

Action Plan

This Action Plan has been completed by the Provider and the Authority has not made any amendments to the returned Action Plan.

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| Action Plan ID: | MON-0017740-AP |
| Provider's response to Inspection Report No: | MON-0017740 |
| Centre Type: | Children's Special Care Unit |
| Centre name: | Ballydowd |
| Date of inspection: | 10 August 2016 |
| Date of response: | 11 November 2016 |

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

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| Theme 1: Child - centred Services Standard 1:1 Judgment: Requires improvement |
| <p>The Provider is failing to comply with a regulatory requirement in the following respect: Children's right to have meaningful contact with peers while on the single occupancy programme was not supported.</p> <p>Action Required: Under Standard 1:1 you are required to ensure that: The rights and diversity of each child are respected and promoted.</p> <p>Please state the actions you have taken or are planning to take:</p> <ol style="list-style-type: none"> 1. Once a young person's behaviour has reached the threshold which requires them to be removed from group living for whatever reason staff need to ensure that they seek opportunities to have meaningful contact with their peers. This testing with peers will be recorded in the Single Occupancy review. 2. The Single Occupancy Review will occur within 72 hours. This review will be a multidisciplinary review. These minutes will be circulated to all attendees. |

3. If a young person continues in Single Occupancy it will be reviewed by the multidisciplinary team every 72 hours until the young person is taken off the programme.
4. School will also be considered as an opportunity to reintegrate the young person away from the Single Occupancy programme.
5. Once a young person enters the Single Occupancy Programme a phased plan will be developed to re-enter the young person back into the group living situation. The plan will be contained in the single occupancy documentation.

Proposed timescale:
30/11/2016

Person responsible:
Director of CRS, C&FA

Theme 1: Child - centred Services

Standard 1:7

Judgment: Requires improvement

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

Complaints records did not evidence children's satisfaction or dissatisfaction with the outcome.

Information given to children did not clearly explain the appeals process.

There was no collective review of complaints to ensure learning was promoted and outcomes for children improved.

The complaints policy was not adequate.

Action Required:

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.

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

1. All complaint outcomes will include whether the young person was happy or not with the outcome.
2. The information in the young person's booklet given to young people will be updated to clearly include how to appeal the outcome of the complaint.
3. Deputy Director in charge of complaints will review & audit complaints on a monthly basis to identify learning so that practice can be improved.
4. Learning from the monthly review will be fed back to the next Management Meeting & Staff Meeting.

5. The Complaints Policy will be review and amended to give guidance to Managers in Ballydowd on the management of complaints and appropriate person to investigate the complaint.

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

7. 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.

8. 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.

Proposed timescale:
31/12/2016

Person responsible:
Director of CRS, C&FA

Theme 2: Effective Care

Standard 2:2

Judgment: Requires improvement

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

The programmes of special care in place for children were incomplete or not reviewed appropriately.

Action Required:

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.

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

1. The new Special Care Processes have been implemented since 01.08.2016, clearly identifies a programme for special care. Within the programme it will be reviewed in the CICR on weeks 4,8,12 and alternatively at a professionals meeting weeks 2,6,10

2. Attendance at this meeting will include Social Work, Acts, GAL, Special Care and any other professionals deemed appropriate. If professionals cannot attended they will required to submit their reports so that they can be forwarded to the High Court.

3. Incidences where there is a breach of the processes will be recorded on the risk register.

Proposed timescale:
11/11/2016

Person responsible:
Director of CRS, C&FA

Theme 2: Effective Care

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| Standard 2:3 Judgment: Requires improvement | |
| <p>The Provider is failing to comply with a regulatory requirement in the following respect:</p> <p>Efforts had not been made to make the unit homely.</p> <p>There were no personal emergency evacuation plans in place to safely evacuate children in the event of fire.</p> <p>Action Required:</p> <p>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.</p> <p>Please state the actions you have taken or are planning to take:</p> <ol style="list-style-type: none"> 1. Unit Manager will meet with young people and devise a plan to make the unit homely. 2. Template for personal emergency evacuation plan has been sourced. It will be developed for each young person on the campus. | |
| Proposed timescale: 30/11/2016 | Person responsible: Director of CRS, C&FA |

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| Theme 2: Effective Care Standard 2:4 Judgment: Requires improvement | |
| <p>The Provider is failing to comply with a regulatory requirement in the following respect:</p> <p>Discharges from the service did not occur in a timely way for all children.</p> <p>Learning from exit interviews was not implemented.</p> <p>Action Required:</p> <p>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.</p> <p>Please state the actions you have taken or are planning to take:</p> <ol style="list-style-type: none"> 1. Special Care Processes will support timely discharges for young people by allowing the previous placement to be kept open so that the young person can return if appropriate. 2. First CICR will identify if the young person is to return to previous placement or seek alternative. 3. Special Care is short –term stabilisation intervention, accordingly, all placements in | |

Special Care are intended for an initial period of three months only. Placements can be extended following agreement within the Child in Care Review process.

4. Weekly teleconference is held with the attendance of Private Placement Manager one of the weekly agenda items is to ensure that all young people's discharge plans are reviewed and drift is kept to a minimum.

5. Exit interviews learning will be fed back to the next management meeting.

6. A quarterly presentation on all learning from exit interviews will be developed nationally to reflect on policy implications.

Proposed timescale:
31/12/2016

Person responsible:
Director of CRS, C&FA

Theme 3: Safe Services

Standard 3:1

Judgment: Significant risk identified

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

Allegations against staff were not always managed in line with policy, and did not consider how best to safeguard children and staff in these circumstances.

Not all staff had been trained in Children First (2011).

The child protection policy needed to be updated to ensure definitions match Children First.

Action Required:

Under Standard 3:1 you are required to ensure that:

Each child is safeguarded from abuse and neglect and their protection and welfare is promoted.

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

1. Interim Child Protection Practice Note has been implemented by Service Director CRS. Training to all managers will be rolled out October 2016.

2. Five staff identified who have not completed Child First (2011) will be trained by end of November.

3. Child protection definitions will be updated to reflect Children First 2011 by end of October.

Proposed timescale:
30/11/2016

Person responsible:
Director of CRS, C&FA

Theme 3: Safe Services

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| Standard 3:3 Judgment: Requires improvement | |
| <p>The Provider is failing to comply with a regulatory requirement in the following respect:</p> <p>Single occupancy was not reviewed effectively to consider reduction strategies.</p> <p>There were insufficient systems in place to monitor and audit restrictive practices as a whole.</p> <p>Action Required:</p> <p>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.</p> <p>Please state the actions you have taken or are planning to take:</p> <ol style="list-style-type: none"> 1. The Single Occupancy Review will occur within 72 hours. This review will be a multidisciplinary review. These minutes will be circulated to all attendees. 2. If a young person continues in Single Occupancy it will be reviewed by the multidisciplinary team every 72 hours until the young person is taken off the programme. 3. School will also be considered as an opportunity to reintegrate the young person away from the Single Occupancy programme. 4. Once a young person enters the Single Occupancy Programme a phased plan we be developed to re-enter the young person back into the group living situation. The plan will be contained in the single occupancy documentation. 5. Restrictive practices will be reviewed by the SEN Review Group and in the SERG Process. | |
| Proposed timescale: 31/12/2016 | Person responsible: Director of CRS, C&FA |

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| Theme 3: Safe Services Standard 3:4 Judgment: Requires improvement | |
| <p>The Provider is failing to comply with a regulatory requirement in the following respect:</p> <p>Systems in place to review significant events and incidents, and make quality recommendations for practice improvements were not sufficiently robust.</p> <p>Action Required:</p> <p>Under Standard 3:4 you are required to ensure that: Incidents are managed and reviewed in a timely manner and outcomes inform practice at all levels.</p> | |

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

1. Local SEN review will be established to review significant events.
2. The purpose of the local SERG meetings will be reviewed, refocused and realign the meeting to enhance practice improvements and ensure timely follow up.

Proposed timescale:
31/12/2016

Person responsible:
Director of CRS, C&FA

Theme 4: Health & Development

Standard 4:1

Judgment: Requires improvement

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

Children's records did not reflect a full medical history or immunisation records.

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:

1. All potential admissions medical history including immunisation history will be requested from the SW Department at the Special Care Order Application Meeting (SCOAP) prior to admission.
2. A letter of consent for the young person regarding medical needs will be sought from the Social Work Department at the SCOAP meeting.

Proposed timescale:
30/11/2016

Person responsible:
Director of CRS, C&FA

Theme 4: Health & Development

Standard 4:2

Judgment: Requires improvement

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

The assessment and planning processes were not effective in providing direction, where there was disagreement, or professionals involved failed to reach a consensus, about what actions needed to be taken, in order to meet the needs of children.

There was no one up-to-date policy on the management of medication and this impacted on the quality and safety of practice.

It was not evident that medication errors were analysed.

Records did not always show that children were visited by a doctor as needed.

Signed consent was not contained on all files.

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:

1. Within the Special Care Processes there is a mechanism to resolve conflicts between the professionals attached to the case. If there is conflict, a meeting between National Manager for Special Care, National Manager ACTS and relevant Area Manager with is held. If agreement cannot be reached then the relevant Regional Service Director and Director – Children’s Residential Services will make a determination.
2. The Service Director CRS has commissioned a consultant company to review Special Care Policies and Procedures to ensure that they are ready for Registration. Policy on Safe Medication Management will be included in this review.
3. Medication audits will occur on a monthly basis, the learning from these audits will be fed back to the management meeting. (end November 2016)
4. A quarterly meeting will be established with medical doctor who provides GP services to Ballydowd to discuss and resolve any issues that could have arisen. (end November 2016).
5. Any occurrence of a young person requesting to see a doctor will be recorded in their daily log, and the Social Care Leader’s log. Once they have seen a doctor and SEN will be distributed. (end November 2016).
6. A letter of consent for the young person regarding medical needs will be sought from the Social Work Department at the SCOAP meeting. (end November 2016).

Proposed timescale:
30/06/2017

Person responsible:
Director of CRS, C&FA

Theme 5: Leadership, Governance & Management

Standard 5:1

Judgment: Requires improvement

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

There was insufficient oversight to ensure that actions resulting from inspection were achieved in a timely way.

Some policies required updating or review, such as the admissions policy and policy on room searches.

Not all policies required by standards were in place such as a policy on risk management and medication management.

Action Required:

Under Standard 5:1 you are required to ensure that:

The special care unit performs its functions as outlined in relevant legislation, regulations, national policies and standards to protect each child and promote their welfare.

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

1. Part of the management meeting will be discussing the action plan forwarded to HIQA end November 2016.

2. An evidence file will be developed to support actions completed from the action plan end of November 2016.

3. The Service Director CRS has commissioned a consultant company to review Special Care Policies and Procedures to ensure that they are ready for Registration. The outstanding policies on admissions and room searches will be included in this review.

4. Training on supporting managers to identify risks and include these on the Governance Report Risk Register has been provided end November 2016.

5. Tusla will be implementing a new Risk Management policy in the future.

Proposed timescale:
30/06/2017

Person responsible:
Director of CRS, C&FA

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:

Managers did not take a systematic approach to auditing or reviewing practice for the purpose of informing improvements to service delivery.

The capacity of the managers to effectively plan and lead the service was impacted when responding to crises on an ongoing basis.

The National Manager for Special Care Services did not provide an adequate response to governance reports.

Line management arrangements for some staff were unclear.

There was no system in place to annually review the quality and safety of the service as a whole.

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:

1. Governance reports have been prioritised and are being reviewed within the management meeting to ensure a positive impact on service delivery.
2. National Manager Special Care will review the governance report on a monthly basis and will provide feedback to the unit manager following review.
3. Ensuring adequate staffing has been prioritised. Two recruitment campaigns will occur in 2016. One of the campaigns has been completed; the other will conduct interviews in November 2016.
4. Agency staff conversion has been approved and currently ongoing.
5. Vacancies following completion of the two processes outlined will be filled with agency staff on a structured basis to ensure consistency.
6. Manager supervision has been realigned to ensure line management supervision takes place.
7. Annual report will be developed which will look at key practice areas including. Complaints, use of restrictive practices, engagement with young person programme. Etc.

Proposed timescale:
31/01/2017

Person responsible:
Director of CRS, C&FA

Theme 5: Leadership, Governance & Management**Standard 5:3****Judgment: Requires improvement****The Provider is failing to comply with a regulatory requirement in the following respect:**

Some children's placements were not short-term and this was not in keeping with the statement of purpose and function for the unit.

The single occupancy programme was not included in the statement of purpose.

Action Required:

Under Standard 5:3 you are required to ensure that:

The special care unit has a publicly available statement of purpose that accurately and clearly describes the services provided.

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

1. Special Care Processes will support timely discharges for young people by allowing

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| <p>the previous placement to be kept open so that the young person can return if appropriate.</p> <p>2. First CICR will identify if the young person is to return to previous placement or seek alternative.</p> <p>3. Weekly teleconference is held with the attendance of Private Placement Manager one of the weekly agenda items is to ensure that all young people's discharge plans are reviewed and drift is kept to a minimum.</p> <p>4. Statement of Purpose and function will be amended to reflect the Single Occupancy Programme.</p> | |
| <p>Proposed timescale: 30/11/2016</p> | <p>Person responsible: Director of CRS, C&FA</p> |

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| <p>Theme 7: Responsive Workforce Standard 7:1 Judgment: Requires improvement</p> | |
| <p>The Provider is failing to comply with a regulatory requirement in the following respect: Managers did not have a system in place to be assured that staff files were up to date.</p> <p>A clear induction process was not in place for permanent staff.</p> <p>Action Required: Under Standard 7:1 you are required to ensure that: Safe and effective recruitment practices are in place to recruit staff.</p> <p>Please state the actions you have taken or are planning to take:</p> <ol style="list-style-type: none"> 1. Induction and Probation programme will be developed and implemented for new Tusla and agency staff. 2. File audit quarterly on all staff personal files will be conducted by the Deputy Director of Operations | |
| <p>Proposed timescale: 31/01/2017</p> | <p>Person responsible: Director of CRS, C&FA</p> |

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| <p>Theme 7: Responsive Workforce Standard 7:2 Judgment: Requires improvement</p> | |
| <p>The Provider is failing to comply with a regulatory requirement in the following respect: Not all staff were qualified.</p> | |

Adequate staffing arrangements were not in place to positively support the management of behaviour that challenged at night.

Managers responding to emergencies at night when on-call were expected to be available for work during normal rostered hours.

Action Required:

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.

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

1. All non qualified staff were supported through being released and paid to undertake the Level 7 qualification in Social Care. Unfortunately these staff members were unable to continue in college due to medical and personal reasons.
2. Through supervision it will be discussed with the non qualified how they can be supported to obtain the necessary qualification.
3. Requiring extra staffing resources at night have been approved by Service Director CRS and is currently being considered by the Department of Children and Youth Affairs.
4. Staffing resources are constantly and can be increased if a risk assessment identifies the need as a response to an increase in incidences, or a request from unit management.
5. Social Care Leaders have been identified, it is envisaged that this first line management will take up a role at night, once the staff resources allow them to be released from their current roster.
6. The Service Director CRS has identified managers on –call as an issue and he has tasked a Director to review on call arrangements for all Special Care Services and to develop a plan for his consideration.

Proposed timescale:
31/03/2017

Person responsible:
Director of CRS, C&FA

Theme 7: Responsive Workforce

Standard 7:3

Judgment: Requires improvement

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

There was no policy on the management of staff performance.

Supervision did not always take place regularly, or address key areas such as the needs of children, management of incidences or support for staff.

Not all managers had completed management and supervision training.

Action Required:

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.

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

1. 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.

2. A supervision review will be conducted annually between the supervisor and supervisee to review performance, and develop a Personal Development Plan.

3. A Deputy Director will take on responsibility to quality assure the supervision process in order for it to meet the key pillars of supervision.

4. Managers without the supervision training will attend on the next course delivered by Tusla training department.

Proposed timescale:
31/10/2016

Person responsible:
Director of CRS, C&FA

Theme 7: Responsive Workforce

Standard 7:4

Judgment: Requires improvement

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

The service had not conducted a formal training needs analysis.

Staff required training in core areas.

Additional training was required for some staff in areas such as medication management and management of behaviour.

The training programme did not sufficiently address the training requirements.

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:

1. Annual training needs analysis will be conducted in December and this will be included in the Annual Report. Deficits in training at this point will be escalated to Workforce Training and Development and requested to respond to same. (end January 2017)

2. Core training is identified within the Governance report. Governance report is reviewed at the management meeting on a monthly basis. (end November 2016).

3. Additional training in Safe Administration of Medication has been sourced and will be delivered to ensure that all staff has received it (end January 2017).

4. Additional training in management of behaviour has been sourced by Service Director CRS, once this has been tested and approved it will be delivered to all Social Care Staff.

Proposed timescale:
30/06/2017

Person responsible:
Director of CRS, C&FA

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:

Systems for measuring outcomes for children required improvement.

There was a need to improve the quality and range of information gathered and analysed for the purpose of driving continuous improvement to service delivery.

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:

1. A measurement tool will be developed. To assist the professionals in acknowledging the outcomes following the Special Care Programme and identify learning.

2. Monthly Governance Reports, SEN review and other audits will be key in improving the quality of information that will drive continuous improvement in both learning and service delivery.

3. The National Children's Residential Service (CRS) Significant Event Review Group will be implemented to review Significant Events that take place in all Special Care Units.

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

5. 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.

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| Proposed timescale: 30/06/2017 | Person responsible: Director of CRS, C&FA |
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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:

Records were not well organised and filed in chronological order.

Files were not stored in a manner that protected them against the risk of fire.

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:

1. New filing system has been developed by Service Director CRS and is due to be implemented.
2. Monthly young person's file audit will be conducted to ensure appropriate organisation of files. (End November 2016).
3. File storage will be reviewed to ensure their safety against fire and other possible destructive sources. (end November 2016)
4. When files have been requested from archiving they will be returned at the earliest opportunity. (end November 2016).

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| Proposed timescale: 30/06/2017 | Person responsible: Director of CRS, C&FA |
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