

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-0018200-AP
Provider's response to Inspection Report No:	MON-0018200
Centre Type:	Children's Residential Centre
Service Area:	CFA South CRC
Date of inspection:	06 December 2016
Date of response:	31 January 2017

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

Theme 1: Child - centred Services Standard 4: Children's Rights Judgment: Requires improvement

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

The centre practice of night-time checks were not appropriately risk assessed.

Action Required:

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.

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

An amended Night Care Policy was implemented in the centre on December 14, 2016 which contains an agreed risk assessment format in relation to night time checks. These assessments will be undertaken by the centre staff and allocated social worker on an individual basis determining if any level of check is required on a young person during the night. Any decision to introduce checks overnight will be based on identified risk with a review date identified.

Proposed timescale: 10/02/2017	Person responsible: Regional Manager
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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:

Key areas such as how to manage behaviours that challenge for children in crisis were not evident in placement plans.

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:

CRS Placement Plan, Support Plan, Progress Reports are now operational in the service. The Placement Support Plan contains the ICMP, Routine Management, Situation Management, Absence Management and Behaviour Management. The Manager for each centre will confirm completion of all relevant sections to the Service Manager by February 10, 2017. The Service Manager will review the quality of completion by March 10, 2017 and furnish detail of this review and associated actions if needed to the Regional Manager.

Proposed timescale: 10/03/2017	Person responsible: Regional Manager
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Theme 2: Safe & Effective Care
Standard 6: Care of Young People
Judgment: Significant risk identified

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

Engagement with an external independent consultant to reflect on the principles and practices underpinning modern service provision was not timely and there was little evidence of planned engagement with staff to inform and direct their practice, particularly in relation to safeguarding and behaviour management practices.

The review of the Ratings Systems was not completed in a timely manner.

Individual crisis management plans (ICMP's) were brief and listed generic information and did not take account of contraindications such medical issues or past

experiences.

Absence management plans, key working and life space interviews, were ineffective at managing risk when children left the centre and addressing issues upon return.

Discussions during team meetings on the use of an approved model of crisis intervention, along with a model of promoting positive behaviour were brief and progress to re focus staff on these models was slow.

Meal times in the centre were institutional and not similar to a family environment and a review of this practice had not yet been completed.

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:

The Terms of Reference for the external consultant have been recently expanded to incorporate more explicit work relating to safeguarding practices and managing behaviour. Direct engagement with staff will be reviewed as part of the work deemed necessary at management level initially with plans for a parallel process for staff teams to be developed. Agreement has been reached in principle with the external consultant that direct work with staff teams on child protection, safeguarding and risk management can be provided. The Regional Manager will agree the focus of this work, associated costings and establish an agreed schedule of dates prior to submission for approval to the National CRS. Approval will be sought for the work commenced with the external consultant to continue through to June 2017. Staff will receive updates via memo on progress and any plans developed. The oversight group will track progress made on a monthly basis with a review of overall progress on the Action Plan and work with the external consultant scheduled for June 2017.

The review of the Ratings System will be completed by February 3, 2017. Young people, staff teams and Social Workers are being consulted in this process. Completion of the review will be evidenced in minutes of management and staff team meetings. The Service Manager will also produce a written summary of the reviews findings.

All ICMP's will be reviewed by the Service Manager, Resident Manager and Centre Psychologist by February 10, 2017 to ensure sufficient relevant detail is captured and contraindications to the use of physical intervention are taken into account.

Centre rosters have been amended to include 2 team days per 8 week roster in addition to the weekly team meeting. This forum will be used for fuller discussion of identified practice issues and the re-focus of staff teams. Centre Managers will ensure minutes accurately reflect the work completed.

The review of meal times will be completed by February 3, 2017.
From February 20, 2017 young people will prepare and eat meals, except lunch, in the residential centres. Suggestions made by young people and staff in relation to the décor, layout and organisation of the canteen will be in place by this date.

Proposed timescale:
20/02/2017

Person responsible:
Regional Manager

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:

A review of practices throughout the centre had not been completed to ensure that they were safe.

At the time of inspection the review of Significant Event Notices (SEN's) for the crisis period was not yet completed.

The policy on social media and phones was in draft and had not been implemented in the centre.

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:

A full audit of the service is scheduled to take place in May 2017. This audit will be completed by the monitoring officers assigned by the National Manager for Quality Assurance. The audit will include a review of practices throughout the centre.

A meeting to conclude the SEN review undertaken by local Principal Social Worker and Resident Manager took place on January 19, 2017 at which the draft report was reviewed with the Regional Manager CRS South. The final report will issue on February 3, 2017. Copies of this report will issue to all allocated Social Workers and staff teams. Recommendations from this report will feature on management and team meeting agendas for discussion. A plan will be formulated to establish a timeframe for implementation of recommendations by the management team.

A Policy on social media and mobile phones is in place and implemented as of December 14, 2016. Risk assessment associated with access to social media and mobile use has been completed with the allocated Social Worker for the current client group. Risk assessment for future admissions will take place as part of the admissions process.

Proposed timescale:
28/02/2017

Person responsible:
Regional 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 layout of the centre was unsuitable and contributed to children being placed at risk.

The layout of the campus had significant institutional features.

The review of the campus style setting on the provision of care and the future service had not yet commenced.

Some centre units did not have a homely feel.

A number of staff in the centre did not have up-to-date fire safety training.

Medicines management practices were not robust and could lead to risk of errors in administration.

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. Given the scale of the resource, staffing and property involved it is envisaged that a decision will not be reached until early September 2017.

The Service and Resident Manager have completed a walkthrough of all 3 centres to assess existing décor and establish a list of required action where appropriate. Centre Managers are in the process of compiling requests that fall under the scope of minor capital works, due for return by January 31, 2017. Staff teams will be asked to explore ways to improve on the general appearance of the centre at full team day meetings to enhance and promote a homely environment. A plan for any associated actions will be developed at centre level with relevant costings where appropriate. Feedback from the centres will be forwarded to the Service Manager by March 13, 2017.

Fire Training has been completed on January 17, 2017 for staff identified as not having up to date training. The percentage of staff trained is now 96%. Training will follow for staff on return from leave.

The centre Medication Management Policy has been amended in light of training completed by the Centre Managers on medication management with a commencement date of January 24, 2017. The Centre Nurse has completed a briefing with each staff team on the new medication management folder that is now operational in the centre. This file contains all relevant detail for each young person including photograph, dispensing and administering detail to preclude the possibility of error in administration. Further training for staff on medication management is on the National Management Team agenda.

Proposed timescale:
10/02/2017

Person responsible:
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:

There was a lack of urgency in responding to risks.

The format for the care managers log was not yet finalised.

Unit managers did not review of the quality of the content of documentation including how staff responded to particular incidents.

External oversight of centre documentation required improvement.

Risk management required improvement to ensure up-to-date risks were identified and risk assessed.

The new format for unit team meetings was not consistently implemented and as a result accountability on decisions taken was not transparent.

The frequency of supervision was not within the required timeframes and the quality was not consistent across 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:

An Oversight Group has been established by the Chief Operations Officer to track

and support the actions outlined in both the Management Action Plan and HIQA Action Plan(s). This group comprises External Senior Managers from CRS and Quality & Assurance who will meet on a monthly basis. Terms of Reference and a meeting schedule to June 2017 has been established at the first meeting held on January 13, 2017. Progress in the service will be tracked and evidenced with outstanding actions being prioritised on a monthly basis to ensure timely completion. Issues that require National consideration will be identified and escalated.

An agreed format for the Managers log will be operational by February 3, 2017.

Centre Managers have been made aware of the responsibility to quality assure the content of documentation and to evidence oversight by initial and date. The nature of the document being reviewed will determine the manner in which issues are addressed. An SEN follow up form has been devised at Regional level which is due for sign off and implementation at the next Regional Management Meeting scheduled for February 1, 2017. Issues relating to team meeting minutes content will be addressed at the subsequent meeting or with individual staff as appropriate. Team meeting minutes and supervision records will evidence discussion on incident review.

An agreed schedule of document checks has been established with the Service Manager on foot of completion of a two day workshop on roles and responsibilities on October 4 and November 10, 2016. A schedule of one to one meetings with each Centre Manager and the Regional Manager has been established commencing January 25, 2017 concluding February 3, 2017 to review implementation to date of amended documentation and policy documents. Any issues or concerns identified will inform plans formulated to address same. This meeting will also focus on Risk Management and review the existing format(s) in operation and the understanding underpinning completion of same

The new format for centre team meetings is fully implemented as of January 25, 2017.

A plan has been agreed to extend the responsibility for providing supervision to include the Assistant Unit Managers as well as the Centre Manager. The Service Manager is scheduled to meet with the Assistant Unit Managers on January 26, 2017 to consult on this development with a view to establishing a commencement date. This will result in the current ratio of Supervisee to Supervisor being reduced in line with National Policy and address the issue of frequency. Supervision training for this grade will be scheduled for completion in 2017 by Workforce Learning Development. Direction will issue that where a scheduled supervision session does not take place the supervision record will note the date, reason and alternative scheduled date. Quality of supervision records will be monitored by the Service Manager via the Supervision Audit Tool contained within the national policy document.

Proposed timescale:
10/02/2017

Person responsible:
Regional Manager