

# 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-0019461-AP
<b>Provider's response to Inspection Report No:</b>	MON-0019461
<b>Centre Type:</b>	Children's Residential Centre
<b>Service Area:</b>	CFA South CRC
<b>Date of inspection:</b>	11 April 2017
<b>Date of response:</b>	18 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:**

Minutes of statutory child in care reviews showing decisions and recommendations were not always in the files.

Not all children aged 16 and over had been allocated an after care worker and leaving care plans were not in place.

There was no evidence of regular oversight of files either by the centre manager or delegated social care leader.

**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 in conjunction with the Service Manager will conduct an audit of relevant Child in Care Reviews and through the use of team meetings and supervision emphasise the need to comply and record all decisions and recommendations.

The Centre Manager and Service Manager will continue to request social work departments to ensure Aftercare workers and Aftercare plans are provided for those young people who require same. Notice sent to social work department on May 12th 2017. This issue will be escalated to the Regional Office in the event there is no timely response.

The Service Manager in consultation with the Centre Manager will establish an audit and time frame to address the oversight of children's and young person's files. This particular matter was addressed at the Social Care Leaders meeting of 15th May 2017. Oversight will be evidenced by signature and date.

**Proposed timescale:**  
**14/07/2017**

**Person responsible:**  
**Interim Service Manager**

**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:**

Individual crisis management plans were not sufficiently kept up-to-date.

**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 will conduct a review of all Individual Crisis Management Plans with the care team and CRS Psychologist to ensure that they are kept up to date. ICMP's will remain a standing item on the team meeting agenda.

**Proposed timescale:**  
**14/06/2017**

**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:**

On going refurbishment in the following areas was required:

- kitchen facilities
- kitchen and corridor flooring
- children' s bathrooms to include an additional shower
- bedroom flooring
- external decking and amenities
- office layout

There was an extremely unpleasant and constant smell pervading the exterior of the premises and excessive disturbance from neighbouring noise pollution.

The centre was not sufficiently clean.

The health and safety statement was not up-to-date

Servicing of fire equipment and fire alarms were not up-to-date.

**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 list of requested works was made of Minor Capital in January 2017. The Service Manager will follow up on this submission to establish a schedule of works and associated timeframe for completion.

The previous Service Manager has lodged a formal complaint via correspondence to local corporation council offices regarding the issues of noise pollution and smell. In response a site visit took place of a local city councillor who has undertaken to establish what options are available to the centre. The Centre Manager has also sought advice from Environmental Health. The Service Manager and Centre Manager will meet on receipt of all information to formulate a plan of response and associated timeframe.

Centre cleanliness to be addressed by Centre Manager at Social Care Leader and Team Meetings will remain a standing item for the next six months in order to guard against slippage in standards.

The Centre Health & Safety Statement will be subject to review and update as appropriate by the Centre Manager and staff team

Servicing of fire equipment and fire alarms has taken place as of 20th April 2017. A schedule for servicing will be established by the Centre Manager and assigned as a responsibility to a Social Care Leader.

**Proposed timescale:**  
**15/07/2017**

**Person responsible:**  
**Interim Service 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:**

Staff had not received training in the safe administration of medication.

Routine medication audits with action plans as required to ensure safe practice were not taking place.

**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:**

A training input on the safe administration of medication has been identified for implementation on a national basis. This training will comprise of a half day training which will be scheduled on a regional basis. Training to commence September 2017.

A Routine (monthly) medication audit will be undertaken by a designated Social Care Leader. Resulting actions to be addressed and minuted in team meeting minutes.

**Proposed timescale:**  
**30/06/2017**

**Person responsible:**  
**Centre 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:**

There was no deputy manager in post to assist the centre manager.

Training on the national risk management policy had not been provided.

Not all risks and controls were captured on the risk register.

There was no plan in place to assess the competencies for the small number of staff without a specific qualification.

There were no dedicated night staff allocated to the service.

Mandatory training in manual handling and first aid was not up-to- date

**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:**

Expressions of Interest have issued to fill the post of Deputy Manager. Closing date for application is May 19, 2017. Interview will then follow. The successful candidate will be in post as the earliest date post interview.

A review of the Centre Risk Register will take place to ensure all risks are identified and control measures outlined. Ongoing review of the Risk Register will occur on completion of the Centre Governance Reports on a monthly basis. Commencing June 2017.

An audit of staff qualification will be completed by the Centre Manager to form the basis of completion of Professional Development Plans and Continuing Professional Developments with all staff members.

A joint working group has been established of Tusla and Union bodies to produce a roster that is working time directive compliant which will include provision for waking night staff. This joint working group is in the final stages with a projected completion date of September 2017.

An audit will be completed to establish the training deficits in mandatory training in order to establish a training schedule. This audit will be completed by June 30, 2017.

**Proposed timescale:**

**Person responsible:  
Interim Service Manager**