

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-0017760-AP
Provider's response to Inspection Report No:	MON-0017760
Centre Type:	Children's Residential Centre
Service Area:	CFA South CRC
Date of inspection:	03 August 2016
Date of response:	23 September 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:

Minutes of staff team meeting and children's meetings did not always clearly record the follow up and feedback given to the children on issues raised.

The central complaints log was not consistently maintained so as to track the overall timeliness of the management of complaints.

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 format of minutes of staff meetings and young people's meeting will be reviewed and a new template will be introduced by September 20, 2016 to include sections

regarding decisions made, responsibility for action, timescales and feedback to young people.

The central complaints log will be reviewed and updated by September 30, 2016 to ensure management oversight on the timeliness of complaints. This log will be signed on a weekly basis by the centre manager to evidence oversight.

Proposed timescale:
30/09/2016

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:

The transfer of one child's case from one service area to a local service area had not taken place since the admission of the child five months prior to the inspection.

Independent living skills records were not consistently maintained.

There were no formal leaving care or aftercare plans in place for two children.

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 will write to the placing social worker regarding the transfer of this young person's case by September 30, 2016. This matter will be escalated to service manager level and regional manager level if necessary.

The Independent living skills record has been reviewed and amended to include a sign off checklist to ensure consistent maintenance of the document. Recording of the living skills record resumed on September 1, 2016.

An Aftercare plan has been established in consultation with the social work department in relation to one of the young people referenced above since the date of inspection. A leaving care plan is in the process of being developed for the second young person referenced with a completion date identified as October 31, 2016.

Proposed timescale:
31/10/2016

Person responsible:
Interim Service Manager

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 use of alarms on bedroom doors was not considered an environmental restraint by staff and no formal risk assessment had been undertaken to support the use of these.

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 issue of using bedroom alarms was discussed and reviewed in a team meeting on September 14, 2016. A further meeting is scheduled to take place with the service manager on September 30, 2016 which will incorporate a formal risk assessment. On completion a recommendation will be made to the regional office regarding the continued use in the service.

Proposed timescale:
30/09/2016

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:

Evidence of adequate insurance against accidents or injuries to children was not available for the inspection process.

Essential works that were due to be carried out on the fire doors and redecoration of a number of areas in the centre had not been completed at the time of inspection as the approved funding had not been received.

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 State Claims Agency indemnity confirmation statement is in place since August

<p>30, 2016.</p> <p>The service manager has agreed with the estates department that a site visit will take place prior to October 30, 2016 relating to minor capital works with a view to establishing a schedule of works and associated timeframe.</p>	
<p>Proposed timescale: 30/10/2016</p>	<p>Person responsible: Interim Service Manager</p>

<p>Theme 3: Health & Development</p> <p>Standard 9: Health</p> <p>Judgment: Requires improvement</p>	
<p>The Provider is failing to comply with a regulatory requirement in the following respect:</p> <p>The recording of the use of over-the-counter medications was not sufficiently clear.</p> <p>Action Required:</p> <p>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.</p> <p>Please state the actions you have taken or are planning to take:</p> <p>Recording of medications has been reviewed on September 21, 2016. The practice and policy regarding medication administration has been reiterated with the staff team. The centre manager is scheduled to complete medication management training on October 11, 2016 this will lead to a review of existing policy informed by the training.</p>	
<p>Proposed timescale: 30/10/2016</p>	<p>Person responsible: Centre Manager</p>

<p>Theme 4: Leadership, Governance & Management</p> <p>Standard 2: Management and Staffing</p> <p>Judgment: Requires improvement</p>	
<p>The Provider is failing to comply with a regulatory requirement in the following respect:</p> <p>There was over-recording of the movement of children in and out of the centre in the centre register.</p> <p>Monitoring and oversight of the quality and safety of care provided was not effective.</p> <p>There was no risk management policy in place to consistently guide the practice of staff in managing risk.</p> <p>Staff had not received training in the management of risk.</p> <p>Records of supervision did not consistently reflect accountable decision-making.</p>	

Training records did not demonstrate all the required mandatory training requirements.

There was no training needs analysis or review of training to inform a training plan.

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 register will be reviewed and an amended recording system will be introduced to monitor admission and discharge of young people to the centre. This system will address the issue of over recording.

An auditing system to reflect monitoring and oversight will be introduced by the centre manager in conjunction with the service manager by October 30, 2016. The centre manager will also be required to bring the centre governance report to supervision sessions with the service manager commencing September 26, 2016. The centre manager will develop a risk management policy by October 30, 2016 pending implementation of a National Risk Management Policy. Associated training will be scheduled on completion.

An audit of supervision records will be completed by the centre manager using the audit tool contained within the National Supervision Policy by October 30, 2016.

Where deficits are identified corrective action will follow.

The format of training records will be reviewed by the centre manager and staff team and a system developed to monitor and track mandatory training by October 30, 2016.

A training needs analysis will be undertaken by the centre manager by October 30, 2016 which will inform the training plan for the centre.

Proposed timescale:
30/10/2016

Person responsible:
Interim Service Manager