

Action Plan

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

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| Action Plan ID: | MON-0018871-AP |
| Provider's response to Inspection Report No: | MON-0018871 |
| Centre Type: | Children's Residential Centre |
| Service Area: | CFA South CRC |
| Date of inspection: | 01 February 2017 |
| Date of response: | 14 March 2017 |

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

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| Theme 2: Safe & Effective Care Standard 5: Planning for Children and Young People Judgment: Non Compliant - Moderate |
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The Provider is failing to comply with a regulatory requirement in the following respect:

There was a risk of unsuitable admissions to the centre as the admissions committee did not have the opportunity of considering referrals for children who were referred through the second referral pathway.

Statutory care plans for one child in the centre was not up-dated following input from the staff in the centre.

A child in care review meeting was not held within the timeframes outlined in the regulations and was significantly delayed.

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 placement of one child in the centre was via the second referral pathway. This referral was considered by the Admissions Committee prior to admission to ensure suitability of placement.
- A system will be developed to ensure up to date care plans are in place following Statutory Care Plan Review. A designated staff member will be identified to complete this function and a timetable for checks devised.
- A child in care review meeting for the young person referenced was scheduled for 23.02.17. This scheduled review was subsequently cancelled by the Social Work Department. The Centre has subsequently requested a new date. This issue will be escalated to the Interim Service Manager by the Centre Manager

Proposed timescale:
31.3.2017

Person responsible:
Centre Manager

Theme 2: Safe & Effective Care
Standard 6: Care of Young People
Judgment: Non Compliant - Moderate

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

The centre's routine management plan for some children were ineffective at engaging children in healthy routines.

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 routine management plan was put in place for one young person on 25.01.17. This plan has been reviewed and is now more robust to incorporate establishing daily routine and structure for this young person. This plan is reviewed on a weekly basis in team meetings by the staff team and manager. The plan is incentivised to encourage engagement from the young person. Plans are subject to review with allocated Social Workers. This particular plan

was reviewed at the young person's Statutory Review on 03.03.2017.

Proposed timescale:
Action completed 03.03.2017

Person responsible:
Centre Manager

Theme 2: Safe & Effective Care
Standard 7: Safeguarding and Child Protection
Judgment: Substantially Compliant

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

A child protection allegation had not been appropriately investigated by the Social Work Department.

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:

- The child protection allegation was closed by the Social Work Department on 03.02.17. The Centre has received written confirmation of the closure and outcome from the Social Worker which is now on the young person's file.

Proposed timescale:
Action completed 03.02.2017

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:

The doorbell was not working and the front door of the centre was not secured.

There was no end date set for the lease and no contingency plan in place if the lease could not be extended or if the centre had to temporarily relocate.

A visual inspection of the work undertaken to address outstanding issues in relation to the fire doors and other refurbishment requirements to certify that the work was completed was still outstanding at the time of inspection.

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 doorbell was fixed on 27.02.2017. New locks have been ordered for fitting to the front and back door.
- The lease has been recommended by the Property Review Group and has been approved by the Tusla board. The Service Manager is awaiting an identified date from technical services to complete the required technical report. This report will address any outstanding issues relating to fire safety. The lease is with the landlords and Tusla legal teams for finalisation before signing. The expectation is that the process will be completed prior to the end of June 2017

Proposed timescale:
30.06.2017

Person responsible
Interim Service Manager

Theme 3: Health & Development

Standard 8: Education

Judgment: Non Compliant - Moderate

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

One child was not engaged in an educational placement which impacted on their future educational opportunities.

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:

- The young person referenced has an identified educational placement that he is resistant to attending. In conjunction with the young person's Social Worker, centre staff are actively seeking an alternative educational placement in the hope this influence attendance. Staff have been informed by one educational establishment that a placement may be available from the end of March 2017. In the interim the team continue to actively encourage attendance and a centre devised educational and independent living skills programme has been put in place.

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| Proposed timescale: 31.03.2017 | Person responsible: Interim Service Manager |

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:

The lack of progress by the Social Work Department in relation to a child protection allegation for one child had not been had escalated to the Interim Service Manager by the Centre Manager.

Risk management was not adequately developed as documented risks were not rated nor was there evidence they were reviewed.

The quality of discussion of supervision records in the centre was poor.

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 basis and process for escalation of issues from Centre Manager to Service Manager will be discussed and clarified as part of the next scheduled Centre Manager supervision session Supervision records will note same.
- Centre risk management was reviewed with the Interim Service Manager on 07.03.17. The Centre Risk Register was updated following this review.
- A review of supervision records was completed on 28.02.17 by the Centre Manager. A subsequent meeting was held with the Supervisors on the need for more detailed record keeping of discussion held in supervision. The Centre and Interim Service Manager will audit files as outlined in the National Supervision Policy to ensure compliance.

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| Proposed timescale: Action completed 07.03.17 | Person responsible: Interim Service Manager |
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