

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-0017923-AP
Provider's response to Inspection Report No:	MON-0017923
Centre Type:	Children's Residential Centre
Service Area:	CFA South CRC
Date of inspection:	30 August 2016
Date of response:	15 November 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:

The centre practice of night-time checks were not appropriately risk based and impacted on the child's right to privacy and bodily integrity.

Entries in the complaints log were incorrectly classified. The oversight of complaints was ineffective.

The centre did not record if a child was satisfied with the outcome of a complaint.

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 policy on night- time checks will be reviewed. The practice of night- time checks will be individually risk assessed for all current residents in consultation with referring social workers to ensure there is no impact on a child's right to privacy. Where risk exists necessitating night time checks the nature of the risk will be outlined in the written risk assessment. For future admissions this risk assessment will form part of the admissions process.

Refresher training will be completed regarding complaints by each staff team to ensure understanding of what constitutes a complaint. An audit system will be established for all logs within the centre undertaken by the Centre Manager or designate to quality assure completion and identify any areas of deficit. Where deficits either in completion or understanding are identified appropriate corrective measures will be taken.

The format of the Centre Complaints log will be expanded to include a section to record the young person's satisfaction.

Proposed timescale:
30/11/2016

Person responsible:
Regional 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:

Social workers of children already placed in the centre were not informed of all new admissions in order to assess any potential risks.

Actions listed in placement plans were brief, generic and were not responsive to the needs of all children.

One on one sessions with children were not prioritised and key worker sessions were not routinely recorded. This meant that focused work with children could not effect positive changes of behaviour for children in crisis.

Leaving care and aftercare plans were not consistently completed and contained in children's files.

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:

Social Workers of young people already present in the service will be alerted to new admissions by the admissions committee when a placement is being offered in order to assess any potential risks.

The National Placement Plan, Placement Support Plan and Placement Progress Report will be implemented in the service by November 30, 2016. All staff members have received training in these new systems which require specific detail in recordings; this will address the issue of brief, generic entries. The trainer of these systems will attend the Regional Meeting on December 7, 2016 to address any identified issues post implementation.

A review of the Key Worker Policy will be completed by the management team and staff team. Expectations on the frequency and recording of one to one sessions will be specified in the amended policy.

An audit of all young people's files will be completed by each centre manager to ensure leaving care and aftercare plans are in place where appropriate. A designated Assistant Unit Manager will undertake an audit quarterly to ensure these plans are in place and completed in a consistent manner.

Proposed timescale:
30/11/2016

Person responsible:
Regional Manager

Theme 2: Safe & Effective Care
Standard 6: Care of Young People
Judgment: Significant risk identified**The Provider is failing to comply with a regulatory requirement in the following respect:**

The methods for managing behaviour were not effective in changing a crisis dynamic over a seven month period.

Individual crisis management plans (ICMP's) were brief and listed generic information and did not take account of contraindications such medical issues or past experiences.

The oversight of ICMP's was not seen to improve outcomes for children.

Absence management plans, key working and life space interviews, were ineffective at managing risk when children left the centre and addressing issues upon return.

Recommendations from Social Workers to manage specific high risk behaviours were given to the campus management. However, they were not incorporated in children plans in the centre

One child was placed under constant supervision while in the centre as a measure to reduce risk. This was disproportionate to the child's behaviours and not in their best interests.

Meal times in the centre were institutional and not similar to a family environment.

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:

A Management Action Plan has been devised to address issues highlighted by a review of systems, practices and approach in the service which includes behaviour management. Work has commenced on October 26, 2016 with the management team led by an external independent consultant to reflect on the principles and practices underpinning modern service provision. A separate review of the Ratings System will also be completed by the management and staff teams. Team meetings will be used to re-focus staff teams on the use of the approved model of crisis intervention and the complimentary model of positive behavioural approach. The National Significant Event Review Group Terms of Reference will be implemented to ensure that opportunities for learning are identified and put into operation by November 24, 2016.

Individual Crisis Management Plans (ICMP's) will be completed and reviewed by the centre manager, psychologist and staff team with specific focus on contraindications, past experiences and requirement for specific pertinent detail.

Oversight of ICMP's will be provided by the Resident Manager, Service Manager, Social Worker and Centre Psychologist on a monthly basis or as required.

The Placement Support Plan due for implementation which contains sections on absence management, routine management, behaviour management, crisis management and situation management will provide both a standardised format and breakdown of the components in each of the identified areas for the staff team. The breakdown of components will enable an effective response to be identified. The quality of completion will be overseen in the first instance by the Centre Manager and subsequently by the Resident and Service Manager. The management oversight will be evidenced by signature on the reviewed document and email comment where appropriate.

The responsibility of managers to incorporate recommendations relating to the management of risk behaviours that issue from Social Workers has been outlined by the Resident Manager to the management team. This issue will also be on the Management Meeting Agenda October 26, 2016.

Agreement will be reached with Social Workers as to the nature and extent of supervision where levels are increased in response to identified risk to ensure that measures are proportionate and in the young person's best interests. The identified

risk, level of supervision and review arrangements will be outlined in the associated management plan.

A review of practice relating to meal times will be completed by the centre management, staff teams and young people. All section heads have been informed that only young people and staff directly working with them will be in the canteen at young people's meal times. Email confirmation will be required from each section head that this information has been communicated to their teams.

Proposed timescale:
30/11/2016

Person responsible:
Regional Manager

Theme 2: Safe & Effective Care
Standard 7: Safeguarding and Child Protection
Judgment: Significant risk identified

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

Some practices carried out in the centre were not safe. Inspectors were not assured that all practices in the centre had been reviewed and were safe.

Safeguarding practices during periods of crisis were ineffective and staff did not intervene during critical incidents.

The centre did not have a current policy for the safe use of phones.

Some children had unsupervised access to the internet on their phones at all times.

Inspectors were not assured that the centre management had an understanding of threshold for child protection concerns and knew the correct procedures for reporting child protection concerns.

Some child protection allegations were incorrectly classified as complaints, and therefore had not been appropriately referred to the social work department.

The majority of staff in the centre did not have up-to-date child protection training.

Whistleblowing and protected disclosure had not been discussed with staff.

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:

A review of legacy practices took place at the management meeting scheduled for October 26, 2016 and any corrective actions identified have been recorded, assigned

to a person and given an associated time frame. Direction had issued to all staff regarding an identified legacy practice of allowing young people in the service visit staff homes, the direction prohibited this practice. This direction was further expanded to include not allowing young people access to staff personal mobile numbers or having contact with young people on social media sites as outlined in the Code of Behaviour contained in the Child Protection Practice Note. Notification issued to all users of the campus facilities as to the use of the canteen and the distinct route to be used when accessing non residential services by other Tusla employees. This route avoids access to the main residential area.

A policy is currently being developed on the safe use of mobile phones and social media by the management team, due for completion November 30, 2016. Individualised assessment of access to phones at night will be undertaken in conjunction with the referring Social Worker.

A review of SEN's generated during the period of at risk behaviour is being completed by the Resident Manager and Principal Social Worker, South Tipperary Social Work Department. Timeframe for completion is November 30, 2016. Where appropriate retrospective Standard Report Forms will issue to local Duty Intake team. Identified issues relating to safeguarding practice and corrective measures will be communicated to Social Workers of all young people currently in the service and to staff teams working with them.

Managers at all levels and staff will complete Children First training (1 day) and training in the National Child Protection Practice Note which includes clear direction on the reporting process. Children First Training (1 day) is scheduled for Resident Manager, Service Manager, Centre Managers and Social Care Workers on November 4th and 9th 2016. Refresher training for all other sections will be scheduled to follow.

Training on the Child Protection Practice Note is scheduled for October 28, 2016 and November 3, 2016 with a third date to be identified in November for completion. A commencement date for implementation for both the Practice Note and amended Centre Child Protection Policy will be established once all training is completed by November 30, 2016.

Whistle blowing and Protected Disclosure Policies will be placed on the agenda of the Management Team and each staff team meeting for discussion and review.

Proposed timescale:
30/11/2016

Person responsible:
Regional Manager

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 layout of the centre was unsuitable and contributed to children being placed at risk.

The layout of the campus had significant institutional features.

The centre units did not have a homely feel and children's bedrooms were similar to a boarding school.

Over half of the staff complement had not received up-to-date fire safety training.

Medicines management practices were not robust and could lead to risk of errors in administration.

Medication cabinets in some of the units contained loose, unlabelled, over the counter medication belonging to staff.

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:

National CRS will discuss and review with local management the implications of the campus style setting on the provision of care and the future service development and direction. This process will focus on existing institutional features, building layout and the use of the campus by other services. This review may expand to incorporate other identified parties as deemed appropriate.

The Resident Manager and Centre Managers will review the interior décor of each centre with particular emphasis on the young people's bedrooms.

An audit will be undertaken on mandatory training to establish the level of outstanding training by each Centre Manager which will include Fire Training. On completion of this audit a training schedule will be established.

Centre Managers have attended Medication Management training (2 day) on 10th and 11th October. The Medication Management Policy and centre practice will be reviewed in conjunction with the Centre Nurse in light of this training on December 6, 2016. Direction will issue from the Resident Manager to all staff that only medication for the young people is to be stored in medication cabinets pending this review. A system of checks will be established to ensure adherence to the centre medication management policy.

Proposed timescale:
12/12/2016

Person responsible:
Regional Manager

Theme 4: Leadership, Governance & Management
Standard 2: Management and Staffing

Judgment: Significant risk identified

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

There had been a failure to maintain effective management systems to ensure the service was safe.

Accountability on decisions taken during team and management meetings was not transparent.

The Care Managers log did not show the justification for decisions and actions taken during incidents.

Significant events were not consistently notified to person(s) external to the centre and senior managers were not aware of the risks in the centre.

Risk management was not robust and issues of high risk were not escalated in a timely manner.

Systems for auditing, monitoring and learning had been poorly implemented.

Supervision of staff was of poor quality.

Staff did not have up-to-date training in core areas such as Children First, manual handling, supervision, first aid and trust in care.

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:

Management systems have been reviewed by the Regional Manager with the Service Manager, Resident Manager and Centre Management Team. Corrective measures have been taken in response to any identified deficits in particular relating to management oversight and quality assurance. The following corrective measures have been completed: Management Briefing on identified deficits, 2 day workshop for Resident Manager and Service Manager on roles, responsibilities and risk escalation. Establishment of system of checks on existing documentation, including evidence of oversight by manager initial and date. A workshop on Risk Management will be undertaken in the first instance with the management team by January 30, 2017 and subsequently with each staff team.

The format of minutes for both the staff team and management meetings will be reviewed. A format will be established to ensure Actions/Decisions are recorded with the person responsible identified and the associated timeframe noted.

The function and format of the Care managers log will be reviewed. A format will be established to capture decisions/actions and the context for both.

The Service Manager and Resident Manager will have completed a two workshop by November 4, 2016 in relation to roles and responsibilities ensuring a common understanding as to the requirement to monitor and quality assure systems and associated documentation in place including the responsibility to escalate risk as appropriate.

The National Significant Event Review Group (SENRG) terms of reference will be implemented in the service by November 24, 2016 which will ensure appropriate auditing, monitoring and learning from significant events.

The Service Manager will undertake an audit of supervision using the audit tool contained within the National Supervision Policy. The Resident Manager and Centre Managers will attend a training workshop on December 15, 2016 on Supervision Training for Supervisors. This workshop will be a bridging training pending completion of the full three day Supervision Training Course for Supervisors scheduled for 2017. An annual audit will be completed by the Service manager to ensure ongoing quality and compliance with National Supervision Policy.

Children First Training will be completed for all managers and staff by the end of November 2016. Trust in Care will be scheduled for all managers commencing December 9, 2016 concluding February 27, 2017

An audit of manual handling and first aid will be completed and a training schedule identified for 2017.

Proposed timescale:
31/03/2017

Person responsible:
Regional Manager

Theme 4: Leadership, Governance & Management
Standard 3: Monitoring
Judgment: Requires improvement

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

There was a lack of formal response from the monitoring service to ensure the service was compliant with regulations and standards during the period of crisis.

Action Required:

Under Standard 3: Monitoring you are required to ensure that:
The Health Service Executive , for the purpose of satisfying itself that the Child Care Regulations 5-16 are being complied with, shall ensure that adequate arrangements are in place to enable an authorised person, on behalf of the Health Service Executive to monitor statutory and non-statutory children's residential centres.

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

a. The National Manager for Quality Assurance and Monitoring has assigned two monitoring officers (one of which is the monitoring manager), to visit the service on a monthly basis for the purpose of satisfying Tulsa - the Child and Family Agency

that the Child Care Regulations 5-16 are being complied with and to verify the implementation of the service improvement plan.

b. Monitoring visits will be completed on a monthly basis from November 2016 to April 2017, and a report will issue following each visit. In April 2017 a third monitoring officer from another region will complete an audit of compliance with the regulations and review the implementation of the service improvement plan. The Tusla Quality Assurance Directorate will reflect on any identified risks and escalate any matter requiring immediate action to the Chief Operations Officer and Director of Quality Assurance in line with Tusla policy and procedures. Thereafter the level of monitoring activity will be proportionate to the level of risk associated with any outstanding actions.

c. The National Manager for Quality Assurance and Monitoring has reviewed the process of monitoring with the national monitoring team. A national template for monitoring is being introduced in 2017 which will reflect the Agency's quality assurance framework and the national standards for residential centres to ensure greater consistency of practice and to improve the standard of monitoring reports and methodology used. All monitoring reports and monitoring activity will be carried out in accordance with this standard and will be peer reviewed, overseen by the monitoring managers. Peer support, and increased management and oversight of the process of monitoring will be introduced to ensure that robust verification of the centre's self audit (which must be completed prior to a full monitoring visit) takes place, which is grounded in documentary evidence and in accordance with best practice. The intensive monitoring support being implemented for the next six months is being provided to address the deficits identified in the monitoring process, to implement the rapid improvements required and to provide additional assurances that these improvements will be sustained.

d. Due to the risks identified, the monitoring of the service will be carried out with the monitoring manager for a period of 12 months and then reviewed.

Proposed timescale:
31/05/2017

Person responsible:
Director of QA, C&FA