

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-0018930-AP
Provider's response to Inspection Report No:	MON-0018930
Centre Type:	Children's Residential Centre
Service Area:	CFA DML CRC
Date of inspection:	01 March 2017
Date of response:	9 May 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: Non Compliant - Moderate
The Provider is failing to comply with a regulatory requirement in the following respect: Not all children had up-to-date care plans on file. Not all admissions were appropriate for the mix of children in the centre. Care plan reviews had not been carried out when children's circumstances changed. Not all children had allocated aftercare workers 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:

All young people currently have up-to-date care plans on file 15 March 2017. Where it is the case that care plans are not received within a three week time frame the Centre Manager will escalate this issue to the Service Manager who in turn will address with the relevant Principle Social Worker immediately.

The Centre Manager will ensure that the referrals/admission procedure is robust, kept in line with Service Policy. All pre-admission collective risk assessments will be kept on file in the young person's drawer.

Since inspection a Child in Care Review has been convened due to change in circumstances and an updated Care Plan was received and placed on the young person's file on the 13 March 2017. Where it is the case that there is a change in circumstances for a young person the Centre Manager will ensure to formally request a child in care review. If issues arise in relation to the convening of child in care reviews the Centre Manager will escalate the issue to the Interim Service Manager who will address with the relevant Principle Social Worker in a timely manner.

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 which will support the deficits presenting. In the interim however arrangements have been made to ensure all young people are support with preparation for leaving care.

Proposed timescale:
26/04/2017

Person responsible:
Interim Service Manager

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 shared living spaces would have benefitted from painting and some hallway carpets were worn in places.

The toilets and bathrooms required refurbishment.

The assembly point in the event of an evacuation was not noted either in the evacuation procedure displayed or outside.

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 plan of minor capital works has been agreed and funding secured for the Centre to include; bathroom refurbishment, interior painting and replacement of carpet on hall, stairs and landing to be completed by 30 September 2017.

Fire assembly point signage was purchased and placed in situ on 24 April 2017. The Centre Manager has updated the fire evacuation procedure to include the fire assembly point. A fire drill will be conducted on or before 05 May 2017.

Proposed timescale:
30/09/2017

Person responsible:
Centre Manager

Theme 3: Health & Development
Standard 8: Education
Judgment: Substantially Compliant

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

Not all children had an appropriate educational or training placement.

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:

An educational placement has been secured for the referenced young person and commenced 24 April 2017. The Centre Manager will ensure to continue efforts to secure appropriate educational placement in consultation with the young person's Social Worker on an ongoing basis.

Proposed timescale:
11/05/2017

Person responsible:
Centre Manager

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:

Not all medical information - including immunisation records- was included in children's files and some files did not reflect whether medicals had been carried out prior to child's admission to the centre.

Medication management practices did not include correct labelling and recording 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 formally requested a copy of all medical histories for all young people to include immunisation records for each young person. If these records are not received by the 30 May 2017 the Centre Manager will escalate this issue to the Interim Service Manager who will address with the relevant Principle Social Worker to ensure that all records are received in a timely manner.

Centre Manager will ensure that medical examinations are carried on the young person's admission to the Centre. This will be recorded through the placement pack system and placed on the young person's file. The Centre Manager will ensure that medical histories are routinely sought from the allocated Social Workers during the young person's pre-admission programme to the Centre. Records will be routinely checked by the Service Manager who will address any ongoing issues with the relevant Principle Social Worker.

The medicine cabinet will be routinely checked to ensure that only the required prescribed medications and where required over the counter medications are stored within and correctly. The Centre Manager has identified a staff member to complete this task on a weekly basis to ensure this is completed. Tusla are developing Policies and Procedures for Children's Residential Services and this will include the development of a medication management policy. A medication management policy will be implemented in the Centre on or before 20 December 2017. In the interim the centre manager who has completed Safe Administration of Medications training will complete medicines audits weekly to monitor errors and out of date medicines, ensuring that appropriate steps are followed by the staff team and that all staff are familiar with Medicines Management Guidance 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:
Director of CRS, 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:

The register of children did not contain all the information required by the regulations.

Staff had not all received mandatory training.

Evidence of professional qualifications and attendance at training events was not

held on all staff files sampled, including the attendance at supervision training of the Centre Manager and the Deputy Manager.

Ongoing staff development required actions identified in supervision to be completed.

Some records were not accurately completed.

Not all staff were qualified.

External oversight of some areas of practice had not identified deficits in medication management and recording, training, gaps in staff records and deficits in relation to supervision.

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 Centre Register has been reviewed by the Centre Manager and all required information is contained within 21 April 2017. The Centre Manager will review the register on a routine basis to ensure that all relevant information is recorded within.

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. Staff have completed training 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.

The Centre Manager will carry out a review of all staff files by the 05 May 2017 with particular focus on reviewing evidence of professional qualifications and attendance at training events. Any deficits in these areas the Centre Manager will request a copy of qualifications from the staff members and request training attendance records or certificates where training has been attended. Once received they will be placed on the staff file to be completed by 30 June 2017.

The Centre Manager has updated the training needs analysis and placed on file 21 April 2017.

The Centre Manager will ensure to include and reflect the discussions regarding staff professional development within supervision on an ongoing basis. An Individual training programme has been reflected in the training needs analysis and review of this will take place with each staff member periodically during supervision.

Centre Manager will discuss the importance of accurately recording and completing reports at staff team meeting on 3 May 2017. Any issues with recording will be discussed with the individual staff members during their supervision. An interim

updated Record Keeping policy will be implemented in the Centre by 17 May 2017. The Centre Managers will complete twice yearly audits on all relevant documentation and the Service Manager will ensure to maintain records checks in the Centre on a regular basis.

The Centre Manager will ensure that all staff members that are not qualified are encouraged to and where possible given the opportunity to obtain relevant qualification 2017. These discussions and support mechanisms will be reflected in the staff member's supervisions. Where possible unqualified staff members will be rostered to work with those staff that are qualified.

The systems checks as referenced in the report are currently under review in conjunction with the Tusla Quality Framework assessments which are due to be implemented by the Service Manager in the coming months. The Tusla Quality Framework includes a self assessment tool and self audit tool for the Centre and will assist further in the development of the systems checks currently operational to ensure that any aspect with regards to an inaccuracy or deficit in recording keeping is identified as part of any audit of Centre records. In the interim the covering Service Manager will ensure that a full audit of Centre Records is completed before the 09 June 2017. This will be reviewed by the Service Manager who will address any presenting issues during the next scheduled Centre Manager supervisions.

Proposed timescale:
30/09/2017

Person responsible:
Interim Service Manager