

# 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-0018913-AP
<b>Provider's response to Inspection Report No:</b>	MON-0018913
<b>Centre Type:</b>	Children's Residential Centre
<b>Service Area:</b>	CFA DNE CRC
<b>Date of inspection:</b>	01 February 2017
<b>Date of response:</b>	21 March 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: Non Compliant - Moderate**

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

Not all children had up-to-date care plans on file.

Minutes for child in care reviews did not reflect who participated in reviews.

Not all children had up-to-date placement plans.

Placement plans were not consistently signed by staff and managers.

**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 centre manager has written to the social work department seeking up to date care plans for the young people in question. In future instances where care plans are not received on time, the centre manager will liaise with the Alternative Care Manager in relation to outstanding care plans. The centre manager will request that the Alternative Care Manager liaise with the Principal Social Worker in relation to outstanding care plans and request their delivery on time. Failing this, the centre manager will request that the Alternative Care Manager informs the Interim Regional Manager of absent care plans and request that the Area Manager for social work intervenes and ensures that care plans are delivered in a timely fashion.

The centre manager will review all care plans that are received and ensure that they are fully completed and contain accurate information. The centre manager will consult with the Social Work Team Leader and draw attention to any missing or inaccurate information contained in the care plan.

All young people in the centre now have up to date placement plans based upon the minutes of the most recent child in care reviews and professionals meetings.

The centre manager will introduce a system of auditing young people's records to ensure that all reports, including placement plans, are signed off by the required staff member(s) and the management of the centre.

**Proposed timescale:**  
**31/03/2017**

**Person responsible:**  
**Alternative Care Manager**

**Theme 2: Safe & Effective Care**  
**Standard 6: Care of Young People**  
**Judgment: Substantially Compliant**

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

Placement support plans were not up-to-date for some young people, in order to support staff to manage behaviour that challenged.

**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:**

All placement support plans are now completed and updated for each of the young people living in the centre.

**Proposed timescale:**  
**20/03/2017**

**Person responsible:**  
**Centre Manager**

**Theme 2: Safe & Effective Care**  
**Standard 10: Premises and Safety**  
**Judgment: Non Compliant - Moderate**

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

Not all maintenance issues were identified and records did not consistently show when issues were followed-up or resolved.

The risk posed by ligature points on the outdoor premises had not been assessed.

Medication storage facilities were not in place in House B at the time of inspection.

A fire certificate was not in place for House B.

There were gaps in fire checks.

**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 centre manager has introduced a system whereby every Friday, a named staff member reviews all maintenance requests that were submitted the previous week. All completed requests will be recorded in the maintenance file and signed off by the staff member. All outstanding requests will be resubmitted to the maintenance department. The centre manager will review maintenance at the weekly staff meetings and inform the Alternative Care Manager of any outstanding issues.

The centre manager will carry out a new ligature point risk assessment of both the indoor and outdoor spaces of both centres.

The centre manager has ordered a medication cabinet for House B.

The centre manager has arranged a meeting with the fire safety officer on 15/3/17 to begin the process of obtaining a certificate of compliance for fire safety for House B.

The centre manager will introduce a system of auditing all health and safety documents (including fire checks) to ensure that there are no gaps in all health and safety checks. These systems will be reviewed with the staff team at each staff

**Proposed timescale:**  
**30/06/2017**

**Person responsible:**  
**Alternative Care Manager**

**Theme 3: Health & Development**  
**Standard 9: Health**  
**Judgment: Non Compliant - Moderate**

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

Medication management and recording practices required improvement.

Not all children had complete medical records.

**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:**

All staff will receive training in medication management by the end of 2017. The centre manager will carry out weekly audits of medication records to ensure that all medicine has been administered appropriately and that medication records are completed fully including instances when the young person refuses to take their medication. The centre manager will carry out weekly audits of medication on site to ensure that all medicine that is unused or no longer required is returned to the local pharmacy.

**Proposed timescale:**  
**31/12/2017**

**Person responsible:**  
**Centre Manager**

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

**Standard 1: Purpose and Function**

**Judgment: Non Compliant - Moderate**

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

The statement of purpose did not outline the purpose and function of the centre as a whole.

The purpose and function of House B was not informed by a policy on single occupancy.

**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 centre manager has reviewed the statement of purpose to reflect the purpose and function of the centre as a whole. The Interim National Director for Children's Residential Services is consulting with the Tusla National Policy Office in an effort to get the draft policy on single occupancy approved as an interim policy so as to inform practice in House B.

**Proposed timescale:**  
**30/04/2017**

**Person responsible:**  
**Director of CRS, C&FA**

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

**Standard 2: Management and Staffing**

**Judgment: Non Compliant - Moderate**

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

Not all supervision records were signed or recorded clear actions.

Systems in place did not ensure that care plans, placement plans and placement support plans were up-to-date.

The register of children was missing some details.

Not all staff had up-to-date mandatory training.

The log of staff training was not up-to-date at the time of inspection.

Policies in place had not been reviewed in seven years. Policies were not in place to guide relevant areas of practice in the centre.

**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:**

The centre manager will ensure that supervision records contain clear action plans and are signed and dated by both the supervisee and supervisor. The centre manager will update the centre governance report to ensure that all information is accurately recorded. The centre manager will introduce a system whereby all records are audited on a monthly basis to ensure that they are up to date, accurate, filed appropriately and signed off by the required staff member(s) and management of the centre. The centre manager has updated the register of children to ensure that all sections are completed and information is accurately recorded. The centre manager is currently completing the Tusla Initial Personal Development Plan with each individual staff member. The centre manager will then complete a training audit for the whole staff team and ensure that all staff have booked onto all relevant training that is available to them. The centre manager will notify the Alternative Care Manager of any deficits in mandatory training available to the staff team. The Interim National Director for Children’s Residential Services is in the process of procuring a firm that will review and update policies on a national basis.

**Proposed timescale:**  
**30/11/2017**

**Person responsible:**  
**Director of CRS, C&FA**

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

**Standard 3: Monitoring**

**Judgment: Non Compliant - Moderate**

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

House A had not been subject to a monitoring report since July 2015.

**Action Required:**

Under Standard 3: Monitoring you are required to ensure that:  
The Health Service Executive, for the purpose of satisfying itself that the Child Care Regulations 5-16 are being complied with, shall ensure that adequate arrangements are in place to enable an authorised person, on behalf of the Health Service Executive to monitor statutory and non-statutory children's residential centres.

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

A monitoring visit has been scheduled for House A for 31/5/17

**Proposed timescale:**  
**31/05/2017**

**Person responsible:**  
**Provider**