

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-0017634-AP
Provider's response to Inspection Report No:	MON-0017634
Centre Type:	Children's Residential Centre
Service Area:	CFA South CRC
Date of inspection:	28 June 2016
Date of response:	31 August 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:

Some practices such as locking the kitchen door at night and checking on children throughout the night had become routine and had not been risk assessed.

It was not clear what decisions had been made in response to the requests by children, whether any actions had been taken and what the children had been told about how their requests had been dealt with.

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 practice of locking the kitchen door at night was reviewed as follows:-

Issue discussed at staff meeting on 30th June 2016 where it was agreed Social Care staff would start extending access to the kitchen to between 10:30 - 11pm based on presenting behaviours and circumstances.

Issue discussed with Social Care Staff at team meeting on 25th July 2016.

A risk assessment was completed and the decision made to extend the opening time to 12m/n from 13th August 2016 this will be reviewed as necessary.

A risk assessment was undertaken to leave kitchen open full time with effect from 17th August 2016 to be reviewed as necessary.

The current client group have been individually risk assessed for night time checks.

All admissions to the centre will be risk assessed on admission with the referring social worker and a night time check schedule will be established.

2. All young people's requests will be responded to via feedback from the centre manager or staff member depending on the nature of the request. The nature of the young person's request and response will be recorded in the young people meetings log.

This issue was discussed at staff team meeting on 30th June 2016 and 25th July 2016.

Proposed timescale:

Action 1 August 17, 2016

Action 2 July 25, 2016

Proposed timescale:
17/08/2016

Person responsible:
Centre 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 safety statement was in draft form and was not signed off by managers. It did not reflect the fact that the centre is now part of Tusla and not the Health Service Executive.

A hole in the wall of one child's bedroom since August 2015 had not yet been repaired.

There was substantial damage to the exterior of both cars.

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 safety statement has been signed by the centre manager and reflects the corporate change to Tusla.
2. The maintenance work for the repairs has been quoted for, forwarded to the regional office for approval. On receipt of approval the repair work will commence with a plan for completion by 30th September
3. The centre cars have been replaced as of the 03/08/2016 as part of a rolling programme of replacements of cars within Tusla.

Proposed timescale:

Action 1 August 15, 2016

Action 2 September 30, 2016

Action 3 August 3, 2016

Proposed timescale:
30/09/2016

Person responsible:
Centre 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:

The medical history and immunisation records of one child were not on file.

The policy and procedures on medicines management were not comprehensive.

Some medications were not clearly labelled with the child's name.

The medication records were not comprehensive.

The system for checking expiry dates on medicines was not robust.

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. The medical history and immunisation records of the young person are now on file
2. Medication management training has been scheduled for the centre manager on October 11th & 12th 2016. The National Office has approached Workforce Development with a view to provision of Medication Administration Training for staff teams. The service manager and centre manager will review centre policy and procedures post training to ensure that the documents reflect the training.
3. Medications are now clearly labelled with each young person's name
4. The medication records have been reviewed and the format amended.
5. The system for checking expiry dates was reviewed and more control measures put in place. Additional checks will be undertaken and recorded by the staff on night

duty. Proposed timescale: Action 1 August 9, 2016 Action 2 November 30, 2016 Action 3 August 19, 2016 Action 4 August 19, 2016 Action 5 August 19, 2016	
Proposed timescale: 30/11/2016	Person responsible: Interim Service Manager

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 revised statement of purpose and function did not contain any reference to whether emergency admissions would be accepted or not. 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 purpose and function has been amended to reflect that no emergency admissions will be accepted Proposed timescale: Action 1 August 19, 2016	
Proposed timescale: 19/08/2016	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: Filing and archiving systems were not adequate. There was no risk management policy and different approaches were taken to the rating or scoring of risks. There were no file audits or other regular audits carried out to ensure that practices	

were carried out in line with policies. There was a lack of evidence that the use of sanctions was adequately reviewed.

There was no formal arrangement in place for a manager to be available for staff to seek advice or guidance outside of usual office hours.

Not all staff files contained all the required information.

Records showed that several staff did not receive supervision as frequently as their contracts stipulated and the reasons for this were not clearly recorded.

Staff meetings were held at irregular intervals. The recording of decisions and actions at the meetings was not robust and the decisions arising from discussion of the children's requests were not clearly recorded.

No staff member was up to date on all their mandatory training. Health and safety representatives had not received training in health and safety and at least one member of staff had not been trained in the use of a specialised rescue knife designed for the purpose of cutting ligatures.

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 filing and archiving systems will be reviewed. An audit of existing files will be completed a system of organisation developed.

A nationally agreed format for the content and associated filing order has been discussed at Regional Managers meeting on June and feedback sought of centre staff team. A date for implementation will issue when feedback has been filtered and incorporated where appropriate. Plan for implantation October 2016. Files relating to past residents have been archived.

2. A Risk Management policy will be developed and a consistent approach to rating and scoring risk will be implemented within the centre

3. The centre manager will designate a Social Care Leader to undertake an audit of existing files. Where appropriate additional audit tools will be developed to ensure practice reflects policy. The sanctions log is now a standing item and will be reviewed by the team on a monthly basis at team meetings and minuted to reflect same.

4. The issue of on call service has been escalated to the National Management team.

5. All files now contain the required information with the exception of one member of staff who requires out of state Garda Clearance. This is currently being addressed with the staff member.

6. Where gaps/cancellations occur in Supervision, the reason and detail of same will be recorded in the Supervision record of the staff member. Supervision will comply with the National Supervision Policy of every 6 weeks or pro rata to contracted hours.

7. Staff meetings will be held on a 4-6 week basis. A schedule will be drawn up in advance and issued to the staff team. The minutes of same will record decisions and actions to be carried out with a named person assigned to the action. The meetings will commence with a review of the previous actions to ensure that the process is more robust and evidenced based.

8. An audit of outstanding mandatory training will be completed. A training schedule will be established for the staff team. The Social Care Manager has identified appropriate training for the Health and Safety reps and will process application for same. Ligature training is scheduled to take place in September 2016.

Proposed timescale:

Action 1 October 28, 2016

Action 2 November 30, 2016

Action 3 August 22, 2016

Action 4 September 26, 2016

Action 5 October 31, 2016

Action 6 November 30, 2016

Action 7 August 31, 2016

Action 8 October, 28 2016

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

**Person responsible:
Centre Manager**