

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-0018972-AP
Provider's response to Inspection Report No:	MON-0018972
Centre Type:	Children's Residential Centre
Service Area:	CFA DML CRC
Date of inspection:	23 February 2017
Date of response:	26 April 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: Substantially Compliant

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

Formal preparation for leaving care or aftercare planning had not begun for all young people as required.

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:

An updated policy is currently being developed by TUSLA policy development group;

this will include and address issues with regards to allocation of aftercare workers, needs assessment. Additional aftercare workers will be recruited in the coming months to support the implementation of this policy.

The Centre Manager will develop a plan in conjunction with the young person and Social Worker to support the development of the young person's aftercare skills. The Centre Manager is currently seeking aftercare services for all young people in the centre.

Proposed timescale:
01/09/2017

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:

Children's social workers had not ensured that the national joint protocol between An Garda Síochána and the Child and Family Agency for children missing from care had been fully implemented where required.

There was no written policy in place in relation to room searches and the guidance provided did not outline a timeframe for review or detail arrangements for oversight of this practice.

The process for recording significant events required review to ensure full details of events were easily accessible.

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 Centre Manager has put in place a schedule for the review of all missing children from care in the centre on a monthly basis to ensure compliance with protocol. The Centre Manager will forward this on to the relevant Social Work department. In the event this not be responded to within a two week period, this will be escalated to Interim Service Manager who will address with the Principal Social Worker.

Tusla Children's Residential Services are reviewing Policies and Procedures for the Services. In the interim the Centre Manager and Interim Service Manager have developed a procedure for restrictive practice specific to room searches on the 18th April 2017. All young people to be informed of circumstances under which room searches would be completed and this information is contained within the young person induction booklet. Room searches will be carried out on a risk assessed basis

and will be reviewed by the Centre as they occur and as part of every team meeting.

A review of the significant event process was conducted by the Interim Service Manager and Centre Manager on the 7th April 2017. Issues were also addressed with the staff in the team meeting on the 5th April 2017. The Centre Manager will ensure that the details of significant events are contained within the one document as required to ensure all relevant information is contained therein.

Proposed timescale:
28/04/2017

Person responsible:
Interim Service 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:

The procedure for recording of child protection concerns required review.

The child protection policy was not in up-to-date and was not in line with Children First.

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:

An updated Child Protection Practice Note was implemented in the Centre on 11th January 2017. The Interim Service Manager provided staff with clarity on its implementation, the notification, recording and storing of these records as required on the 8th March 2017. The Centre Manager will review this with the team in the team meeting on the 3rd May 2017.

The Child Protection Policy is currently under review and will be implemented in the Centre by 20 December 2017. In the interim the Child Protection Practice Note is in situ and is implemented in the Centre.

Proposed timescale:
20/12/2017

Person responsible:
Service Director of C&FA

Theme 2: Safe & Effective Care
Standard 10: Premises and Safety
Judgment: Substantially Compliant

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

The programme of maintenance and capital works did not ensure adequate and timely response to structural and decorative issues within the centre.

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:

Tusla estates in consultation with maintenance department have completed an assessment on the Centre and have developed a schedule of works. The necessary maintenance work will need to be carried out during the summer months and will be completed by the end of October 2017.

Proposed timescale:
31/10/2017

Person responsible:
Interim Service Manager

Theme 3: Health & Development

Standard 9: Health

Judgment: Substantially Compliant

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

Not all children had records of medical examinations on or prior to admission on their care files.

Not all children had a clear and complete record of all medical and health information from birth on their care files.

There was no medication management policy in place.

Staff had not received training in the management of medication.

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 Centre Manager has secured all young people's medical examinations record and records are contained on each young person's file. This was completed by 4th April 2017. In the future this issue will be escalated to the Interim Service Manager if they are not received with a month of the request.

The Centre Manager has requested from each young person's social worker, all medical records outstanding on the 4th April 2017. The Centre Manager will ensure to follow up on this request and if unsuccessful, will escalate to the Interim Service Manager to address it with the relevant Principal Social Worker.

Tusla are developing Policies and Procedures for Children's Residential Services and this will include the development of a medication management policy.

In the interim the centre manager who has completed Safe Administration of Medications provides medicines management, completes medicine audits weekly, monitoring errors and out of date medicines, thus ensuring that all appropriate steps are followed by the staff team as laid out in the National Medicines Management Document.

Medication management training is currently being sourced by the Service Director. All centre staff will have received training before December 2017.

Proposed timescale:
31/12/2017

Person responsible:
Service Director of 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:

There were no formal arrangements in place to provide for management cover out of office hours and there was no shift leader identified on each shift.

The external supports available to the centre manager were not effective at identifying and addressing barriers to rectifying ongoing deficits or repeat issues within the centre.

Not all staff members had received mandatory training as required.

The number of people being supervised by the centre manager exceeded policy and best practice standards.

Supervision was not provided regularly as required and recording of supervision was not adequate.

The system for the administration of files in the centre was not effectively organised.

There was no effective system in place to ensure that the centre's register was kept up to date of all discharges from 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 national structures for and within residential services has been escalated and is currently being pursued at a senior management level. The need for an on-call

system across the service will be reviewed within this process. Formal arrangements will be established and implemented by 02 March 2018. The implementation of a shift leader will be discussed at the team meeting on the 3rd May 2017, following which a decision will be made regarding same. In the interim External Managers will continue to be available to the Centre as required.

Issues in respect of mandatory training have been escalated to the Service Director to ensure that deficits in respect of the required training are addressed as a matter of priority. All staff members are currently up to date in fire safety, behaviour management and Occupational First Aid, 2 staff members require refresher training in Children's First and while this is being sought and centre manager has escalated the request as urgent, it is anticipated to be completed by 31st May 2017, centre manager to follow up on this request on 3 May. Manual Handling has been secured for the 24th May 2017. Training in report writing and reflective practice is available on the 21st September and the Centre Manager will attend this training.

A number of steps have been taken to address the deficits in respect of supervision. Two Social Care Leaders have been identified within the team to take on supervisory rolls with training and support. The supervision will be divided between the Centre Manager and Social Care Leaders sharing the responsibility for same.

The system of administration of files has been addressed in that the SEN system of reporting was reviewed when brought to the team meeting on 8 March. Furthermore, the centre register deficits were addressed at the time of the inspection, and up to date chronological files are available both on computer and in hard copy form. Centre manager will ensure that these are updated as required.

Proposed timescale:
01/09/2017

Person responsible:
Centre Manager