

# 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-0017174-AP
<b>Provider's response to Inspection Report No:</b>	MON-0017174
<b>Centre Type:</b>	Children's Residential Centre
<b>Service Area:</b>	CFA South CRC
<b>Date of inspection:</b>	01 June 2016
<b>Date of response:</b>	15 August 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:**

There was insufficient child friendly specific information regarding rights, and how to exercise those rights, including the complaints process and access to personal information.

Follow up on children's issues raised during house meetings was not always clearly recorded.

**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:**

1. The young person's handbook will be reviewed and amended to include young

person's rights, the complaints process and access to information. A working group will be established to undertake the review and present to Staff team and Centre Manager for approval.

2. An agreed format will be established for both team meetings and young person's meetings. Young person's issues will be a standing item on both agendas and recorded as appropriate.

**Proposed timescale:**  
**30/09/2016**

**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:**

An unplanned ending of a placement was not reviewed in order to share the learning with the staff team.

Not all children's files had up-to-date care plans or the decisions and recommendations from child in care reviews.

Children 16 years and over did not have an allocated after care worker and a leaving care plan in place.

The quality of placement plans was not adequate and did not evidence children's involvement.

Key work sessions with children were insufficient and poorly recorded.

#### **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:**

1. An End of Placement review will take place on all young people leaving the centre – both planned and unplanned. The review will be undertaken by the Centre Manager, Staff Team, Service Manager and Social Worker. All reviews will be minuted identifying any specific areas of learning.

2. An audit of current care plans and child in care review recommendations / decision will be undertaken by a specified social care leader. Where a care plan is found to be

out of date the key-worker will contact the relevant social worker. Where there is a delay or difficulty in obtaining an up to date care plan the matter will be escalated to the Centre Manager or Service Manager or Regional Manager to follow up as appropriate.

3. All young people of 16 years and over will be referred to the After Care Services. Where an After Care Worker is not allocated this matter will be escalated to the Centre Manager in the first instance, who will write regarding same to the Principal Social Worker. Where appropriate this matter will be escalated to Service Manager and Regional Manager. Leaving Care Plans will be agreed by the After Care worker, Social Worker and key-worker.

4. Placement Plan training is currently being scheduled to introduce the National Placement Plan/Placement Support Plan and Placement Progress Report. On completion of training a period of practice on the new systems will take place prior to the establishment of an implementation date. Key-worker sessions will now be recorded within the Placement plan documentation.

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

**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:**

The majority of staff were not up-to-date in the national child protection guidance Children First (2011).

The designated child protection officer had not received any specific training on the role and responsibilities.

**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:**

1. An audit to establish the staff not up to date in Child Protection will be undertaken by a designated social care leader. Contact will be made by the Centre Manager with Work Force Development to establish a training schedule for the staff team and Designated Child Protection Officer.

**Proposed timescale:**  
**30/09/2016**

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

**Theme 2: Safe & Effective Care**  
**Standard 10: Premises and Safety**  
**Judgment: Significant risk identified**

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

The centre was in a poor state of repair, was not clean, and required significant refurbishment in order to bring it up to an acceptable standard.

The centre did not have sufficient communal space to accommodate five children, as indicated in the centre statement of purpose.

**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 issue of cleanliness will be addressed with the staff team and housekeeper.
2. Refurbishment needs and repairs have been identified and requested under minor capital. The release of funds has been confirmed by Estates. A meeting will be scheduled to take place in the first two weeks of September to establish the timeframe associated with the identified work schedule. The plan is for the works to be completed within a 6 month timeframe, March 2017, prioritising those works linked to Health and Safety.
3. The Centre Purpose and Function will be reviewed and amended to reflect capacity for four (4) young people.

**Proposed timescale:**  
**31/03/2017**

**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:**

There were no comprehensive medical histories or records of immunisations on children's files.

Records of children's medication prescriptions were not maintained on file.

The quantity of medicines given and returned between family members and the centre when children were on access was not recorded.

Some of the medicine administration records signed by staff reflected medicine administered outside of the centre by family members.

A range of over-the-counter medicines was kept in stock but the record keeping of these products was not clear.

Staff had not received training on the safe administration of medicines.

There was no evidence of audits to ensure appropriate medicine management practices.

**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:**

1. Medical histories and/or records of immunisation will be sought for the current client group from the relevant Social Worker. This task will be undertaken by the key-worker in the first instance. Medical history/records will be required pre-admission for all admissions going forward.
2. Medication prescriptions will be maintained on file.
3. Medication logs have been introduced since date of inspection that identifies quantities of medication given and returned between family members and the centre. Risk assessment will be undertaken by the centre and social worker regarding administration of medication by family members. The medication log will record the stock of over the counter medications on site.
4. The centre manager will undertake a 2 day training course on 'Safe Administration of Medication' on the 10th & 11th October 2016. The National Management Team have approached Work Force Development to establish availability for a staff focused training on medication management.
5. An identified social care leader will be assigned the task of undertaking audits to ensure medication management practice. These audits will be maintained on site.

**Proposed timescale:**  
**11/10/2016**

**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 statement of purpose and function was out-of-date, not accessible to children and families, and the ability to provide a service for up to five children required

review.

**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:**

1. The Centre Purpose and Function will be reviewed and amended to reflect capacity for four (4) young people. The Young People's Handbook will include a child friendly description of the centre Purpose and Function

**Proposed timescale:**  
**30/09/2016**

**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:**

Quality assurance plans to implement improvements were not in place.

A risk management framework was not sufficiently developed to ensure that all risks were identified, and responded to in systematic way.

Guidance for the review of serious incidents was out-of-date.

The staffing compliment was not at full capacity within the centre.

Staff rotas were not always accurate.

The minutes of staff meetings did not record actions and the persons responsible or review actions from the previous meeting to ensure effective management.

Training records were not maintained. There was no evidence of an annual training plan or a completed training needs analysis.

Mandatory training was not up-to-date for all staff.

Not all staff who carried out supervision had received the appropriate training.

**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. A meeting will be scheduled to take place to establish quality assurance plans and a risk management framework with associated timeframes. This meeting will be attended by the Centre, Service and Regional Manager.
2. The Guidance on review of serious incidents will be reviewed and amended by the Centre and Service Manager. Draft Terms of Reference for Significant Event Review Groups are currently under review by the National Management Team.
3. Business Cases linked to staff vacancy have been submitted to the Employment Monitoring Group for approval. Agency staff will be used to ensure adequate staffing levels until the vacancies are filled. The centre currently uses a consistent base line of 3 agency staff who are familiar with the centre and current client group. Action Completed.
4. The staff rota has been withdrawn and re issued ensuring accuracy of information relating to staff present on shift. Action Completed.
5. A consistent format for the recording of staff team meetings will be devised which will detail actions agreed and person(s) responsible where applicable.
6. Training records are now captured by the Centre Governance Report which is completed on a monthly basis by the Centre Manager. A Training Audit and Training Needs Analysis will be undertaken which will inform the training plan for the centre with particular focus on mandatory training deficit.

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

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