

# Action Plan

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

<b>Action Plan ID:</b>	MON-0019011-AP
<b>Provider's response to Inspection Report No:</b>	MON-0019011
<b>Centre Type:</b>	Children's Residential Centre
<b>Service Area:</b>	CFA DNE CRC
<b>Date of inspection:</b>	28 March 2017
<b>Date of response:</b>	24 May 2017

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

<b>Theme 1: Child - centred Services</b> <b>Standard 4: Children's Rights</b> <b>Judgment: Substantially Compliant</b>	
<b>The Provider is failing to comply with a regulatory requirement in the following respect:</b> Not all staff were familiar with the contents of the revised policy.	
<b>Action Required:</b> 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.	
<b>Please state the actions you have taken or are planning to take:</b> The revised complaints policy was discussed at the staff meeting on the 10th May 2017. Staff will be requested to read and sign the policy. The centre will discuss this with each staff member in supervision.	
<b>Proposed timescale:</b> 30/06/2017	<b>Person responsible:</b> 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:**

Not all statutory information was contained in one child's file.

Some files were not always legible, complete or well organised.

Filing systems were not adequate.

**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 undertake an audit of all of the young people's files to ensure that all files are complete and have all the required documentation. This audit will be carried out on a monthly basis.

The centre manager will review the filing system and introduce a system that makes the files legible, well organised and easy to access by authorised personnel. The Alternative Care Manager will oversee this process to ensure that files are maintained to the correct standard.

**Proposed timescale:**  
31/07/2017

**Person responsible:**  
Provider

**Theme 2: Safe & Effective Care**  
**Standard 6: Care of Young People**  
**Judgment: Substantially Compliant**

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

Restrictive practices were not always used as a last resort and for the shortest duration possible.

**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 use of the Child protection alarm system will be included in the collective risk assessments. These are reviewed and updated on admission of a young person or as the dynamics of the group changes. The use of the child protection alarm system will remain on the Risk Register and this will be reviewed every six weeks.

**Proposed timescale:**  
31/07/2017

**Person responsible:**  
Provider

**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 health and safety statement was not up to date.

Firs logs reflected that one staff member had not participated in a fire drill and there was no record of one child attending a fire drill.

**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 existing Health and Safety Statement is currently under review and will be brought up to date. This will be reviewed annually or as changes occur within the service.

The staff member has participated in a fire drill.

All young people will be required to partake in a fire drill upon admission to the centre.

**Proposed timescale:**

**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:**

Systems checks had not identified the filing issue or the lack of consistency in supervision.

The recording of the file auditing system required further development.

There were three unqualified staff working in the centre.

Supervision was not always provided regularly in line with Tusla policy.

The quality of recording of supervision was not consistent. Supervision records did not always include persons responsible for the actions agreed or the timeframes in which they were to be completed.

Not all staff were trained in financial management, three staff had not received refresher training in Children First 2011 and none had received Dignity at Work training, Diversity training or training in medication management.

**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 manager will ensure that supervision is carried out in line with Tusla policy.

The centre manager will record supervision in a manner that identifies actions required, the person responsible and the date for completion.

The centre manager will introduce a monthly audit of all files.

The centre manager will support unqualified staff to obtain a recognised third level qualification subject to course availability and their willingness to attend.

All current credit card holders have received financial management training as per Tusla financial regulations

The centre manager will ensure that all the staff will receive updated Children's First Training.

The centre manager will facilitate staff to attend Dignity at work and Diversity training when it becomes available.

Tusla is presently developing a national training programme for staff on administering medication. The programme will be delivered by the end of 2017.

The Alternative Care Manager will review the centre governance reports, case files, supervision records, medication records, training records and health and safety records and will make recommendations to the centre manager on areas requiring

improvement. The Alternative Care Manager will make note of any findings and discuss this at the monthly regional meeting of Alternative Care Managers.

The Regional Manager reviews all centre governance reports and makes recommendations to the Alternative Care Manager who then notifies this to the centre manager.

**Proposed timescale:**  
**30/11/2017**

**Person responsible:**  
**Provider**