

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-0017340-AP
Provider's response to Inspection Report No:	MON-0017340
Centre Type:	Children's Residential Centre
Service Area:	CFA DML CRC
Date of inspection:	26 April 2016
Date of response:	23 June 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:

Recording of complaints did not reflect whether the complainant was satisfied with the outcome of the complaint.

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 has been updated by the Centre Manager to reflect the outcome of the complaint 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. The Interim Service Manager will review the Complaint

log during her routine visits to the Centre. Any issues identified will be addressed in a timely manner.

Proposed timescale:
30/05/2016

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:

Funding was not secured for one young person's forward placement.

Social workers did not always sign young people's files.

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:

- Issues in respect of securing the funding required for the young person's onward placement has been escalated to the Service Manager. The issue in respect of funding for an aftercare placement for a vulnerable adult is currently being addressed by the Service Director. It is anticipated that the funding issues will be addressed by the 31 July 2016.
- The Centre Manager will identify to each Social Worker at time of admission that all Social Workers must read and sign the young people's files during their routine visits to the Centre. The Centre Manager will also identify this requirement during the Social Workers routine visits to the Centre. Where it is the case the allocated Social Worker has not reviewed the young people's records in the Centre the Centre Manager will formally request that the young person Social Work Team Leader addresses this issue.

Proposed timescale:
31/07/2016

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:

Young people had the option to regularly choose unhealthy frozen foods.

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 and team discussed this during a team meeting on 1st June 2016 the Centre will reduce the availability of frozen foods within the Centre. The Centre will discuss the importance of nutrition and the benefits of having a healthy lifestyle with the young people individually through one to one's. Nutrition will be also discussed at a young person meeting on the 29th June 2016 to look at creative ways of providing healthy alternatives to the young people's preferred food. The centre will seek young people's preferences for their meals each week; this will also be discussed at the young person's meeting. The Service Manager is currently sourcing training on Nutrition for all staff through the training and development department; once this is sourced dates will be issued to the Centre staff team.

Proposed timescale:
07/07/2016

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:

The maintenance log did not always reflect if the work had actually been carried out.

Not all fire extinguishers had been serviced.

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 Centres maintenance log has been updated to reflect all completed works and the date in which they were completed. The Centre Manager will review the maintenance log on a weekly basis to ensure that all appropriate information in respect of the actions taken to address the maintenance issue is recorded accurately.
- The fire extinguisher was serviced on the 29th April 2016. All fire extinguishers will be serviced annually as in line with fire regulations and a clear record of the service

will be maintained in the Centres fire register. The Centre Manager will check all individual fire extinguishers to ensure that the record of service is accurately recorded. The Centre Manager will review the Centre Fire Register weekly and will address any issues immediately. The Interim Service Manager will review the fire register at each Supervision if deficits present they will be immediately addressed.

Proposed timescale:
15/06/2016

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:

Not all medical information was available on young people's files.

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 that all relevant medical records are furnished by the allocated Social Worker. If the records have not been received by 5/07/16 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:
25/07/2016

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 centre was operating outside its statement of purpose and function.

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 was reviewed and updated by the Interim Regional Manager on the 13/05/2016 to reflect the care it currently provides. A

young person's placement can be extended for a specific period of time should this extension support the completion of the young person's educational placement and/or support the young person's transition to an identified onward placement as reflected in the young person's Aftercare plan.

Proposed timescale:
13/05/2016

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:

Not all management systems were effective:

- there was no risk register
- the significant event records did not always reflect significant events
- records of staff meeting minutes were not consistently detailed
- quality management systems were in their infancy
- the criteria for presenting or reviewing cases at the significant event review group were unclear.

The register did not contain all the information required by the Regulations.

Staff files did not contain contracts.

There was no comprehensive training needs analysis.

Not all staff had received the required mandatory training.

There was little ongoing continuous professional development to ensure the staff team could meet the needs of all the young people.

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's risk register has been reviewed and is currently in place in the Centre. Risk Registers will be forwarded to the Service Manager for review on a monthly basis and in turn reviewed by the Regional Manager. Any outstanding issues presenting will be formally escalated to the Service Manager who will address issues in a timely manner. A risk register specific to young people is currently under development it is anticipated it will be released by the end of October 2016.
- The Centre Manager will conduct a full review of the Significant Event procedure with the Centre staff team in the next Centre staff team meeting on the 29th June 2016 to ensure all staff are aware of what is determined a significant event.

- The Centre Manager will review all staff team meeting minutes and will address any deficits within it with the minute taker. Staff Team meeting minutes will be sent to the Interim Service Manager for review every fortnight. If the Interim Service Manager identifies any deficits in the quality of the meeting minutes this will be addressed with the Centre Manager.
- 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. 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 the monthly team meetings for its effectiveness and to ensure identified needs and plans are being met. The 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. The Centre Governance report looks at 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 review the terms and reference of the Significant Event review group with all staff during the next Centre Team meeting 29th June 2016.
- The Centre Manager will formally request that all updated information in relation to parent / guardian addresses are forwarded to the Centre and a record of this correspondence will be placed on the Centre Register. If the updated information is not forwarded to the Centre before the 29th of July 2016 the Centre Manager will escalate the request to the Regional Manager who will address with the relevant Area Manager to ensure this issue is resolved in a timely manner.
- The Centre Manager will request a copy of original contracts issued from each of the staff team. The Centre Manager will also request a copy of contracts to be issued by personnel department.
- The Centre Manager and 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. This will be completed by the 4th July 2016.
- A meeting with the training and development department took place on the 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 has been arranged for the 06/07/2016. The National Management team is currently sourcing additional training needs such as Medication Management Training and Safe use of ligature cutters. Once this is sourced dates will be issued for all outstanding training. In the interim a procedure on safe use of ligature cutter has implemented in the Centre. 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 First, Supervision, Health and Safety training and Fire Training have been arranged for relevant staff members and dates for training will be issued by 30/06/2016. The Centre manager will review the staff rostering in the Centre to ensure where possible a trained member of staff in Children First and Fire Safety is on duty at all times.

- The Interim Service Manager met with the training and development department around additional training to provide staff with continuous professional development. Additional behaviour management training has been provided and was completed on the 31st May 2016. Additional training requests includes attachment training and Daily Life Event training it is anticipated this training will be completed by November 2016. Professional development will be promoted by the Centre Manger who will record discussions within Centre staff supervision.

Proposed timescale:
30/11/2016

Person responsible:
Provider