

# Action Plan

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

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| <b>Action Plan ID:</b>                              | MON-0017327-AP                |
| <b>Provider's response to Inspection Report No:</b> | MON-0017327                   |
| <b>Centre Type:</b>                                 | Children's Residential Centre |
| <b>Service Area:</b>                                | CFA DML CRC                   |
| <b>Date of inspection:</b>                          | 10 May 2016                   |
| <b>Date of response:</b>                            | 13 July 2017                  |

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

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| <b>Theme 1: Child - centred Services</b><br><b>Standard 4: Children's Rights</b><br><b>Judgment: Requires improvement</b> |
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**The Provider is failing to comply with a regulatory requirement in the following respect:**

Outcomes to complaints and information on how they were resolved was not routinely recorded.

Children were not clear about their right to access information.

Children and their families had not received written information about their care.

**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 complaint log is kept up to date with all the relevant information contained within. One-to-ones with each young person has been completed on their right to access information recorded about them and the process in doing so on the 23/06/2016. On the admission a one-to-one 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.

The Centre Manager has requested that Social Workers provide copies of the young people's Care Plans to their families where required and the information about the Centre is shared. The Centre Manager will ensure to conduct a follow up with the allocated Social Workers by the 11/07/2016 to ensure that copies of plans have been given to the families where required.

**Proposed timescale:**  
11/07/2016

**Person responsible:**  
Provider

## **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:**

The admissions procedure did not effectively ensure children were protected from abuse by their peers.

All children did not have up-to-date care plans and copies of care plans were not forwarded to parents, the centre or children as required.

Emotional and specialist supports were not provided to all young people in a timely way.

Preparation for leaving care had not occurred in a timely way and aftercare planning was poor.

Children's care files did not contain all required records.

#### **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, Interim Service Manager and Social Work Department reviewed the duty of care and service delivery for the young person referenced in the report

on 17/05/2016 and an application was made for alternative placement. A alternative appropriate placement has been sourced for this young person. A review of the Centre admission procedure will be conducted by the Interim Service Manager and Centre Manager by 02/08/2016. A specific plan of action will be developed to ensure that the referrals/admission procedure is robust, kept in line with Service Policy and that the young people placed in the Centre are not negatively impacted on by new admissions.

One of the outstanding Care Plans was received and placed on file 30/06/2016. The Centre Manager has requested from the Social Work Department the other referenced Care Plan and Child in Care Review minutes. The Social Work Department have advised that there are difficulties in obtaining them. The Centre Manager has correspondence on file regarding same. The Interim Service Manager will escalate to the relevant PSW if they have not been received by 11/07/2016.

The Centre Manager has requested from Social Work Department that copies of the Care Plans are forwarded to the young person's parents and young people.

An appropriate emotional specialist support has been identified for the Young person referred to in the report and a referral has been processed. If issues present in relation to securing counselling services for young people going forward this will be escalated to the Regional Manager who will ensure to address with the relevant Area Manager.

The Centre Manager will ensure that aftercare planning is commenced for a young person in a timely manner following their admission to the Centre. The Centre Manager will review the Aftercare plan to ensure it is robust and specific to the young person's needs. Where issues or concerns present in respect of poor aftercare planning they will be addressed by the Centre Manager with the allocated Social Worker and Aftercare worker. If issues arise in relation to preparation for leaving care for any young person the Centre Manager will ensure to escalate presenting issues to the Interim Service Manager who will address with the relevant Principle Social Worker in a timely manner.

All young people have birth certificates, reception into care forms and up to date Care Plans. Centre Management have requested from Social Work Department that copies of immunisations is obtained from young people's GP. When received they will be placed on the Young Person's file.

**Proposed timescale:**  
**29/07/2016**

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

**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:**

Behaviour support plans were incomplete, did not provide appropriate guidance and were not reviewed as required.

Children's placement plans were not reflective of their circumstances, did not clearly identify relevant goals for their placement and were not reviewed as required in order to guide daily, weekly planning for children's placement.

Sanctions were not consistently implemented, recorded or reviewed.

There was insufficient monitoring of reports of significant events for the purpose of guiding behaviour support plans and ensuring learning from events.

Follow up action following review of incidents by the centre manager was not consistently recorded.

**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:**

All young people have up to date Placement Support Plans that are appropriate and give guidance on how to manage behaviours that challenge. They were reviewed at team meetings on 08/06/2016 and 22/06/2016. Placement Support plans will be routinely reviewed at every team meeting or sooner if required by the Centre Manager to ensure they are updated and give clear appropriate guidance on intervention.

All young people's placement plans are currently been updated by the Centre Manager. The quality and the content of the young people's placement plans will be reviewed by the Interim Service Manager by 20/07/2016.

The Centre Manager has reviewed the implementation of sanctions and sanctions will be reviewed at the team meeting on 06/07/2016. All records in relation to sanctions are up to date and all records will be reviewed on an ongoing basis at the team meetings.

The Centre Manager will incorporate and review significant events trends at the team meeting 06/07/2016 and bi monthly thereafter. This review will ensure that learning from significant events is documented and that this learning is used to guide and implement strategies for supporting young people going forward.

The Centre Manager will ensure that she outlines the required follow-up pieces on the Significant Event Reports. This will be monitored by the Interim Service Manager on an ongoing basis.

**Proposed timescale:**  
20/07/2016

**Person responsible:**  
Provider

**Theme 2: Safe & Effective Care**  
**Standard 7: Safeguarding and Child Protection**  
**Judgment: Requires improvement**

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

All staff had not received up to date training in safeguarding and child protection.

**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:**

Four staff members completed training in Children's First on 20/05/2016. A meeting with the Training and Development Department took place on 08/06/2016 with the Service Manager. All outstanding training requirements have been escalated to the Training and Development Department and a follow up meeting to address any outstanding requirements have been arranged for the 06/07/2016. Additional training dates will be provided for the remaining staff following this meeting. In the Interim the Centre Manager will review Children First with all staff members during the next scheduled team meeting on the 06/07/2016.

**Proposed timescale:**  
31/08/2016

**Person responsible:**  
Provider

**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:**

Areas within the centre were in a poor state of repair and the standard of décor required improvement.

There was no schedule for cleaning or system for monitoring that a good standard of hygiene and cleanliness was maintained throughout the centre.

Procedures in place for the identification and addressing of health and safety risks were not fully effective.

Systems in place for protecting against the risk of fire were not monitored or implemented effectively.

Fire drills were not properly recorded.

**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:**

Centre Manager has bought some soft furnishings through the household budget 30/05/2016. Interim Service Manager escalated to Interim Regional Manager the outstanding maintenance works that are in need of repair 16/06/2016. The requests have been escalated to the maintenance department and to Minor Capital Estates for approval of funding. Once approval is in place a schedule of works will be developed. Works are to commence in relation to flooring before the 29/07/2016. In the interim the Centre Manager has set a schedule for purchasing and redecorating required soft furnishings for the Centre.

The Centre Manager has incorporated a cleaning list into the daily shift planner to ensure that the Centre is effectively cleaned 20/06/2016. The Centre Manager will review this on a weekly basis and will address issues as they present with the staff team. If issues should continue to present they will be addressed by the Centre Manager with staff in supervision.

The Deputy Centre Manager completed a thorough assessment of the Centre on the 24/05/2016. The Deputy Centre manager will ensure to complete a thorough check of the Centre on a weekly basis and will formally identify any Health and Safety risks that may present to the Centre Manager. The Centre Manager will ensure that any identified risks or concerns will be escalated to the relevant department and all risks will be incorporated on the Centres Risk Register and escalated to the Interim Service Manager as required. These will also be recorded on the Health and Safety Log.

The Fire log for 2016 has been updated to reflect the fire evacuation that was carried out with last referral on 01 April 2016.

The Centre Manager will review the fire safety regulations with the staff team on 20/07/2016. The procedure for reporting any issues in respect of fire safety will be addressed.

**Proposed timescale:**  
29/07/2016

**Person responsible:**  
Provider

### **Theme 3: Health & Development**

#### **Standard 9: Health**

#### **Judgment: Requires improvement**

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

Care records did not contain a clear and complete record of all medical and health information 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:**

The Centre Manager has formally requested a copy of medical histories to include immunisation records for each Young Person. If the records are not received by the 29/07/2016 the Centre Manager will escalate this issue to the Interim Service Manager who will address the issue with the relevant Principle Social Worker to

ensure that all records are provided to the Centre.

**Proposed timescale:**  
**29/07/2016**

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

#### **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 of the centre had been unstable for a significant period. The impact on the confidence of the staff team, stability and consistency of care due to the frequent changes in manager had not been fully addressed.

Mechanisms for assessing the quality and effectiveness of the services provided were not consistently implemented including; supervision, review of files and safety checks, monitoring and updating of placement plans.

Governance systems were not effective at ensuring appropriate follow through or timely responses to issues arising.

The centre's register was not maintained as required.

There were gaps in the information retained on some staff files.

All mandatory training was not up to date for all staff and a formal training needs analysis had not informed the training programme.

##### **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:**

A permanent Centre Manager has been appointed to the Centre to ensure that Centre Staff and young people within receive consistency and stability. The Interim Service Manager and Regional Manager will ensure that a specific plan in relation to Centre cover is organised well in advance of any possible change for the Centre where this is the case. The Centre Manager will ensure that support is offered to the staff team in respect of change management.

The Centre Manager and Interim 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. All young people have a placement plan which is drawn up in conjunction with the young person and his / her social worker. This will be reviewed every month during team meetings for its effectiveness and to ensure the identified needs and plans are being met. The Interim Service Manager will review the quality of these



records to ensure their focus is on positive outcomes for young people. Deficits and or improvements required will be identified to the Centre Manager and addressed in a timely manner with the relevant professionals as required. If deficits cannot be addressed they will be escalated to the Regional Manager who will address with the relevant SW department.

The Centre Governance report reflects elements of the care as such as care planning, health and safety and risk management systems and information relation to all aspects of Centre operations. This report will be submitted monthly to the Service Manager and also reviewed for progress by the Regional Manager on a monthly basis. If deficits and / or improvements are identified they will be addressed in a timely manner. The Centre Manager will be required to update the 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 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 appropriate and immediate action will be taken to address presenting concerns to ensure they are addressed as a matter of urgency. The Centre's register has been updated to include the last referral and has been placed in order 13/05/2016.

Centre Manager will carry out a review of all staff files by 11/07/2016. The Centre Manager will request a copy of the original contract, outstanding references from the staff members. The Centre Manager will also request a copy of the contracts to be issued by the personnel department.

The formal training needs analysis was placed on file. The Centre Manager and Interim Service Manager will review the current training needs analysis and ensure this is developed to include and reflect the needs of the young people, the Centre staff team needs and the Service needs as a whole.

A meeting with the training and development department took place on the 08/06/2016 with the Service Manager. A meeting to address all outstanding training requirements has been arranged for the 06/07/2016. The Centre Manager and Deputy Centre Manager will be attending medication management training on the 21st and 22nd of September 2016. A number of staff are scheduled to attend training in the safe use of ligature cutters on the 06 July 2016. The Regional Manager is currently sourcing additional training dates for Medication Management training so this can be extended to the staff team and additional dates will be secured for training in the Safe use of ligature cutters before 30 July 2016. If it is the case that a young person requires medication a clear written procedure will be developed by the Centre Manager and relevant medical professional for all staff members to follow. A number of the mandatory training requirements have been sourced through the HSE Health promotion Unit. In addition Children's First, Fire Safety, Supervision have been arranged for the relevant staff and dates for training will be issued by 29/07/2016. The Centre manager will review the staff rostering in the Centre to ensure where possible a trained member of staff in Children First is on duty at all times.

**Proposed timescale:**  
**30/11/2016**

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