

# 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-0017927-AP
<b>Provider's response to Inspection Report No:</b>	MON-0017927
<b>Centre Type:</b>	Children's Special Care Unit
<b>Centre name:</b>	Coovagh House
<b>Date of inspection:</b>	23 August 2016
<b>Date of response:</b>	25 October 2016

These requirements set out the actions that should be taken to meet the National Standards for Children's Special Care Units.

<b>Theme 1: Child - centred Services</b> <b>Standard 1:3</b> <b>Judgment: Requires improvement</b>	
<b>The Provider is failing to comply with a regulatory requirement in the following respect:</b> Recreational equipment was limited.	
<b>Action Required:</b> Under Standard 1:3 you are required to ensure that: Each child exercises choice and experiences effective care and support as part of a programme of special care.	
<b>Please state the actions you have taken or are planning to take:</b> <ul style="list-style-type: none"> <li>• An audit of all centre based recreational equipment will be completed and deficits remedied.</li> <li>• A working group which includes management and staff has been established to identify and address recreational deficits (on-site and off-site). Young people will be consulted in the development of plans to address any gaps.</li> </ul>	
<b>Proposed timescale:</b> <b>31/12/2016</b>	<b>Person responsible:</b> <b>Centre Manager</b>

<b>Theme 1: Child - centred Services</b> <b>Standard 1:4</b> <b>Judgment: Requires improvement</b>	
<b>The Provider is failing to comply with a regulatory requirement in the following respect:</b> <p>The children's information booklet was out-of-date and did not reflect current service delivery.</p> <p>Children were not provided with an accessible copy of the standards for special care units.</p> <p><b>Action Required:</b>  Under Standard 1:4 you are required to ensure that:  Each child has access to information, provided in an accessible format that takes account of their communication needs.</p> <p><b>Please state the actions you have taken or are planning to take:</b>  The children's information booklet will be updated to reflect current service delivery and to reflect responses made to HIQA judgements e.g. complaints appeals, in this report.</p> <p>The revised booklet will be provided to young people.</p> <p>Young people will also be provided with an accessible copy of the National Standards for Special Care Units.</p>	
<b>Proposed timescale:</b> <b>31/12/2016</b>	<b>Person responsible:</b> <b>Centre Manager</b>

<b>Theme 1: Child - centred Services</b> <b>Standard 1:7</b> <b>Judgment: Requires improvement</b>	
<b>The Provider is failing to comply with a regulatory requirement in the following respect:</b> <p>Information on the appeals process for complaints was not in place for children.</p> <p>The complaints record did not evidence children's satisfaction or dissatisfaction with the outcome.</p> <p>There was no collective review of complaints to ensure learning was promoted and outcomes for children improved.</p> <p>The complaints policy was not adequate.</p> <p><b>Action Required:</b>  Under Standard 1:7 you are required to ensure that:  Each child's complaints and concerns are listened to and acted upon in a timely, supportive and effective manner.</p>	

**Please state the actions you have taken or are planning to take:**

The young people's information booklet will be updated to outline the appeals process following a complaint if the young person is dissatisfied with the outcome.

On admission, young people will complete a key working session to explain the complaints and appeals process to them.

Each young person will be given addressed envelopes to appeal complaints decisions to independent advocates, EPIC and the Ombudsman for Children.

The unit complaints officer will revise the complaints log template to reflect children's satisfaction or dissatisfaction with the outcome.

Open complaints relating to individual young people will routinely be reviewed in child in care review meetings and professional meetings to ensure transparency and to promote learning and better outcomes for children.

Open complaints relating to all young people will also routinely be reviewed in national special care management team meetings to ensure they are resolved and to promote learning and better outcomes for the children.

Complaints will be recorded as required in the unit governance report.

Work is due to commence to revise all special care policies and procedures. The above learning will be reflected in this policy. (End Q1 2017)

**Proposed timescale:**  
**31/12/2016**

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

**Theme 2: Effective Care****Standard 2:1****Judgment: Requires improvement****The Provider is failing to comply with a regulatory requirement in the following respect:**

The information booklet given to children on admission to the unit was outdated and named persons were incorrect.

**Action Required:**

Under Standard 2:1 you are required to ensure that:

Each child is placed in special care, in accordance with his or her identified needs and subject to the relevant legal authority.

**Please state the actions you have taken or are planning to take:**

The children's information booklet will be updated to reflect current service delivery and to reflect responses made to HIQA judgements in this report.

The young person's booklet will include up-to-date contacts.	
<b>Proposed timescale:</b> 31/12/2016	<b>Person responsible:</b> Centre Manager

<b>Theme 2: Effective Care</b> <b>Standard 2:2</b> <b>Judgment: Requires improvement</b>	
<b>The Provider is failing to comply with a regulatory requirement in the following respect:</b> Decisions and recommendations from child in care reviews were not always recorded on the child's file.  There was no formal process in place to record and analyse outcomes for children in order to drive improvement.  <b>Action Required:</b> Under Standard 2:2 you are required to ensure that: Each child has a programme of special care which details their needs and outlines the supports required to maximise their personal development.  <b>Please state the actions you have taken or are planning to take:</b> A young person's decision log and professional advice log has been developed and will be implemented in the unit.  The above logs will be analysed as part of an outcomes review meeting to take place on a quarterly basis.	
<b>Proposed timescale:</b> 31/01/2017	<b>Person responsible:</b> Centre Manager

<b>Theme 2: Effective Care</b> <b>Standard 2:3</b> <b>Judgment: Significant risk identified</b>	
<b>The Provider is failing to comply with a regulatory requirement in the following respect:</b> The living environment was not fit for the purpose of providing safe and effective care at the time of inspection.  Access to appropriate indoor and outdoor recreational areas was impacted.  The unit was not sufficiently ventilated.  Clinical waste was not stored appropriately.  Action plans to address identified deficits in health and safety audits were incomplete.	

One child did not have a personal emergency evacuation plan (PEEP) in place.

**Action Required:**

Under Standard 2:3 you are required to ensure that:

The special care unit is homely and promotes the welfare, dignity and safety of each child, consistent with the provision of safety and security.

**Please state the actions you have taken or are planning to take:**

Works have been carried out on rooms that were out of commission at the time of inspection.

All young people have full access to indoor and outdoor recreation areas.

A review of the ventilation system has occurred and an engineer's report submitted to local estates department. A plan to resolve the issues presenting will be completed and implemented.

Daily maintenance checks are in place and issues are reported daily to the local maintenance department. Health and safety issues will be addressed and action plans put in place through management meetings.

All young people now have a Personal Emergency Evacuation Plan (PEEP) developed upon admission to the unit.

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

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

**Theme 2: Effective Care**

**Standard 2:4**

**Judgment: Requires improvement**

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

Discharges from the service did not occur in a timely way for all children due to lack of onward appropriate placements.

**Action Required:**

Under Standard 2:4 you are required to ensure that:

Children are actively supported in the transfer to and/or from special care and all transitions occur in a timely manner with a discharge plan in place to assure continuity of care.

**Please state the actions you have taken or are planning to take:**

A weekly special care teleconference has been initiated as part of the special care processes, which coordinates all aspects of special care service provision including onward planning. This teleconference identifies issues where they exist and puts plans in place to address them.

<b>Proposed timescale:</b> <b>01/08/2016</b>	<b>Person responsible:</b> <b>A/National Manager for Special Care</b>
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## **Theme 2: Effective Care**

### **Standard 2:5**

#### **Judgment: Requires improvement**

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

Required information was not always evident on children's care records.

#### **Action Required:**

Under Standard 2:5 you are required to ensure that:  
Special care units have a care record for each child.

#### **Please state the actions you have taken or are planning to take:**

A review of files has been requested to ensure layout is more accessible and required information is readily available on an interim basis.

A new documentation system has been developed and will be implemented in increments throughout Q1 2017.

<b>Proposed timescale:</b> <b>30/11/2016</b>	<b>Person responsible:</b> <b>Centre Manager</b>
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## **Theme 3: Safe Services**

### **Standard 3:3**

#### **Judgment: Requires improvement**

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

The rationale for the continuation of environmental restraint was not consistently recorded.

A collective monitoring of restrictive practices was not in place to track and analyse significant events to ensure improved outcomes for children.

#### **Action Required:**

Under Standard 3:3 you are required to ensure that:  
Children are not subjected to any restrictive procedure unless there is evidence that it has been assessed as being required due to a serious risk to the safety and welfare of the child or that of others.

#### **Please state the actions you have taken or are planning to take:**

The rationale for the continuation of single occupancy will be recorded consistently on all documentation.

The National Children's Residential Service (CRS) significant event review group process is being implemented to review significant events. This group will cover all

special care units.

The National CRS serious incident review group will be implemented locally to review serious incidents that take place in the unit.

The National CRS significant event notification system will be implemented in the unit that includes a framework tool to guide unit staff and management in the appropriate use of restrictive practice in the unit.

A local policy to be approved by the Director CRS will be developed to support the use of restrictive practice in the unit.

Work is due to commence to revise all special care policies and procedures. The above learning will be reflected in this policy. (End Q1 2017)

**Proposed timescale:**  
**31/12/2016**

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

#### **Theme 4: Health & Development**

##### **Standard 4:1**

##### **Judgment: Requires improvement**

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

Recreational equipment was minimal and not readily accessible.

##### **Action Required:**

Under Standard 4:1 you are required to ensure that:  
The health and development of each child is promoted.

##### **Please state the actions you have taken or are planning to take:**

An audit of all recreational equipment will be completed and deficits remedied.

**Proposed timescale:**  
**31/12/2016**

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

#### **Theme 4: Health & Development**

##### **Standard 4:2**

##### **Judgment: Requires improvement**

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

There was not full agreement on the special care processes by all contributors to the programme of special care which had the potential to compromise effective implementation.

Some medication administration practices were unsafe.

Signed consent for medical treatment was not evident on all care files and there was

no record of consent for children aged 16 years and over.

A medication audit action plan update to ensure deficits were addressed was not in place.

**Action Required:**

Under Standard 4:2 you are required to ensure that:

Each child receives an assessment and is given appropriate support to meet any identified need.

**Please state the actions you have taken or are planning to take:**

The national manager for special care and the ACTS national manager meet on a monthly basis and part of this meeting is to ensure the smooth running of the special care processes.

Changes to the medication administration record will only be made by GP.

Medication management training is being rolled out to all staff.

Signed consent for medical treatment will be obtained during the admission of the young person and placed on file for all new admissions.

Monthly audits of medication records will be carried out by the deputy manager with responsibility for medication management.

Deficits identified in the above audits will be addressed and / or escalated to the unit manager for immediate resolution.

**Proposed timescale:**  
**31/12/2016**

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

**Theme 5: Leadership, Governance & Management**

**Standard 5:2**

**Judgment: Requires improvement**

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

File audits required improvements.

There was no up-to-date risk management policy or system in place to consistently guide the practice of staff in managing risk.

**Action Required:**

Under Standard 5:2 you are required to ensure that:

The special care unit has effective leadership, governance and management arrangements in place with clear lines of accountability.

**Please state the actions you have taken or are planning to take:**

File audits will be carried out on a monthly basis and an action plan will be developed

<p>to address deficits identified.</p> <p>A national risk management policy is nearing completion and will be fully implemented in the unit when approved.</p>	
<b>Proposed timescale:</b> <b>31/12/2016</b>	<b>Person responsible:</b> <b>Centre Manager</b>

<b>Theme 6: Use of Resources</b> <b>Standard 6:1</b> <b>Judgment: Requires improvement</b>	
<b>The Provider is failing to comply with a regulatory requirement in the following respect:</b> <p>The acting management positions required review.</p> <p><b>Action Required:</b>  Under Standard 6:1 you are required to ensure that:  The use of available resources is planned and managed to provide child-centred, effective and safe services to children.</p> <p><b>Please state the actions you have taken or are planning to take:</b>  The acting management positions are currently under review and will be resolved.</p>	
<b>Proposed timescale:</b> <b>31/03/2017</b>	<b>Person responsible:</b> <b>A/National Manager for Special Care</b>

<b>Theme 7: Responsive Workforce</b> <b>Standard 7:1</b> <b>Judgment: Requires improvement</b>	
<b>The Provider is failing to comply with a regulatory requirement in the following respect:</b> <p>A record of formal induction and probation processes was not evident and staff files were not up-to-date.</p> <p><b>Action Required:</b>  Under Standard 7:1 you are required to ensure that:  Safe and effective recruitment practices are in place to recruit staff.</p> <p><b>Please state the actions you have taken or are planning to take:</b>  A record of formal induction for new employees and record of probation will be fully implemented and evident, and staff files will be kept up to date.</p> <p>File audits will be carried out on staff files on a monthly basis and an action plan will be developed to address deficits identified.</p>	
<b>Proposed timescale:</b> <b>31/12/2016</b>	<b>Person responsible:</b> <b>Centre Manager</b>

<b>Theme 7: Responsive Workforce</b> <b>Standard 7:2</b> <b>Judgment: Requires improvement</b>	
<b>The Provider is failing to comply with a regulatory requirement in the following respect:</b> Some staff working in the special care unit did not have a recognised appropriate qualification.	
<b>Action Required:</b> Under Standard 7:2 you are required to ensure that: Staff have the required competencies to manage and deliver child-centred, effective and safe services to children.	
<b>Please state the actions you have taken or are planning to take:</b> Unit staff that are not professionally qualified will continue to be supported to obtain that qualification.	
<b>Proposed timescale:</b> <b>31/12/2016</b>	<b>Person responsible:</b> <b>Centre Manager</b>

<b>Theme 7: Responsive Workforce</b> <b>Standard 7:3</b> <b>Judgment: Requires improvement</b>	
<b>The Provider is failing to comply with a regulatory requirement in the following respect:</b> Records of supervision did not consistently reflect that there was accountable decision making.	
Not all staff were supervised in line with policy.	
There were no professional development plans in place for staff.	
There was no consistent performance appraisal carried out on an annual basis.	
<b>Action Required:</b> Under Standard 7:3 you are required to ensure that: Staff are supported and supervised to carry out their duties and promote and protect the care and welfare of children.	
<b>Please state the actions you have taken or are planning to take:</b> The unit manager will conduct a monthly audit of supervision records to ensure accountability for decision making is recorded in supervision minutes.	
The unit manager will ensure that all management and staff receive professional supervision in accordance with agency policy.	
Training will be provided to management in the development of professional development plans for unit staff.	

Following training, professional development plans will be put in place for all unit staff.

Staff performance is managed at a number of different levels, supervision, probation meetings, outside of this within the life space as issues arise. If there are serious difficulties with performance then they are managed through the staff disciplinary process.

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

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

## **Theme 7: Responsive Workforce**

### **Standard 7:4**

#### **Judgment: Requires improvement**

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

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

#### **Action Required:**

Under Standard 7:4 you are required to ensure that:  
Training is provided to staff to improve outcomes for children.

#### **Please state the actions you have taken or are planning to take:**

A special care project manager has been assigned to develop a work and learning development strategy for special care for 2017.

Training deficits identified in the intervening period will be addressed.

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

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

## **Theme 8: Use of Information**

### **Standard 8:1**

#### **Judgment: Requires improvement**

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

A system to gather information about the quality of service provision and outcomes for children had not been implemented.

#### **Action Required:**

Under Standard 8:1 you are required to ensure that:  
Information is used to plan and deliver a child-centred, safe and effective service.

#### **Please state the actions you have taken or are planning to take:**

The National Children's Residential Service (CRS) significant event review group

process will be implemented to review significant events that take place in all special care units.

Exit interviews will be carried out with all young people being discharged from the unit, which will inform service learning.

A national information system is being developed to support the routine analysis of data generated in special care and will include data analysis and visualisation capabilities.

**Proposed timescale:**  
**31/12/2016**

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

## **Theme 8: Use of Information**

### **Standard 8:2**

#### **Judgment: Requires improvement**

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

Some records had insufficient managerial oversight as they were not signed and decisions and records did not demonstrate decisions made or actions to be followed up.

Significant event notifications found on staff's supervision files did not consider any data protection issues.

#### **Action Required:**

Under Standard 8:2 you are required to ensure that:

Information governance arrangements ensure secure record-keeping and file management systems are in place to deliver a child-centred, safe and effective service.

#### **Please state the actions you have taken or are planning to take:**

Management decisions will be reflected in a decision log to ensure they are acted upon in all cases.

A memo to staff regarding data protection will be issued and practice guidelines on data protection policy will be completed in a staff meeting.

**Proposed timescale:**  
**31/12/2016**

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