

# 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-0017840-AP
<b>Provider's response to Inspection Report No:</b>	MON-0017840
<b>Centre Type:</b>	Children's Residential Centre
<b>Service Area:</b>	CFA DML CRC
<b>Date of inspection:</b>	17 August 2016
<b>Date of response:</b>	06 October 2016

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: Requires improvement</b>
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**The Provider is failing to comply with a regulatory requirement in the following respect:**

Not all issues raised by children at meetings were followed up the staff team.

**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:**

Young people's issues 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 through consultation with each young person at the young people's meeting and through the

identified one to one sessions. Young Peoples view will be sought on a daily basis and reported in the Young Persons Daily Journal. Each young person will be consulted on their views on the progress / development of any issues that may present. 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. A follow up conversation will happen with each of the young people to give an update on actions planned. The Centre Manager will review each young person's records on a daily basis and will ensure that all aspects of consultation is reflected within.

**Proposed timescale:**  
**12/10/2016**

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

Admission practices did not include risk assessments in order to protect young people from abuse by their peers.

The quality of care plans varied.

Not all child-in-care review minutes were available to the staff team.

The quality of minutes of child-in-care reviews varied.

Some placement plans did not reflect timelines for all goals.

Young people's access to aftercare services was delayed.

Aftercare plans were not in place for young people in line with policy.

The staff team did not take all appropriate opportunities to develop the children's independent living skills.

**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. The Centre Manager will discuss potential admissions with all young people's Social Worker's, encourage Social Workers to discuss potential admissions with each other. All Social Workers will be consulted on the risk assessment relevant to their young person. All pre-admission collective risk assessments will be kept on file in the young person's drawer. The Interim Service Manager will review each stage of the pre-admission process to ensure that all relevant potential risks are identified within.

The Centre Manager has requested the outstanding child in care review minutes to be forwarded to the Centre as a matter of priority. If issues arise in relation to the issuing of child in care review minutes and / or the quality of care plans present the Centre Manager will address with the allocated Social Worker. If this issue has not been addressed by the 07 October 2016 the Interim Service Manager will address with the young person's Principle Social Worker. The Centre Manager and Interim Service Manager will conduct a review of the current care plans in the centre during their scheduled supervisions. Where there are gaps or issues identified these will be addressed by the Centre Manager with the relevant Social Worker. If it is the case that the issues are not addressed by with the allocated Social Worker the Centre Manager will escalate to the Interim Service Manager who will address with the relevant Principle Social Worker manner immediately and ensure this is addressed within a 2 two week timeframe.

All young people's placement plans are currently being updated by the Centre Manager and will incorporate timelines for all goals identified. The quality and the content of the all the young people's placement plans will be reviewed by the Interim Service Manager by 28th October 2016 should gaps or issues present they will be addressed by the Interim Service Manager.

The Centre Manager will ensure to identify the need for Aftercare Services for each young person as required. Where there are delays in securing this service the Centre Manager will address this with the Social Worker. In the event the deficit is not addressed the Centre Manager will escalate to the Interim Service Manager who will address with the relevant Principle Social Worker immediately and ensure this is addressed within 2 week period.

A draft Aftercare plan was received by the Centre Manager for review on the 23rd September 2016. This will be reviewed in full and signed by the 30th September 2016. In all instances the Centre Manager will ensure to address the need for the young person Aftercare plan to be forwarded to the Centre in a timely manner. Should issues continue to present the Centre Manager will escalate to the Interim Service Manager who will address with the relevant Principle Social 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 this will be completed through planned and identified one to one sessions. The Centre Manager will ensure to review the young person daily journal to assess the implementation of the placement

plan.	
<b>Proposed timescale:</b> <b>28/10/2016</b>	<b>Person responsible:</b> <b>Interim Service Manager</b>

**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:**

Nutritional intake was not consistently monitored. Attempts made by staff to ensure children's healthy diet were not recorded.

There were no records relating to meal planning in the centre.

Not all consequences and incentives were fully recorded for monitoring purposes.

**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:**

A record of each young person's daily diet will be recorded 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 available of a nutritious diet. Weekly menus were discussed with all young people during the young person community meeting on the 26th September 2016. Choices of menu will be routinely discussed with the young people in the young people's meetings and reflected in young meeting minutes.

Consequences will be recorded on the Centre Consequence Log daily and it will be transferred onto the young person individual log on a fortnightly basis. Consequences will be routinely reviewed on a weekly basis by the Centre Manager and discussed at the team meetings to make certain that there is regular oversight and monitoring by Centre Manager on an ongoing basis. The Centre Manager will ensure that consequences and incentives are reviewed for effectiveness during the fortnightly team meetings and a record will be kept in the team meeting minutes to reflect this review and oversight.

<b>Proposed timescale:</b> <b>05/10/2016</b>	<b>Person responsible:</b> <b>Centre Manager</b>
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**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:**

Safeguarding measures were not consistently implemented to protect children from abuse.

Managers had not adhered to the Trust in Care policy.

Parents were not consistently informed of child protection concerns or the outcomes of investigations.

**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:**

A revised Child Protection Policy is currently being developed by the Director of Children's Residential Services in consultation with the Director of Policy and Strategy. This updated policy will provide clear guidance and procedure for managing all Child Protection Concerns. This will be implemented in the Centre before the 31 October 2016. In the Interim the Centre Manager and Interim Service Manager have re-reviewed the Trust in Care Policy. The Centre Manager and Interim Service Manager will ensure that the Trust in Care policy and Children First is adhered to and applied to all instances of Child Protection Concerns. Each stage of the process will be reviewed by the Interim Service Manager to ensure each step is in line with policy. The Centre Manager and a number staff have completed refresher training in Trust in Care in June & July 2016 and further training has been scheduled for the remaining staff members in November 2016. Training will also be provided on release of the new Child Protection Policy once issued which will be provide clarity and step by step procedure for all staff and managers to follow.

The Centre Manager will ensure that sufficient records of discussions and agreement with regards to updating young people's parents on issues such as Child Protection notifications are maintained and held on file. The Centre Manager will ensure that where appropriate young people's parents are kept informed of all issues relating to young people.

**Proposed timescale:**  
**31/10/2016**

**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 health and safety of children was not fully promoted or protected.

The premises was not homely or well maintained.

Maintenance requests were not dealt with promptly.

Records of maintenance requests were not complete.

The Centre Manager was not aware of all potential hazards within the centre.

Fire safety precautions were not adequate. Risks in relation to fire were not assessed.

The majority of staff had not participated in a fire drill in line with policy.

Records of fire drills were not complete.

There was no signage for the fire assembly point.

**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 Centre Manager will ensure that in all instances young people's health and safety is promoted throughout all Centre operations.

A full review of outstanding maintenance works took place on the 07 September 2016. A number of maintenance issues have been identified by the maintenance department and Tusla Estates. Approval has been agreed for all works to be completed. A tendering process is underway however will take a number of weeks to complete. Once the tendering process is complete a project plan will be developed for all works and will identify a specific timescale for each task. All of the outstanding works required will be completed by the 31 December 2016. In the interim the Centre Manager will refurbish the centre as appropriate. The Centre Manager will ensure all young people are consulted on their preferences and young people will be included in the redecoration of the Centre. The Centre Manager will purchase soft furnishing and decorative items for the centre before the 31 October 2016.

The immediate fire safety maintenance works were completed on the 1 September 2016. The outstanding non immediate work will be completed by 30 November 2016. The Interim Service Manager will complete a review of the Fire Safety precautions and the current risk assessments on the 17 October 2016. Any deficits will be addressed in conjunction with the Centre 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 on a fortnightly basis 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. In the event that there are deficits in work being completed the Interim Service Manager will address with the Maintenance Manager.

The Centre Manager will attend Risk Assessment training and Health and Safety training. This training is currently being sourced through the National Health and Safety Officer. It is anticipated this will be available in February 2017. In the interim the Interim Service Manager will review the Risk Assessment and complete a inspection around the centre with the Centre Manager by 28 October 2016.

The Centre Manager will ensure all staff members are involved in a fire drill by the 31 October 2016. The Centre Manager will routinely schedule a minimum of two fire drills each year to ensure that all staff members participate in a Fire drill on a regular basis.

All fire drill records are up to date and recorded in the relevant register since the 25 August 2016. The Centre Manager will ensure that all records reflect the outcome of the fire drill, young peoples and staff participation. Fire drills will also be reviewed at Centre team meetings to ensure that learning from each drill is optimised.

Fire assembly point signage has been erected at the fire assembly point and is in situ since 23 September 2016.

**Proposed timescale:**  
**28/02/2017**

**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:**

There were some delays in referring children to specialist services.

There was no medication management policy.

Staff members were not familiar with the appropriate information in relation to the medicines being administered to children.

**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:**

In all instances the Centre Manager will ensure to formally request that all required specialised services are sourced for each young person in a timely manner. Where it is the case that issues present the Centre Manager will escalate to the Interim Service Manager within 2 weeks. The Interim Service Manager will address with the relevant Principle Social Worker immediately.

A Medication Management policy is currently being developed by the National Management team and will be ready for implementation in the first quarter of 2017. In the interim a draft medication management policy will be provided to the Centre by the 07 October 2016 which will address issues in respect of safe medication management and administration of all medication. The Centre Manager completed Safe Administration of Medication training on the 22nd September 2016.

In the interim the Centre Manager has developed a procedure to ensure that all staff are aware of the appropriate procedure to follow in the Centre to ensure safe identification, administration and safe and effective storage for medication within the Centre. This procedure will be reviewed by the Interim Service Manager on the 04/10/2016 to ensure that it is clear, in line with the recently completed training and incorporates as part of the procedure the need for all staff to familiarise themselves with each medication being administered to young people to ensure all staff are aware of the appropriate information. The Centre Manager reviews the Young people's records on a daily basis and will review all medication administration forms to ensure no issues have presented.

**Proposed timescale:**  
**07/10/2016**

**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:**

Not all policies were up-to-date. Some policies were not implemented in full.

Managers were not always held to account as line managers had not always followed through to ensure actions had been completed.

Mechanisms for monitoring the service were not timely or effective.

Some key operational issues, for example risk, complaints and children's meetings were not considered for discussion at team meetings.



The risk management framework was not effective.

Not all team meeting records indicated who was responsible for agreed actions and timelines. Not all decisions made at meetings were followed up at subsequent meetings.

The quality of supervision was mixed. Supervision was not provided in line with policy.

Not all supervision arrangements were effective.

Not all staff had up-to-date mandatory training and staff had not received training in medication management.

Identified staff training needs were not delivered in a timely way.

Not all staff were qualified.

**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 complete a policy review day to ensure all staff re-review all policies within the Centre and will ensure that all policies are implemented in full. If the Centre Manager identifies any deficits with the implementation of policies the Centre Manager will address this through a review or if necessary training.

All issues in relation to accountability will be addressed by the external Managers. 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 by the Centre Manager and Interim Service Manager to ensure that areas of concern have been addressed appropriately. The Interim Service Manager will address any deficits that are not recorded in the external reporting forms.

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. The Interim Service Manager will complete a

complete a full review of the Centres operations by the 31 October 2016. Any deficits in the system will be identified and a plan will be implemented around address the same. The Interim Service Manager will review this plan in each supervision session.

A Centre team meeting agenda has been developed in the Regional Manager's Meeting 6 September 2016. This will be fully implemented in the Centre for the next scheduled Centre team meeting. The standing agenda items include incorporate all necessary centre operation review and will promote accountability and follow through. The Centre Manager and team will review all operational issues at each team meeting for effectiveness and a record will be kept in the team meeting minutes to reflect this review. The team meeting minutes will adequately identify who is responsible for carrying out identified action and a time frame to be identified around the same. Each decision will be followed up at the next team meeting or sooner if required.

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. The Centre Manager has completed training in risk assessment and will provide guidance to the team in the team meeting on the 5th October 2016. In the interim the Interim Regional Manager will revisit risk register development with all Managers on the 05 October 2016 to ensure all are aware of and understand the risk analysis and risk evaluation process and that all managers can support staff teams completing risk assessments. As an additional interim measure, 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 26 October 2016.

The Interim Service Manager will review the Supervision practises in the Centre with Centre Manager and Social Care Leaders to ensure optimum learning is promoted and that a clear procedure for addressing staff related issues are identified. This will be completed by the 18 November 2016. The Centre Manager will review all the Supervisors supervision records as part of her oversight and monitoring. The Interim Service Manager will review a selection of Supervision minutes as part of their Supervision with Centre Manager. The Interim Service Manager will also outline with Centre Manager and Social Care Leaders their individual roles as Supervisors and when and how issues should be addressed by the Centre Manager.

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. Refresher training in self harm (ASSIT) has been arranged for staff on the 03 November 2016. Fire safety training is being secured and will be completed 31 December 2016. Training in Attachment has been arranged for the 13 October 2016. The Centre Manager has applied for Children's First Training and this will be completed by the 30 November 2016. In the interim while the additional mandatory training is being secured the

Centre Manager will develop a schedule to review all centre policies, in addition to the policy review day, with the Centre staff team during the Centre team meeting over the coming months.

All new staff members are required to hold a relevant qualification in Social Care and / or equivalent qualification. The Centre Manager will encourage all staff members to obtain a relevant qualification during supervision. The Centre Manager will ensure that staff members are offered supports to complete all necessary training.

**Proposed timescale:**  
**31/01/2017**

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