.

Action required:**Under Standard 7.4 you are required to ensure that:**

Training is provided to staff to improve outcomes for children.

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

1. Under proposed new national data collection system which includes all aspects of training for staff, the training needs of the centre will be pinpointed. The management of the unit will prioritise and schedule accordingly.
2. All staff in supervision will identify training needs in conjunction with their supervisor and this will be incorporated in a training needs analysis.

Proposed timescale:

1. 31st January 2016
2. 31st March 2016

Person responsible:

Unit Management

Theme 8: Use of Information

Standard 8.2

Requires improvement

The provider is failing to meet the National Standards in the following respect:

Response to file audits undertaken did not capture where missing information had been obtained.

Action required:

Under Standard 8.2 you are required to ensure that:

Information governance arrangements ensure secure record-keeping and file-management systems are in place to deliver a child-centred, safe and effective service.

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

A review of file audits has occurred. An audit sheet will be included on each young person's file to identify what information is missing and will record what information has been sourced and date of same.

Proposed timescale:

November 2015

Person responsible:

Unit Management