

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-0018417-AP
Provider's response to Inspection Report No:	MON-0018417
Centre Type:	Children's Residential Centre
Service Area:	CFA DML CRC
Date of inspection:	17 January 2017
Date of response:	27 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:

Children's admission records did not reflect that consideration was given to the need to protect children from abuse by their peers.

The quality of care plans varied.

Not all minutes of child in care reviews were available in the centre.

Placement plans were not comprehensive.

Preparation for leaving care was not fully incorporated into daily routines.

The quality of aftercare plans required improvement.

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:

The admission procedure was reviewed with the Centre Manager by the Interim Service Manager on 27 January 2017 to ensure that all young person's Social Workers are consulted as part of the admission process and this is clearly recorded on the local process form and in the other young person's individual files. A collective risk assessment will be completed as a matter of routine going forward to ensure appropriate assessment is in place in respect all possible contributing factors in relating to young people's behaviour.

Following receipt of each young person's Care Plan the Centre Manager will review the quality, where deficits present they will address with the young person's Social Worker. Where it is the case deficits are not addressed within a three week time frame the Centre Manager will escalate this issue to the Service Manager who in turn will address with the relevant Principle Social Worker immediately.

The Centre Manager has addressed with the Social Work department the need for Child in Care review minutes to be forwarded to the Centre as a matter of urgency. Interim Service Manager has followed up on the request for the outstanding Child in Care review minutes with the Principle Social Worker, it is anticipated these will be forwarded to the Centre by 15th March 2017. In the interim minutes of the Child in Care Review were taken by centre staff and are on file to guide team on decisions made.

The Centre Manager will update each young person's placement plan to ensure it has a clear focus on meeting their educational needs and goals by 10 March 2017. Educational goals will be promoted by the Centre staff team on a daily basis; all young people will be encouraged to attend an educational placement or while awaiting an educational placement engage in an educational programme. The Centre Manager will ensure to review the young person daily journal to assess the implementation of the placement plan on a daily basis.

The Centre Manager will ensure that each young person's placement plan has a clear focus on preparation for leaving care. Preparation for leaving care skills will be promoted by the Centre staff team on a daily basis; all young people will be encouraged to take an active part in their independent living skills programme as reflected in their placement plan. The Centre Manager will ensure to review the young person daily journal to assess the implementation of the placement plan on a daily basis.

Following receipt of each young person's Aftercare Plan the Centre Manager will review the quality, where deficits present they will address with the young person's Social Worker. Where it is the case deficits are not addressed within a three week time frame the Centre Manager will escalate this issue to the Service Manager who in turn will address with the relevant Principle Social Worker immediately.

Proposed timescale: 10 March 2017	Person responsible: Centre Manager, Interim Centre Manager
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Theme 2: Safe & Effective Care
Standard 6: Care of Young People
Judgment: Requires improvement

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

Records of children's daily diet were not consistently maintained.

Reviews of restrictive practice did not ensure that these were the least restrictive practices used for the shortest duration necessary.

The level of risk had not been identified for all restrictive practice used in the centre.

Action Required:
Under Standard 6: Care of Young People you are required to ensure that: Staff relate to young people in an open, positive and respectful manner. Care practices take account of young people's individual needs and respect their social, cultural, religious and ethnic identity. Staff interventions show an awareness of the impact on young people of separation and loss and, where applicable, of neglect and abuse.

Please state the actions you have taken or are planning to take:
A record of the young person's daily diet will be maintained in the young person daily journal. The Centre Manager will ensure that young people's records reflect their daily food intake and also reflect the options of a nutritious diet. The need for accurate recording of diet monitoring was discussed at staff team meeting 25 January 2017 and reviewed on 8 February 2017.

Restrictive practices will be reviewed with the staff team at the team meeting on 1 March 2017. The rationale for restrictive practices will be clearly defined and recorded on the team meeting minutes, the risk assessment on restrictive practices will be updated regularly to reflect any changes identified.

A plan of action will be put in place and clearly recorded of the level of risk identified and how the risks will aim to be reduced; they will be reviewed regularly at team meetings.

Proposed timescale: 01 March 2017	Person responsible: Centre Manager
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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:

Not all child protection investigations had not been closed in a timely way.

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:

Written feedback has been provided to the Centre for 2 out the 3 referenced child protection concerns. The need for written feedback on the outstanding CPC has been escalated to the Principal Social Worker. It's anticipated that this will be received by 3 March 2017 and placed on the young person's file. The Interim Service Manager will address any outstanding issues with the Principal Social Worker in a timely manner should issues of such present again to ensure that where appropriate all concerns are closed without delay.

Proposed timescale:
03 March 2017

Person responsible:
Centre Manager, 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:

Fire drill records were not complete to ensure practice was in line with policies.

Some difficulties encountered on fire drills had not been reviewed at staff meetings.

There were no records of monitoring of the maintenance of the medicine cabinet.

Not all precautions against fire were adequate.

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:

The fire register has been updated on the 20 February 2017 to reflect those who participated in the fire drills. The Centre Manager has addressed this issue and will ensure to routinely review the details maintained in all fire drill records.

The Centre Manager will review the fire safety check procedure and fire safety regulations with the Centre staff team in the next team meeting 01 March 2017. The

procedure for reporting any issues in respect of fire safety will be discussed. Centre Manager will ensure that each fire drill will be reviewed and discussed at the following team meeting to enhance learning.

A medication checklist has been devised to ensure that medication is routinely checked to ensure that it's in date and the medication labels specify the dose to be administered. This will be discussed with the staff team on 1 March 2017.

Concerns in relation to the oversight of fire precautions have been addressed by the Interim Service Manager on 27 January 2017. All repair requests will be formally notified to the maintenance department and a clear record of response will be maintained. The Centre Manager will review the fire log on a daily basis to ensure that the assigned staff member has completed all relevant checks including the fire doors to ensure all are operating to standard. Any deficits will be addressed immediately. Any delays in this the Centre Manager will escalate to the Interim Service Manager.

Proposed timescale:
01 March 2017

Person responsible:
Centre Manager

Theme 3: Health & Development
Standard 8: Education
Judgment: Requires improvement

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

Children not attending school were not supported with tuition.

There were no individual education plans for children.

Educational assessments were not requested for all children.

Action Required:

Under Standard 8: Education you are required to ensure that:

All young people have a right to education. Supervising social workers and centre management ensure each young person in the centre has access to appropriate education facilities.

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

All young people in the centre are encouraged and supported to attend their individual educational placements. For young people who do not have a formal educational placement the Centre Manager will ensure that an individual education plan is drawn up for the young person and additional supports are identified. An additional support of an onsite tutor has been sourced and this is due to commence the week of the 13 March 2017. Centre Manager will ensure that every effort is made to support the young person to return to a formal education programme.

The Centre Manager will update each young person's placement plan to ensure it has

a clear focus on meeting their educational needs and goals by 10 March 2017. Educational goals will be promoted by the Centre staff team on a daily basis; all young people will be encouraged to attend an educational placement or while awaiting an educational placement engage in an educational programme. The Centre Manager will ensure that effective communication with educational professionals takes place to ensure young people are fully supported and have their educational needs met.

The Centre Manager will request that an educational assessment is carried out for the young people 28 February 2017.

Proposed timescale:
13 March 2017

Person responsible:
Centre Manager, Interim Service Manager

Theme 3: Health & Development
Standard 9: Health
Judgment: Requires improvement

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

Further follow up was required in order to obtain children's full immunisation history.

Not all children had been referred to a smoking cessation programme.

Medication management practices required improvement.

Action Required:

Under Standard 9: Health you are required to ensure that:

The health needs of the young person are assessed and met. They are given information and support to make age-appropriate choices in relation to their health.

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

The Interim Service Manager has escalated to the relevant Principal Social Worker's that the medical histories are obtained for two of the young people within the Centre on the 27 February 2017. It's anticipated that these will be received by 23 March 2017. When received they will be placed on the young person's file.

The young people will be encouraged to engage in a smoking cessation programme through the use of one-to-one sessions and incentive programme this will be completed by 1 March 2017. A member of staff from the support group quit.ie will attend young person's meeting on the 9 March 2017.

The medication management procedure document will be reviewed at the team meeting on 1 March 2017. The outdated medication has been safely disposed off. A medical checklist will be devised and attached to the medical cabinet 02 March 2017. Centre Manager will ensure that a staff member is assigned to check that all medication is appropriately stored, in date and disposed off where necessary. The Centre Manager will review this on a weekly basis and will also ensure oversight for

the administration of medication. Issues in respect of required training in Medication Management for all staff have been escalated to the Regional Manager. This is currently being addressed by the Service Director and it is anticipated that training will be sourced for all staff members before September 2017.

Proposed timescale:
September 2017

Person responsible:
**Centre Manager, Interim Service
Manager, Interim Regional 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:

Communication systems within the centre were not always effective.

Monitoring systems were not always effective.

Some risks within the centre had not been identified.

The quality of supervision varied and supervision arrangements were not effective.

Training had not been provided in a timely way.

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:

Training in respect of Record Keeping and Report Writing is currently being sourced to support the Centre's development of skills in this area. In the Interim the Centre Manager will establish Record Keeping and Communication as a standing agenda item so the issues can be identified and discussed with the team to promote learning and development of skills with communication and recording keeping. Where reoccurring issues for staff present they will be addressed in Supervision and additional supports offered where required.

Centre manager has reviewed the Meeting Minutes Agenda and has established that all previous actions outlined in previous minutes will be addressed in each meeting to ensure that monitoring systems are supported through this review. The Centre Manager will further ensure effective monitoring systems through daily and weekly medication checks, weekly oversight of fire register, address any communication gaps in a timely manner, ensure fire drills take place and are discussed at team meetings to promote learning. The Centre Manager will review centre logs on a weekly basis.

The Centre Manager will ensure that all risks presenting in the Centre are identified

on a risk assessment as is required. The Centre Manager will routinely discuss and review risk assessments with the Interim Service Manager to ensure that all risk are captured appropriately in the Centres risk register. The Centre manager has appointed a risk management officer in the Centre by way of an additional support.

A supervision schedule has been developed by the Centre Manager following a full review of the issues presenting. The Centre Manager has identified that Social Care Leaders will continue to provide supervision to the Social Care Workers as per job description. A set agenda has been established to support the delivery & quality of supervisions and encourage consistency throughout all staff member's supervision. The Centre manager will support all staff in the delivery of supervision and will assess the quality of Social Care Leader's supervision delivery. Should issues arise they will be discussed and dealt with to ensure quality supervision takes place. Supervision arrangements will be reviewed bi-monthly by the Centre Manager and during the Centre Managers supervision with the Interim Service Manager to ensure all supervisions are positively developing for all staff members.

Issues in respect of the Centres Training deficits are currently being addressed by the National Director. A training plan to address current training deficits will be developed by the Centre Manager in consultation with Workforce Learning and development on or before the 31 March to ensure that achievable timeframes for implementation of courses for 2017 is established. The outstanding two staff members have been booked in to complete fire training 9 March 2017. Training in sexual health will be completed by 31 May 2017.

**Proposed timescale:
31 March 2017**

**Person responsible:
The Centre Manager, Interim Service
Manager**