

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-0016942-AP
Provider's response to Inspection Report No:	MON-0016942
Centre Type:	Children's Residential Centre
Service Area:	The Child and Family Agency North Dublin
Date of inspection:	26 January 2016
Date of response:	11 April 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:

Not all children's goals were reflected in placement plans.

Systems in place did not adequately monitor the pattern of complaints, as the level of dissatisfaction around the management of a number of complaints was not identified.

Families were not aware they had a right to receive written information about their child's placement.

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:

A national placement planning template is currently being rolled out and all staff in this centre is prioritised for training. All young people will be encouraged to be actively involved in their planning and will be encouraged to sign the agreed plan.

Relationships and group dynamics will be discussed within the young peoples' meetings based on a risk assessment.

All complaints will have a record of whether the complainant is satisfied or dissatisfied with the outcome of the complaint.

Information regarding the right to receive written information about the child's placement will be included in the centre induction booklet. This will be discussed with all relevant parties as part of the admission process. Current residents and their families will be made aware of this amendment to the centre induction booklet.

Proposed timescale:
30/04/2016

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:**

Information in relation to pets and holidays was not contained in the induction booklet for the centre.

Records did not evidence that care plan reviews assessed the effectiveness of the plan or took account of developments.

All files did not contain the documents required under the standards.

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:

Information regarding pets and holidays will be included in the centre induction booklet as per standard 5.3. This will be discussed with all relevant parties as part of the admission process. Current residents and their families will be made aware of this amendment to the centre induction booklet.

We will ensure social workers obtain up to date voluntary care orders in respect of young people where relevant.

We will ensure social workers forward up to date care plans and review minutes as a matter of urgency.

Proposed timescale:
30/04/2016

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:

The centre did not have a physical restraint record to ensure these practices are closely monitored by the manager.

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 register of physical restraints and physical interventions will be devised and implemented within the centre. This register will be reviewed on a monthly basis by the centre manager and ACM.

Proposed timescale:
30/04/2016

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:

Adequate precautions were not in place to ensure effective means of escape during fire.

Children and staff names were not recorded on fire drill records so it was not possible to see who had participated in drills.

Learning and recommendations from fire drills were not recorded so as to inform future drills.

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:

1, The centre has reviewed fire evacuations routes, and actions have been taken to ensure effective means of escape by replacing locking mechanism on the front door so as to allow for a timely escape without the use of keys.- completed 2/2/16

2, The centre has reviewed how fire evacuations drills are recorded.- completed 9/2/16

3, The centre's fire safety register will be amended to include full information pertaining to fire evacuation drills in the centre. This will include the names of all participants and any obstacles encountered.-completed 9/2/16

4, Learning will be incorporated and used to inform all future fire evacuation drills. – completed 9/2/16

Proposed timescale:
30/04/2016

Person responsible:
Provider

Theme 3: Health & Development**Standard 9: Health****Judgment: Significant risk identified****The Provider is failing to comply with a regulatory requirement in the following respect:**

Immunisation records were not on children's files.

Allergy/intolerance information was not clearly identified on children's files.

Medication administration systems were not safe.

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:

Immunisation records will be sought for any young person who does not have such records currently.

The centre will continue to request confirmation of immunisation status as part of the admission process.

With immediate effect information regarding allergies/intolerances will be clearly

identified on children's' files.

Policy on administration of the medication, recording, storage, and management of surplus medication to be reviewed with all staff by centre manager.

The new HIQA Medication Management Guidance (Oct 2015) will be implemented across residential childcare nationally and the necessary training will be provide to all staff.

Proposed timescale:
30/12/2016

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:

Mechanisms in place to assess the quality and effectiveness of services did not consistently improve the quality of the service provided to children.

Two staff were unqualified.

Supervision records did not always demonstrate an effective link between supervision and the implementation of individual placement plans.

Staff meetings were not used effectively to facilitate good communication between management and staff on day to day issues, or learning from the SERG. Meetings were not used to effectively identify and address risk.

Recording systems did not facilitate effective management and accountability.

There was insufficient evidence that quality of all unit records, decisions taken by staff or incident records were monitored appropriately to remedy deficiencies.

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:

1, The centre governance report has been introduced to the centre, which covers all aspects of the operation of the centre including the risk register, audits of health and safety, care planning ,placement planning, risk management, child protection, complaints, staff training, vetting, supervision and qualifications. This report is reviewed monthly by the centre manager, the alternative care manager and the regional manager.

2, A new placement plan template will account for the effectiveness of the care being provided to the young person.

3, Risk Management training will be implemented in the centre.

4, The centre will support the two unqualified staff to attend college subject to course availability and their willingness to attend.

5, The Centre manager will highlight to all supervisors the necessity to ensure any actions, agreed in supervision, are linked to the placement plan and are clearly documented in supervision.

6, A new meeting template has been introduced to the centre which will provide greater structure and recording to the staff meeting clearly documenting all actions agreed and persons responsible. This template will also allow for greater clarity, improved communication, and therefore increase the opportunity for learning and risk management and significant event review groups.

7, A system will be devised and implemented within the centre to ensure a permanent record of appropriate monitoring and critique by centre manager of staff decisions incidents and recording. All documents will be quality assured and signed by management.

8, All complaints will be reviewed by SERG. This will be implemented with immediate effect.

Proposed timescale:
30/12/2016

Person responsible:
Provider