

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-0017601-AP
Provider's response to Inspection Report No:	MON-0017601
Centre Type:	Children's Residential Centre
Service Area:	CFA DML CRC
Date of inspection:	04 July 2016
Date of response:	1 September 2016

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: Requires improvement

The Provider is failing to comply with a regulatory requirement in the following respect:
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Not all complaints were recorded on the complaints log.

Not all complaints records reflected the actions taken and whether clear conclusions were reached.
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Complaint records did not always specify whether the young person was satisfied with the outcome of the complaint.
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Children were not always guided appropriately in how to access information held on their records.

Children's right to education was not always promoted.
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Children were not consistently consulted in relation to the running of the centre.
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Not all children were considered for advocacy services as appropriate.

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:

The complaint log was updated to reflect the outcomes of the complaints and the complainants view on the outcome/management of the complaint. The complaint log will be reviewed on a weekly basis by the Centre Manager to ensure that the log is kept up to date with all the relevant information contained within. The complaints policy and procedure will be reviewed at the next staff team meeting on 07 September 2016.

One-to-one sessions have been completed with each young person on their right to access information recorded about them and the process in doing so on the 14 July 2016. On admission to the Centre a one-to-one session on access to information will be carried out, recorded and placed on the young person's file. Accessing information will be discussed with each young person routinely and as part of their placement plan.

Currently all Young People have an educational or vocational placement identified and are due to commence by the 15 September 2016. An Interim policy on non school attendance policy will be developed and implemented in the Centre by the 16 September 2016.

Consultation on the running of the centre will be a standing agenda item on the young people's meetings scheduled for every two weeks. Where it is the case that a young person chooses not to attend, a follow up one to one session will take place whereby this issue will also be discussed with the young person. The young person's opinion and view on all aspects of the running of the Centre will be routinely sought and the Young Person will be consulted on their views on the progress / development of any issues that may present. Young People's views will be sought on the proposed works in the Centre and will be encouraged to take part in choosing decoration and furnishings. All young people's meeting minutes will be reviewed at the Centre Team meeting and an action plan developed within to address the issues represented by the young person.

The Centre Manager requested from the Social Worker the appointment of a Guardian Ad Litem for the Young Person on the full care order on 25/08/2016. All advocacy services to include a Guardian Ad Litem will be promoted by the Centre Manager for each young person as required.

Proposed timescale:
30/09/2016

Person responsible:
Interim Service Manager

Theme 2: Safe & Effective Care
Standard 5: Planning for Children and Young People
Judgment: Requires improvement

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

Children's admission records did not reflect that consideration was given to the need to protect young people from abuse by their peers.

Not all care plans were up to date and reflected the needs of the children.

Child-in-care reviews were not carried out as often as required by regulations.

Not all minutes of child in care reviews were on children's files.

Not all placement plans were up-to-date and completed in full.

Records of every visit the child received from the supervising social worker were not available on files.

Aftercare plans were not comprehensive.

Not all opportunities were taken to prepare young people for leaving care.

Children were not always encouraged to attend therapeutic appointments.

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 has placed the collective risk assessment on file. The Centre Manager will ensure that the referrals/admission procedure is robust, kept in line with Service Policy and that the young people already placed in the Centre are not negatively impacted on by new admissions. All pre-admission collective risk assessments will be kept on file in the young person's drawer.

The outstanding Care Plan and minutes were received and placed on file 20 July 2016. The Centre Manager and Service Manager will conduct a review of the current care plans in the centre during their scheduled supervisions. Where there are gaps identified such as the needs of the young people on the care plan these will be addressed by the Centre Manager with the relevant Social Worker. If the identified deficits are not addressed by the Social Worker Team Leader the Centre Manager will escalate to the Interim Service Manager who will address with the relevant Principle

Social Worker.

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. Since inspection, a child in care review has been convened due to a change in circumstances and the young person's care plan is currently being updated. If issues arise in relation to the convening of child in care reviews and / or the quality of care plans 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.

All young people's placement plans are currently being updated by the Centre Manager and will incorporate preparatory work to help develop independent living skills. The quality and the content of the all the young people's placement plans will be reviewed by the Interim Service Manager on 30 September 2016 should gaps or issues present they will be addressed by the Interim Service Manager.

The Centre Manager will ensure that all Social Worker visits are recorded on the relevant access visit report and placed on the Young Person's file. The Interim Service Manager will ensure to review all SW access visit reports during her visits to the Centre.

Aftercare plans will be reviewed by the Centre Manager and Interim Service Manager during supervision to ensure that all plans are comprehensive and reflect appropriately the needs of the young person. Where deficits are identified they will be formally addressed by the Centre Manager to the relevant Social Worker / Aftercare worker.

Independent Living Skills will be promoted by the Centre staff team on a daily basis; all young people will be encouraged to take an active part in their independent living skills programme as reflected in their placement plan. The Centre Manager will ensure to review the young person daily journal to assess the implementation of the placement plan.

The Centre Manager has addressed with the Centre staff team the importance of young people attending appointments and the need to notify the young person's allocated Social Worker if they refuse to attend in line with their care plan. The Centre Manager will ensure that all young people are encouraged to attend their therapeutic appointments as required and will ensure that the shift planning tool in the Centre is utilised in full to ensure that internal and external communications are improved upon.

Proposed timescale:
30/09/2016

Person responsible:
Interim Service Manager

Theme 2: Safe & Effective Care
Standard 6: Care of Young People
Judgment: Requires improvement

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

Care practices did not take into account children's religious identity.

Incentives and consequences were not consistently recorded. Some incentives were not recorded.

Behaviour support plans were not reviewed in line with children's needs.

There was no record of restrictive practices used in the centre. Not all restrictive practices were risk assessed.

Absence management plans lacked specific details to guide staff when children were missing in care.

Records were not in place to indicate that children received a nutritious diet.

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:

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:

One-to-one sessions with the current young people in relation their individual religious identity and will be completed by 02 September 2016. All young people will be consulted and supported with their religious identity on an ongoing basis. The young person's placement plan will incorporate allocated one to one sessions to ensure that each young person is afforded regular opportunity to discuss and seek support on developing their religious identity.

Consequences were reviewed at the staff team meeting on 24 August 2016. Consequences will be routinely reviewed and discussed at the staff team meeting to make certain that that there is regular oversight and monitoring on a ongoing basis. The Centre Manager will ensure that consequences are reviewed for effectiveness during team meetings and a record will be kept in the team meeting minutes to reflect this review.

All placement supports plans are currently up to date for all young people. The

Centre Manager will ensure that should a new behaviour present that the young persons placement support plan is updated immediately. The Centre Manager must reflect that this update has taken place on the young person's significant event notification record for external manager review.

Restrictive practises will be reviewed on the 07 September 2016 with the Centre staff team. Individual risk assessments for restrictive practises will be completed by the Centre Manager on the 07 September 2016 and forwarded to the Interim Service Manager for review.

All placement support plans have been updated to reflect the timeframes for when staff should contact the Gardaí should a young person go missing from the Centre. An updated template has been forwarded to the Centre for implementation which will ensure that all specific details are incorporated onto the plan as required.

A record of the young person's daily diet will be maintained in the young person daily journal. The Centre Manager will ensure that young people's records reflect their daily food intake and also reflect the options of a nutritious diet. Weekly menus were discussed with all young people during the young person community meeting on the 24 August 2016.

Proposed timescale:
07/09/2016

Person responsible:
Interim Service Manager

Theme 2: Safe & Effective Care

Standard 7: Safeguarding and Child Protection

Judgment: Significant risk identified

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

Safeguarding practices were not effective in protecting all of the children living in the house.

Not all risks associated with child protection concerns had been assessed.

Not all staff were aware of the steps to take to report a concern about the service.

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:

All risks identified with the current child protection concern have been assessed and the documentary evidence of this assessment is on file. The Interim Service Manager and Principle Social Worker will ensure to conduct a review of the assessment process for this particular child protection concern. The Interim Service Manager will

provide a formal response to the Interim Regional Manager on the findings of this review.

The Interim Service Manager will ensure that all risks associated with a Child Protection Concern are assessed in full to include the impact this may have on the young person, the other residents, staff and members of the community.

The Interim Regional Manager will review the situation management process with regional management team during the next scheduled Regional Meeting on the 06 September 2016 to ensure that learning on this issue is promoted to all managers.

An updated child protection practice note document has been developed and is currently being reviewed by the Director - Childrens Residential Services. This updated practice document will be implemented in the Centre by the 30 November 2016.

A TUSLA risk management policy and procedure document is currently being developed and will be implemented in the Centre by December 2016. Training in risk management to include development of risk registers will be available to all staff in Childrens Residential Services in January 2017. In the interim the Interim Regional Manager will revisit risk register development with all Managers on the 06 September 2016 to ensure are aware of and understand the risk analysis and risk evaluation process and that all managers can support staff teams completing risk assessments.

The Centre Manager has identified that all staff members are required to review the protective disclosure policy, whistle blower policy and conduct a review of Childrens first. These policies will be reviewed again with all staff members in the team meeting on the 07 September 2016.

The Centre Manager will organise with the training department, refresher training in Children First Guidance for the team. This will be completed by the 30 November 2016.

Proposed timescale:
30/09/2016

Person responsible:
Interim Service Manager

Theme 2: Safe & Effective Care
Standard 10: Premises and Safety
Judgment: Requires improvement

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

The centre was not kept in good repair and was not adequately heated.

Repairs were not dealt with promptly.

The recording and oversight of maintenance issues was not effective to ensure maintenance issues were responded to in a timely manner.

There was no signage for the fire assembly point.

Recording of fire drills was not effective in promoting learning.

Not all staff participated on regular fire drills in line with the health and safety policy.

The medicines cabinet was overstocked and some medications were out of 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 number of maintenance issues in the centre were addressed by the maintenance department on the 11 August 2016. Minor Capital funds have been secured and refurbishment is scheduled to take place in September 2016 with a completion date for all works agreed as the 30th October 2016.

Concerns in relation to the oversight of maintenance issues have been addressed by the Interim Service Manager. The Centre Maintenance Log will be reviewed by the Centre Manager on a weekly basis. All repair requests will be formally notified to the maintenance department and a clear record of response will be maintained. The Maintenance log will be a standing agenda item on the Centre Team Meeting to ensure that any issues in respect of maintenance issues are identified and addressed preventing the possibility of gaps. The Centre manager will conduct a Centre walk through each week to assess the progress of the requested repairs to ascertain that all works have been responded to in a timely manner upon completion the Centre Manager will sign off on the completion of works as the authorised person within the Centre. The Interim Service Manager will routinely review the maintenance log to ensure that all matters have been addressed in an appropriate and timely manner.

Fire assembly point signage will be in situ by 09 September 2016.

Fire drill duration and the outcome of the drill will be reflected in the fire safety records in the Centre. If issues present during a fire drill they will be notified directly to the Centre manager, if the issue relates to a young person this will also be notified through the significant event notification system. All fire drills will be discussed and reviewed during the Centre team meeting to ensure that if issues present they can be identified and improved upon.

The Centre Manager will ensure that all staff members have participated in a fire drill before the 30th September 2016.

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. The Centre Manager has identified a staff member to complete this task on a

weekly basis to ensure this is completed. The Centre Manager will be attending Medication Management training on the 21st and 22nd September 2016 and will ensure to brief all staff on the updated training in the interim while medication management training is being secured for the remainder of the staff team.

Proposed timescale:
30/09/2016

Person responsible:
Interim Service Manager

Theme 3: Health & Development
Standard 8: Education
Judgment: Requires improvement

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

Educational assessments were not on all children's files.

There were no individual education plans for children.

There was no non attendance at school policy.

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:

All young people have an identified educational placement or vocational placement and are due to commence 15 September 2016. An Interim policy on non school attendance policy will be developed and implemented in the Centre by the 16 September 2016.

The Centre Manager will request educational assessments are completed for all young people. The young people's placement plans are currently being updated to ensure that a specific educational plan is identified for each young person.

Proposed timescale:
30/09/2016

Person responsible:
Interim Service Manager

Theme 3: Health & Development
Standard 9: Health
Judgment: Requires improvement

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

Children's records did not contain a clear and complete record of their medical history from birth.

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:

Proposed timescale:

Person responsible:
Provider

Theme 4: Leadership, Governance & Management

Standard 1: Purpose and Function

Judgment: Requires improvement

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

The statement of purpose for the centre had not been reviewed.

There was no child-friendly version available for children living 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 statement of purpose and function had been updated and reviewed in line with the agreed review date of the 05 January 2016. The Centre Manager will ensure that only the updated version of statement of purpose and function is on file in the Staff office. A copy of the young person booklet which contains the young person friendly version of the statement of purpose will be located in the staff office to ensure this is accessible to all staff and relevant visitors of the Centre. All young people have received a young person's booklet.

Proposed timescale:
05/09/2016

Person responsible:
Interim Service Manager

Theme 4: Leadership, Governance & Management

Standard 2: Management and Staffing

Judgment: Requires improvement

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

Management structures were not always effective.

Monitoring systems in place to assess the quality and effectiveness of the service were not effective.

The register of children was not complete.

Not all communication systems were effective.

There were gaps in the risk management system.

Record keeping was not in line with policy.

The financial management system was not effective and there were discrepancies in financial records.

The quality of supervision was mixed. Supervision arrangements were not always effective.

Not all staff were qualified.

Staff required additional training in order to meet the needs of children.

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 and Interim Service Manager conducted a review of the management structures on the 18 July 2016. The Centre Manager will identify a specific staff member with responsibility for carrying out the tasks of the Centre Manager effectively in her absence. The Centre Manager will ensure the agreed identified person maintains a robust management structure to ensure that all issues presenting in relation to young people are monitored and responded to effectively.

The Interim Regional Manager has addressed the issues in relation to the monitoring systems with the Interim Service Manager as identified in this inspection report. The Interim Service Manager will formally address all issues in respect of the current monitoring and recording systems on the 09 September 2016. The Centre Manager will promote a culture of quality throughout all aspects of Centre operations to include identified inconsistencies and issues with communications. All Centre Governance reports will be forwarded on a monthly basis accompanied by a formal update on all issues identified within. The Centre Manager will ensure to formally notify the Interim Service Manager of any issues that cannot be resolved at a local level. All Centre Governance reports will be cross referenced to ensure that areas of concern have been addressed appropriately. The Centre Manager and Interim Service Manager supervision will be used more effectively to review the quality of care being provided. The Centre Manager will be required to update the Interim Service Manager at each supervision of the progress made in respect of any issues presenting. An action plan will be developed within supervision to address any / all presenting issues in a timely manner. This action plan will be reviewed by the Interim Regional Manager during the Service Managers supervision. If it is the case that it is found that issues are not being addressed in a timely manner or that issues

in respect of quality and effectiveness are not being addressed, appropriate and immediate action will be taken to ensure they are addressed as a matter of urgency.

Quality Management Systems are being developed across the Service Nationally. A new policy is currently being developed nationally in relation to a specific quality management system. This focuses on creating a culture of quality across the Service which contains a self assessment framework. This framework will be implemented in the Centre and will compliment the current structures in place. In the Interim the Centre Manager and Service Manager supervision will be used more effectively to review the quality of care being provided. The Centre's suite of documents will assist this review and planning for the young person's care in the Centre.

The Centre Register has been reviewed by the Centre Manager and all required information is contained within.

The Centre Manager will discuss effective and timely communication of information at the team meeting on 07 September 2016. The Centre Manager will review the Centre records on a daily basis to ensure there is effective communication. The Centre shift planner will be utilised to its full effect and this will be monitored by the Centre Manager as required on a daily basis.

A TUSLA risk management policy is currently being developed and will be implemented in the Centre by December 2016 and training will be available to all staff members in January 2017. In the Interim, the Centre Manager and Interim Service Manager will review the current risk register in place to ensure that all risks are appropriately identified within and are measured sufficiently. The updated risk register will be discussed and reviewed with the Centre staff team 07 September 2016.

All issues in relation to Centre compliance with regulations have been addressed with the Centre Manager by the Interim Service Manager 20 July 2016. The external Regional Finance Officer conducted a full audit on the 23 August 2016. Recommendations have been identified and are currently being addressed. Training in the financial management systems has been arranged for all Centre Managers and staff members and will be completed by the 31 October 2016. The number of procurement card holders in the Centre has been increased.

The Centre Manager will conduct a full review of Centre supervision experience with each staff member to ensure that staff are satisfied with the current arrangements in place for supervision and that all staff members are afforded the opportunity to discuss and reflect on issues within supervision with their identified supervisor. Any issues identified will be addressed.

The Centre Manager will encourage all staff members to obtain a relevant qualification during her supervision. The Centre Manager will ensure that staff members are offered supports to complete all necessary training.

A number of training dates have been secured for training in the use of ligature cutters for all staff and medication management training for the Centre Manager.

Both trainings will be completed by the 30 September 2016. Training in self harm has been arranged for the staff team on the 11 October 2016. Fire safety training has been arranged for the 21 September 2016. Training in sexual health has been arranged for the 02 November 2016. In the interim while additional training is being secured the Centre Manager will develop a schedule to review all centre policies with the Centre staff team during the Centre team meeting over the coming months.

Proposed timescale:
31/12/2016

Person responsible:
Interim Service Manager