

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-0019078-AP |
| Provider's response to Inspection Report No: | MON-0019078 |
| Centre Type: | Children's Residential Centre |
| Service Area: | CFA DML CRC |
| Date of inspection: | 20 February 2017 |
| Date of response: | 18 April 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: Non Compliant - Moderate

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

The complaints log was not available for inspectors to review on the day of inspection.

Details were not clearly recorded in relation to each complaint including; the outcome of the complaint, the satisfaction of the complainant and details of follow up actions taken.

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:

| | |
|----------------------------|---|
| Proposed timescale: | Person responsible: Provider |
|----------------------------|---|

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:

Centre records did not clearly reflect the amount of contact children had with their social workers or if social workers had reviewed children's records.

Care plans were not always signed by the relevant parties.

Aftercare planning was not sufficient.

Children were not routinely involved in grocery shopping as part of their independent living skills.

There were gaps in some centre records and some records were inaccessible on the days of the inspection.

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 will ensure that a clear record of Social Work contact is maintained in the relevant young people's documentation such as the daily journal, communication log and young people's reports. The Centre Manager has addressed this issue over a number of consecutive shift planning meetings and was also addressed during the Centre team meeting on the 29 March 2017.

The Centre Manager will ensure that all care plans are signed by all relevant parties. This action will be completed by the 06 April 2017. The Centre Manager will ensure that care plans are signed by the young people's Social Worker as required on an ongoing basis. Where it is the case deficits are not addressed within a three week timeframe the Centre Manager will escalate this issue to the Interim Service Manager who in turn will address with the relevant Principle Social Worker immediately.

The Centre Manager and Service Manager will continue to avidly pursue the sourcing of an appropriate placement. The Centre will continue to support this young person

through to the completion of the leaving certificate as agreed and planned. All young people have been referred to the Aftercare service. 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. In the interim the Interim Regional Manager will escalate concerns regarding lack of identified placement / service provision to the relevant Area Manager by 20 April 2017 should difficulties continue to present.

All young people have been consulted in a one to one session on the 21 March 2017 regarding house shopping; all except one young person has agreed to partake. The Centre manager will ensure that all young people are included and / or are encouraged to partake in the house shopping on an ongoing basis and will continue to support the development of Centre Manager will incorporate this as part of the standing agenda for young people's meetings.

Gaps in relation to some Centre records have been addressed by the Centre Manager. The difficulties regarding IT systems / recording issues are being addressed by the Centre Manager. A further assessment of the IT system took place on the 22 March 2016. The IT system requires upgrade; costings for this upgrade have been submitted and are pending approval. This system will be updated by July 2017. In the interim the Centre Manager will continue to ensure that all Centres records are printed and placed on file on a daily basis to prevent any concerns in relation to gaps occurring.

Proposed timescale:
01/07/2017

Person responsible:
Provider

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 practices were not effective.

Oversight of medication management was not sufficient.

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:

Medication Management training is currently being sourced by the Service Director. All centre staff will receive training before December 2017. As from the 19th April 2017 a staff member as part of the shift planning is allocated the responsibility of medication management for all the young people and this is recorded in the Centre shift planner. Staff must ensure that all medication is accounted for at the start of

each shift and the procedure for medication is followed in full for each individual young person. Staff will ensure that the medication sheet is filled out in full and will contain all required information. Any issues or gaps presenting will be addressed immediately to ensure appropriate accountability and follow up action is implemented. The Centre Manager will complete an audit of all medication records on a weekly basis at minimum to ensure that all appropriate measures are in place. The Interim Service manager has implemented an interim procedure document to ensure that appropriate steps are followed by the staff team. Medication Management will be incorporated in the Service Managers governance checks in the Centre.

Proposed timescale:
31/12/2017

Person responsible:
Provider

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 centre was operating outside of its purpose and function as there was a young adult over the age of 18 residing in the centre.

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 Complaint log has been placed on file. The Centre Manager will ensure that the Complaint log is on file and kept up to date as required on an ongoing basis.

The Complaint log has been updated to reflect the outcome of each complaint, the young person's / complainants view and the details of the follow up actions taken to address the complaint. The Centre Manager will ensure that the complaints log is updated at minimum during every team meeting to ensure a clear record is maintained on an ongoing basis.

The Purpose and function identifies that there is one young person over the age of 18 years residing in the Centre. The Purpose and function also identifies that young people can be 13 – 17 on admission.

Proposed timescale:
30/06/2017

Person responsible:
Provider

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 was no system of having an identified person in charge when managers were absent from the centre.

Monitoring and oversight systems required improvement.

There were limited opportunities provided at team meetings for learning in relation to risk, safeguarding and significant events.

Supervision did not occur in line with centre policy.

The quality of supervision records varied.

Not all staff had completed mandatory training.

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 is currently being reviewed within this process.

Identification of a shift lead will be discussed with staff at the team meeting on the 12 April 2017. In the interim External Managers will continue to be available to the Centre as required.

A TULSA Quality Improvement Framework will be implemented on a phased basis across the Service. The initial implementation will be in respect of governance, leadership and management systems that support staff to deliver consistent, appropriate & accountable services and is scheduled for the 18 April 2017. This framework will aid the development of the monitoring and oversight systems in place and support the Centre and Service Management in the development of systems to support and improve the current monitoring systems in place. The first phase of implementation will be complete by 30 October 2017 and the final phase in December 2018.

The Centres Risk register has been updated to reflect all risks presenting in the Centre. All risk assessments were reviewed at a team meeting held on the 01st of March with the full input of the staff team. This will be reviewed going forward on a quarterly basis or more often if necessary. Review and analysis conducted by the Centre Manager will be discussed during every staff meeting to ensure that learning is encouraged and shared amongst the staff team.

Supervision has increased in frequency since inspection. The Centre Manager will review the supervision plan regularly to ensure that the required improvement. Time allocation for supervision has been increased to ensure that adequate time is afforded to the recording of supervisions to ensure that the quality and effectiveness of supervision is reflected throughout all records. Progress will be reviewed by the Interim Service Manager on a 6 weekly basis as part of the systems check. 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 manual handling, fire safety, behaviour management and Children first, 3 staff members require refresher training in Occupational first aid, this training will be completed before September 2017

Proposed timescale:
30/09/2017

Person responsible:
Provider