

# 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-0018397-AP
<b>Provider's response to Inspection Report No:</b>	MON-0018397
<b>Centre Type:</b>	Children's Residential Centre
<b>Service Area:</b>	CFA South CRC
<b>Date of inspection:</b>	29 November 2016
<b>Date of response:</b>	06 February 2017

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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There was a high level of supervision by staff which the children found to be excessive.
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One child felt a lack of privacy in their bedroom and ways of ensuring that children did have privacy in their bedrooms had not been explored.
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A child lacked sufficient access to fresh air in their room as a window was bolted shut.
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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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<b>Please state the actions you have taken or are planning to take:</b>
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The level of supervision is risk assessed and based on identified safety issues and the
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<p>dynamics currently present in the centre.</p> <p>The staff team endeavour to supervise the young people and manage the environment to maximise privacy. The weekly review of the risk assessment currently undertaken by the staff team will be expanded to include input from the allocated Social Workers with the aim of reducing the current levels of supervision when it is safe and appropriate to do so.</p> <p>Individual risk assessed programmes are in place that allows young people time away from the supervision of the staff team.</p> <p>A meeting took place on February 2, 2017 with Technical Services to explore options that will allow young people to lock their bedroom doors from the inside to facilitate increased privacy without compromising safety, as staff will be able to override if risk assessed as required. This lock will be piloted in two bedrooms in the first instance and reviewed at weekly team meetings with a view to full implementation.</p> <p>The issue of the window that was bolted shut in a young person's room has been followed up and the window is open as of January 25, 2017.</p>	
<p><b>Proposed timescale:</b> <b>20/02/2017</b></p>	<p><b>Person responsible:</b> <b>Centre Manager</b></p>

<p><b>Theme 2: Safe &amp; Effective Care</b></p> <p><b>Standard 5: Planning for Children and Young People</b></p> <p><b>Judgment: Requires improvement</b></p>
<p><b>The Provider is failing to comply with a regulatory requirement in the following respect:</b></p> <p>One admission happened at short notice, not all staff had full information on the child being admitted, and the usual admission procedures were not followed.</p> <p>Two admissions took place in close proximity to each other, thereby not allowing time for one child to settle into their placement before the other child was admitted.</p> <p><b>Action Required:</b></p> <p>Under Standard 5: Planning for Children and Young People you are required to ensure that:</p> <p>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.</p> <p><b>Please state the actions you have taken or are planning to take:</b></p> <p>The circumstances around the admission have since been subject to review by the Service, Centre and Regional Manager with the staff team and Social Work Department. Review completed October 14, 2016.</p> <p>It was noted that the short timeframe was influenced by the safety needs of the young person transferred. The Admissions Policy was identified as needing</p>

amendment to reflect the second referral pathway, due for completion by March 20, 2017 by the Centre Manager and staff team. The necessity for identifying a designated member of the team to communicate relevant information with staff members off duty was noted. This function will be performed at Social Care Leader level where a similar timeframe is necessitated.

The Admissions Committee will review the timelines of admission for the current group of young people. All future admissions will be staggered as appropriate to allow for a settling in period. Review completed February 14, 2017.

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

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

**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:**

Managers and staff were unable to provide a safe service for a child who was admitted in the months prior to the inspection and, at the time of inspection, they continued to struggle to manage challenging behaviours.

A significant number of staff were unable to perform physical intervention in accordance with the policies on managing behaviours that challenge.

**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:**

Additional training has been provided to the team on the approved model of crisis management on January 19, 2017 with a focus on challenging behaviour(s)  
A training on trauma and attachment based behaviour is also scheduled for February 16, 2017.

The level of staff inability to physically intervene with young people will be factored into the suitability of future admission.

**Proposed timescale:**  
**17/02/2017**

**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:**

The building was institutional in character and not suitable for the creation of a homely atmosphere for children.

Risk assessments associated with the health and safety statement were not signed or dated and it was not clear when these risk assessments had been carried out and by whom.

Some curtains had not been replaced since the unit was re-opened.

**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:**

A review of the campus style setting will be undertaken by National, Regional and local management as part of a wider review of existing service provision in the South. The newly appointed Interim National Manager, along with the Regional Manager CRS South has initiated discussions with the Chief Operations Officer regarding the future of this service. It is envisaged that a decision will be reached early September 2017. The living area of the building will be kept under review by the staff team, Centre and Service Manager to focus on the creation of a homely atmosphere.

The risk assessments associated with Health and Safety have been signed and dated retrospectively in accordance with the dates the Health and Safety officer carried out the actions. This action was completed on the January 26, 2017. The risk assessment form has been amended to include signature and date. The Centre Manager will audit the risk assessments associated with the health and safety statement to ensure compliance with same on a monthly basis.

New curtains were fitted in the sitting room and bedrooms on the January 30, 2017.

**Proposed timescale:**  
**30/09/2017**

**Person responsible:**  
**Regional Manager**

<b>Theme 3: Health &amp; Development</b> <b>Standard 8: Education</b> <b>Judgment: Requires improvement</b>	
<b>The Provider is failing to comply with a regulatory requirement in the following respect:</b> Some children were required to attend the on-site school while other children could attend a school of their choosing.	
<b>Action Required:</b> 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.	
<b>Please state the actions you have taken or are planning to take:</b> School placements are agreed with allocated Social workers on admission. No current residents are required to attend the on-site school and no future admissions will be. The gender specific designation of the on-site school will be addressed at a meeting to be scheduled with the Principal and School Board of Management Chair.	
<b>Proposed timescale:</b> <b>20/03/2017</b>	<b>Person responsible:</b> <b>Interim Service Manager</b>

<b>Theme 3: Health &amp; Development</b> <b>Standard 9: Health</b> <b>Judgment: Requires improvement</b>	
<b>The Provider is failing to comply with a regulatory requirement in the following respect:</b> Copies of medical assessments on admission and medical cards were not contained in all of the children's files.	
There was no centre-specific policy and procedures on the administration of medication.	
Staff had not received training in the safe administration of medication.	
A prescription was transcribed in such a way as could lead to medication errors.	
<b>Action Required:</b> 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.	
<b>Please state the actions you have taken or are planning to take:</b> Copies of medical assessments on admission and medical cards are now contained in the children's entire file. An audit tool will be introduced to ensure all relevant documentation is contained on the children's file. The lead keyworker will have the responsibility for completing this audit quarterly confirming completion of task with	

the relevant Social Care Leader in supervision.

Medication management training was completed by the Centre Manager on October 10 & 11, 2016.

A draft Centre Policy on the administration of medication has been developed and circulated to the centre team on the January 27, 2017. Feedback was required by the February 3, 2017 The Policy will be operational from the February 20, 2017.

The issue of medication training for staff teams will feature on the agenda for the next CRS National Management Team meeting scheduled for February 20, 2017. Work has commenced to source a suitable training input for national rollout.

Procedure has been introduced with immediate effect that all prescriptions that are transcribed will be overseen by two members of the staff team who will countersign same to address the risk of medication error pending the implementation of the Centre Medication Management Policy.

**Proposed timescale:**  
**20/02/2017**

**Person responsible:**  
**Regional 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 statement of purpose did not clearly reflect the changes made to the admission criteria and the admissions process.

The statement of purpose and function did not refer to whether emergency admissions were accepted.

**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 statement of Purpose and Function will be amended by the Centre and Service Manager and staff team to reflect the changes made to the admission criteria and the admissions process. It will be amended to reflect that there are two referral pathways and state that emergency admissions are not part of service provision. The revised Purpose and Function will be operational by March 20, 2017.

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

**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:**

The arrangements for contacting a manager when the centre managers were not rostered were unclear.

The inadequacy of informal supervision of staff was impacting negatively on the morale of the staff team.

Formal supervision did not take place as frequently as required by the policy on supervision and the quality of some supervision records was poor.

There was a lack of administrative support to meet the centre's needs.

Not all physical interventions recorded in the children's files were recorded in the physical interventions' log and handwritten notes in a log associated with a significant events review were difficult to read.

There was a lack of adequate communication between senior managers and the staff team and other key stakeholders.

The centre register was incomplete.

The staff rota was incomplete.

Risk management systems were not sufficiently developed.

The quality of care, the effectiveness of the service and outcomes for children were not evaluated.

Not all staff had up-to-date training in child protection, fire safety, and the management of behaviour that challenges.

**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 system for contacting a manager exists in terms of availability outside of office hours and for planned leave. This will be reviewed to incorporate unplanned leave and outline the role of the Social Care Leader in such circumstances. Review of roster arrangements to be completed by March 20, 2017.

The role of peer supervision and debriefing will be developed and incorporated into the service to support the team in terms of informal supervision. The current rota of

Social Care leaders will be reviewed to support the informal supervision of the staff team and delivery of the service. Review of roster to be completed by March 20, 2017.

A full audit of the supervision files will be carried out by the interim Service Manager and an action plan will be developed in accordance to the findings. Audit due for completion March 31, 2017.

All physical interventions recorded in the young people file are now recorded on the physical intervention log as of January 26, 2017.

The centre has 16 hours of administrative support and the delivery of same will be reviewed to ensure it is meeting the needs of the service. Alternative arrangements have been put in place in the interim to provide administrative support via the Regional Office. Review due for completion March 20, 2017.

The rota is being reviewed by CRS management and staff working group to facilitate greater attendance at team meetings. The team will be scheduled to meet for a full day quarterly throughout the year. The rota will be reviewed to ensure that other stakeholders will be invited to meet with the centre manager formally on a bi – annual basis and informally as required to maintain clear communication. The first meeting of the rota working group is scheduled for February 17, 2017.

The centre register has been updated as of the December 1, 2016 to reflect the young people in service.

The recording methodology of the centre rota has been reviewed to provide clarity as to those on duty on any given day and will come into effect on the February 27, 2017. Where agency staff are used full names will be recorded.

The development of a risk management framework will be undertaken to include risk rating. Due for completion March 31, 2017

End of placement reviews for all young people will be established in the service. The purpose of the reviews will include the evaluation of the service delivery in line with the Care plan and placement plan .Outcomes will be recorded. The placement review will identify any learning and/or deficits.

A schedule of training will be drawn up to address and prioritise the members of staff who require training in child protection, fire safety, manual handling and crisis management by the Centre Manager. Schedule will be established when these members of staff return from leave

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

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