



An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

Alternative Care Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: 124

Year: 2019

Inspection & Monitoring Services
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Registration and Inspection Report

Inspection Year:	2019
Name of Organisation:	Fresh Start
Registered Capacity:	Three young people
Dates of Inspection:	25th & 26th September 2019
Registration Status:	Registered from the 22nd December 2019 to the 22nd December 2022
Inspection Team:	Joanne Cogley Linda McGuinness
Date Report Issued:	16th December 2019

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1. Foreword

The National Registration and Inspection Office of the Child and Family Agency is a component of the Quality Assurance Directorate. The inspectorate was originally established in 1998 under the former Health Boards was created under legislation purveyed by the 1991 Child Care Act, to fulfil two statutory regulatory functions:

1. To establish and maintain a register of children's residential centres in its functional area (see Part VIII, Article 61 (1)). A children's centre being defined by Part VIII, Article 59.
2. To inspect premises in which centres are being carried on or are proposed to be carried on and otherwise for the enforcement and execution of the regulations by the appropriate officers as per the relevant framework formulated by the minister for Health and Children to ensure proper standards and conduct of centres (see part VIII, Article 63, (1)-(3)). The Child Care (Placement of Children in Residential Care) Regulations 1995 and The Child Care (Standards in Children's Residential Centres) 1996.

The service is committed to carry out its duties in an even handed, fair and rigorous manner. The inspection of centres is carried out to safeguard the wellbeing and interests of children and young people living in them.

The Department of Health and Children's "National Standards for Children's Residential Centres, 2001" provides the framework against which inspections are carried out and provides the criteria against which centres structures and care practices are examined. These standards provide the criteria for the interpretation of the Child Care (Placement of Children in Residential Care) Regulations 1995, and the Child Care (Standards in Children's Residential Centres) Regulations 1996.

Under each standard a number of "Required Actions" may be detailed. These actions relate directly to the standard criteria and or regulation and must be addressed. The centre provider is required to provide both the corrective and preventive actions (CAPA) to ensure that any identified shortfalls are comprehensively addressed.

The suitability and approval of the CAPA based action plan will be used to inform the registration decision.

Registrations are granted by on-going demonstrated evidenced adherence to the regulatory and standards framework and are assessed throughout the permitted cycle of registration. Each cycle of registration commences with the assessment and verification of an application for registration and where it is an application for the initial use of a new centre or premises, or service the application assessment will include an onsite fit for purpose inspection of the centre. Adherence to standards is assessed through periodic onsite and follow up inspections as well as the determination of assessment and screening of significant event notifications, unsolicited information and assessments of centre governance and experiences of children and young people who live in residential care.

All registration decisions are made, reviewed and governed by the Child and Family Agency's Registration Panel for Non-Statutory Children's Residential Centres.

1.1 Centre Description

This inspection report sets out the findings of an inspection carried out to monitor the ongoing regulatory compliance of this centre with the aforementioned standards and regulations and the operation of the centre in line with its registration. The centre was granted their first registration in December 2016. At the time of this inspection the centre was in its first registration and in year three of the cycle. The centre was registered without attached conditions from 22nd December 2016 to the 22nd December 2019.

The centre was a community based residential service that provided care for up to three young people. The principle goal of the service was to provide the essential life skills to the young people living there in order to prepare them to live in the least restrictive environment possible. This is done through providing a consistent structured environment while providing opportunities to empower the young people in making decisions that affect their lives.

The inspectors examined standard 2 'management and staffing', aspects of standard 5 'planning for children and young people' (statutory care plans and statutory care plan reviews), standard 8 'education', standard 9 'health' and standard 10 'premises and safety' of the National Standards for Children's Residential Centres, 2001. This inspection was announced and took place on the 25th and 26th September 2019. There were two young people resident in the centre at the time of inspection.

1.2 Methodology

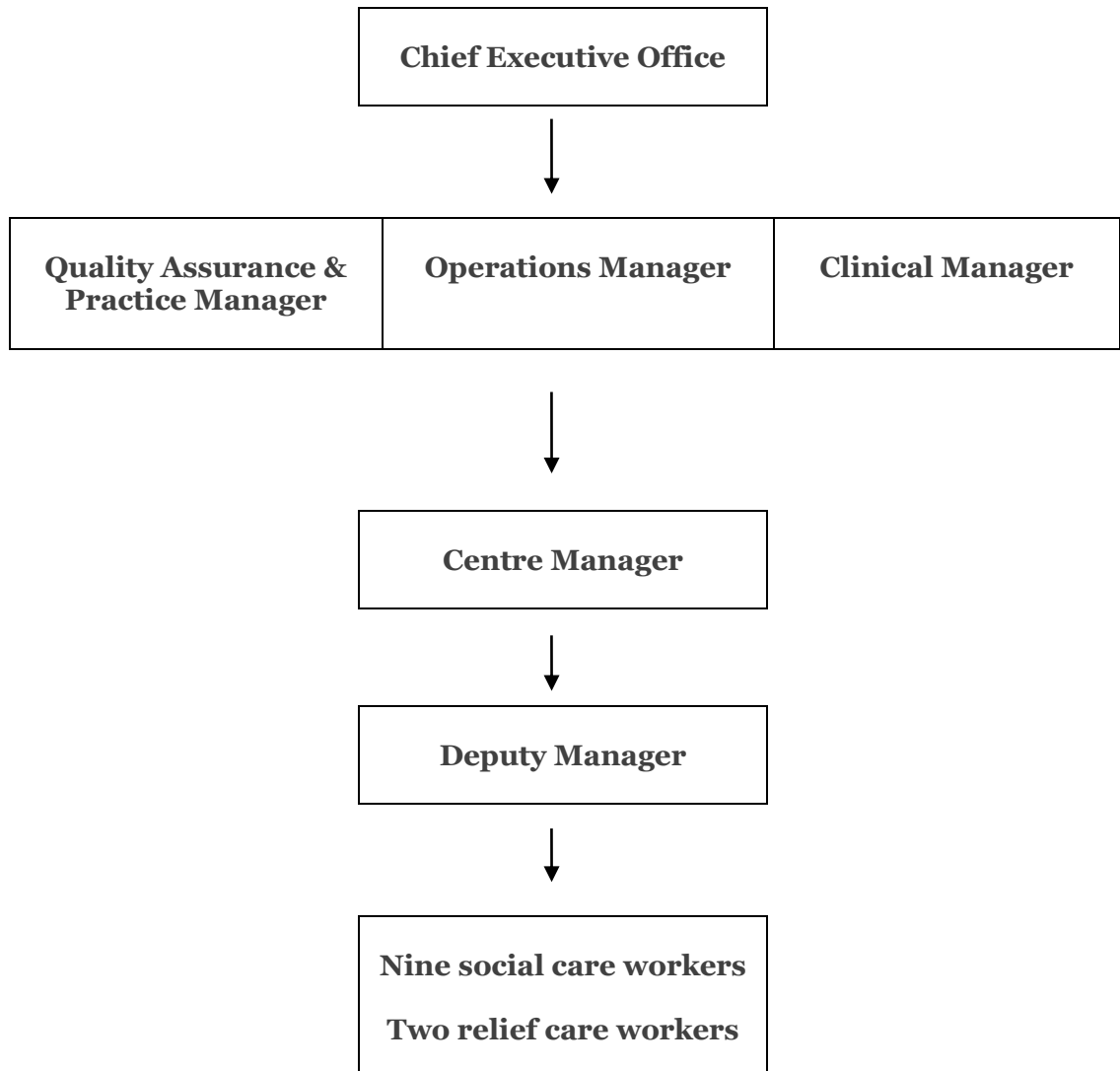
This report is based on a range of inspection techniques including:

- ◆ An examination of the inspection questionnaire and related documentation completed by the manager
- ◆ An examination of the questionnaires completed by:
 - a) Seven social care workers
 - b) The deputy manager
 - c) The centre manager
 - d) The chief executive officer
 - e) The allocated social worker for one young person
- ◆ An examination of the centre's files and recording process including:
 - The young people's care files
 - Centre register
 - Staff supervision records
 - Personnel files
 - Handover book
 - Management meeting records
 - Staff team minutes
 - Health and Safety records
 - Fire safety records
 - Maintenance logs
- ◆ Interviews with relevant persons that were deemed by the inspection team to have a bona fide interest in the operation of the centre including but not exclusively:
 - a) The centre manager
 - b) The quality assurance manager
 - c) The director of operations
 - d) Two social care staff
 - e) The deputy manager
 - f) One young person
 - g) An allocated social worker for one young person
- ◆ Observations of care practice routines and the staff/young people's interactions

Statements contained under each heading in this report are derived from collated evidence.

The inspectors would like to acknowledge the full co-operation of all those concerned with this centre and thank the young people, staff and management for their assistance throughout the inspection process.

1.3 Organisational Structure



2. Findings with regard to Registration Matters

A draft inspection report was issued to the centre manager, director of services and the relevant social work departments on the 1st of November 2019. The centre provider was required to provide both the corrective and preventive actions (CAPA) to the inspection service to ensure that any identified shortfalls were comprehensively addressed. The suitability and approval of the CAPA based action plan was used to inform the registration decision. The centre manager returned the report with a satisfactory completed action plan (CAPA) on the 12th of November 2019 and the inspection service received evidence of the issues addressed.

The findings of this report and assessment by the inspection service of the submitted action plan deem the centre to be continuing to operate in adherence to the regulatory frameworks and Standards in line with its registration. As such it is the decision of the Child and Family Agency to register this centre, ID Number: 124 without attached conditions from the 22nd December 2019 to the 22nd December 2022 pursuant to Part VIII, 1991 Child Care Act.

3. Analysis of Findings

3.2 Management and Staffing

Standard

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.

3.2.1 Practices that met the required standard in full

Register

A register of all young people who lived in the centre was maintained by the centre manager. Inspectors found that the register complied with the Child Care (Placement of Children in Residential Care) Regulations, 1995. There was a system in place where duplicated records of admissions and discharges were kept centrally by TUSLA, the Child and Family Agency.

Notification of Significant Events

The centre had a system for the notification of significant events. Inspectors interviewed one supervising social worker and examined the centre records and found significant event reports were promptly notified to social work departments. There was a clear system of oversight and review of significant events with review meetings occurring on a monthly basis to assess risk ratings, trends and effective strategies.

Staffing

The staffing complement at the centre consisted of a centre manager, deputy manager and nine social care workers. The centre also had access to two consistent relief staff members. Seven social care workers had a recognised qualification in social care whilst two others had a qualification in a related discipline. The collective staff team had an average of over two years' experience between them with the centre manager, deputy manager and five social care workers having worked in the house since it opened in 2016. Inspectors found that the centre had adequate levels of staff to fulfil its purpose and function and noted a balance of experience within the team. From a review of rotas over the previous nine months, it was evident that there had been consistency within the team and no changes to the complement of staffing.

From a review of six staff personnel files, inspectors found that appropriate vetting measures had been used and there was evidence of verification of qualifications on file along with Garda vetting and references. CVs and application forms were also present and sufficient. There was written evidence of induction on files and staff members interviewed as part of the inspection process confirmed they had received both an organisational and house specific induction.

Training and development

Inspectors reviewed the training files for staff members and noted that training was up to date and completed. Staff had received required training in a recognised model for de-escalation of behaviour and physical intervention and there was evidence of regular refresher training programmes occurring. Training had also been provided in fire safety, manual handling, first aid and both an organisation specific and e-learning programme for Children's First: National Guidance for the Protection and Welfare of Children, 2017. The staff team had also received briefings from an outside addiction specialist in order for upskilling purposes. Copies of the staff team's training certificates were evident on file. There was a clear training plan in place for the following six months.

Administrative files

The administrative files were examined by the inspectors and the key records were evident. The recording system was well organised and accessible so that they facilitated planning, effective management and accountability. There was evidence that the manager was monitoring the records. The centre had clear financial management systems and records in place which appeared to be sufficient to meet the needs of the centre at that present time.

3.2.2 Practices that met the required standard in some respect only

Management

The centre had a full time manager who had been in post since the centre opened in 2016. The centre manager held an appropriate qualification in social care. This person also had experience as a manager in another children's residential centre prior to taking up their role. The manager was present during normal office hours and had overall responsibility for the day-to-day running of the service. Inspectors observed evidence that the manager reviewed young people's daily logs, care files and centre registers as part of their governance. They also chaired staff team meetings and

handovers and attended child in care reviews and professionals meetings. The manager was supported in their role by a deputy manager who worked normal office hours. There was an out-of-hours on-call service to support staff in the event of incidents occurring at evenings or weekends.

The centre manager reported to the organisation's operations manager and clinical manager. There were monthly manager's meetings that were attended by centre managers and senior organisational managers. Inspectors reviewed documents from these meetings which contained actions agreed at the meetings. There were no minutes to accompany these actions as they had not been circulated therefore there was no way for inspectors to make an informed judgement on the quality of these meetings in relation to care practices or operational issues. This issue had previously been raised May 2019 with the organisation.

The centre manager completed a monthly checklist which was sent to the quality assurance & practice manager and operations managers. This included information in relation to care planning, health and safety and child protection. This self-audit was then validated by the quality assurance manager during their visits to the centre and an action plan formulated from same and returned to the centre manager for follow up; however it was not evident that these self-audits were benchmarked against national standards. There was evidence from files of the quality assurance manager being present in the centre on four occasions this year to date. These were in January, April and twice in September 2019. There was evidence of email correspondence on file between the quality assurance manager and the centre manager following these visits with areas for action. From a review of the managers self-audit, inspectors found areas were not thoroughly reviewed which left gaps in documentation. For example; there were significant issues with the centre obtaining copies of both young people's care plans however the section for outstanding documentation highlighted the centre had all paperwork required. There was no follow up from any member of senior management in relation to the last care plan on file for one young person being from 2017. From interview with the organisation's operations manager, it was evident they were familiar and up to date with the centre and they informed inspectors they visited regularly however there was no written evidence to support this. A formal audit template for quality assurance visits should be created for tracking and oversight of the process. There must also be clear mechanisms for tracking the auditing and governance by the operations manager.

Supervision and support

Inspectors examined a sample of supervision records. Supervision sessions were clearly recorded on a template form which was signed by both the supervisor and supervisee. The sessions occurred every four to six weeks in accordance with the centre's supervision policy. The manager and deputy manager both supervised the staff members and had recognised training in the provision of supervision. There was an agenda attached to all supervision forms however inspectors found staff members were not contributing to this. The centre manager should ensure this is utilised effectively. There was evidence of discussion around the centres model of care, placement planning and key working.

There was evidence of monthly team meetings and daily handover meetings. A handover sheet was to be completed daily where goals were outlined and persons to complete the tasks identified however inspectors found from review of this that the information recorded was very minimal and the forms were not being utilised appropriately. Inspectors sat in on a shift handover during the course of inspection and found clear planning evident with guidance and direction being provided at the time by management. The centre manager must ensure the handover book is utilised appropriately.

The inspectors reviewed the team meeting minutes and found they were well attended by the staff team. There was also evidence of outside agencies attending team meetings for the purposes of educating the team on areas such as addiction. It was evident from the minutes that the care of the young people was a main focus and priority within the meeting agenda. Clear action plans were set from all meetings.

3.2.3 Practices that did not meet the required standard

None identified.

3.2.4 Regulation Based Requirements

The Child and Family Agency met the regulatory requirements in accordance with the ***Child Care (Placement of Children in Residential Care) Regulations 1995 Part IV, Article 21, Register.***

The centre met the regulatory requirements in accordance with the ***Child Care (Standards in Children's Residential Centres) Regulations 1996 -Part III, Article 5, Care Practices and Operational Policies***

-Part III, Article 6, Paragraph 2, Change of Person in Charge

-Part III, Article 7, Staffing (Numbers, Experience and Qualifications)

-Part III, Article 16, Notification of Significant Events.

Required Action

- The centre manager must ensure minutes from management meetings are available on file.
- Senior management must ensure that a formal audit template for quality assurance visits should be created for tracking and oversight of the process. There must also be clear mechanisms for tracking the auditing and governance by the operations manager.
- The centre manager must ensure staff members are utilising their agenda for supervision for the purposes of professional development.
- The centre manager must ensure the handover book is utilised appropriately.

3.5 Planning for Children and Young People

Standard

There is a statutory written care plan developed in consultation with parents and young people that is subject to regular review. The 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.

3.5.1 Practices that met the required standard in full

Not all criteria under this standard were examined during the inspection.

3.5.2 Practices that met the required standard in some respect only

Not all criteria under this standard were examined during the inspection.

3.5.3 Practices that did not meet the required standard

Statutory care planning and review

At the time of inspection the centre had two young people in placement. The younger resident's care plan was on file however was noted to have been received three months after their child in care review meeting occurred. This young person had also been placed in the centre under a derogation process that had been approved by the

Alternative Care Inspection and Monitoring Service. As they were under the age of 13, their care plan was subject to monthly statutory reviews. From a review of files, these meetings did occur however all five care plans were only sent to the centre at the end of July 2019. Inspectors spoke with the allocated social worker for this young person who had been recently appointed to the case. Since their take over it was evident care planning was carried out in a prompt manner however it is important to ensure this continues moving forward.

The centre manager informed inspectors that the older resident last had a care plan review in April of this year however there was no corresponding care plan on file nor were there minutes of this meeting for review at the time of this inspection. The team leader for this young person informed inspectors the last statutory review was held in July of this year. The last care plan on file at the centre for this young person was dated in December 2017. It was noted by staff members through interview that the delay in receiving care plans, and the lack of care plans on file made it difficult to draw up placement plans for the young people. From a review of the centres placement plans on file there were clear goals being set out to ensure the needs of the young people were being met. There was reference to these being in line with the centres model of care and focused on where both young people were at within their placements. Without care plans on file, inspectors could not determine a link to care planning however the placement plans did appear to address the needs of both young people, in particular with focuses on aftercare provision and education provision.

The older resident was approaching eighteen and had complex health needs for which there was no evidence of care planning to address these needs, nor the issue of aftercare. The team leader for this young person highlighted the case had changed social work teams in August therefore could not give explanation as to the deficits that had been noted prior to this. Inspectors did note serious deficits in social work provision relating to care planning for this young person prior to the new social work team taking over. Social workers must ensure that care plans are made available to the centre for the young people in their care to assist with placement planning as a matter of priority. Senior management must ensure that where there is a significant delay in the receipt of statutory care plans they are risk escalating this both within the organisation and within Tusla. Social work management must satisfy themselves that all aspects of social work provision are delivered to young people as necessary.

3.5.4 Regulation Based Requirements

The Child and Family Agency has met the regulatory requirements in accordance with the *Child Care (Placement of Children in Residential Care) Regulations 1995*

-Part IV, Article 23, paragraphs 3 and 4, Consultation Re: Care Plan

-Part V, Article 25 and 26, Care Plan Reviews

-Part IV, Article 24, Visitation by Authorised Persons

-Part IV, Article 22, Case Files.

The Child and Family Agency has not met the regulatory requirements in accordance with the *Child Care (Placement of Children in Residential Care) Regulations 1995*

-Part IV, Article 23, Paragraphs 1 and 2, Care Plans

The centre has met the regulatory requirements in accordance with the *Child Care (Standards in Children's Residential Centres) 1996*

-Part III, Article 17, Records

-Part III, Article 9, Access Arrangements

-Part III, Article 10, Health Care (Specialist service provision).

Required Action

- Senior management must ensure that where there is a significant delay in the receipt of statutory care plans they are risk escalating this both within the organisation and within Tusla.
- Tusla Social workers based in Dublin North must ensure that care plans are made available to the centre for the young people in their care to assist with placement planning as a matter of priority.
- Social work management must satisfy themselves that all aspects of social work provision are delivered to young people as necessary.

3.8 Education

Standard

All young people have a right to education. Supervising social workers and centre management ensure each young person in the centre has access to appropriate educational facilities.

3.8.1 Practices that met the required standard in full

There was evidence of a positive and focused approach to restoring and enhancing young people's engagement in education. Both young people were engaged in education. One young person had been struggling with their placement prior to the summer holidays and since they had returned to school. There was evidence on file of collaborative work occurring between the school and the centre. Additional supports had been implemented to ensure the placement was maintained. Individual work had been completed in depth to support the young person through their return to school in September. An educational assessment had been completed and findings from this had been factored into the young person's plans. From speaking with the allocated social worker for this young person, they were satisfied, despite challenges, this young person's educational needs were being met and the centre was exemplary in their support of this.

The other young person in placement had complex needs and had been in and out of education for a long period. They were currently maintaining a placement in an alternative education setting and this was being supported by the staff team. As this young person was nearing eighteen years of age, significant work had been done with the education setting to have the young person's placement transferred to the area they will be residing in post eighteen. There was clear evidence on file to support this work with the young person. It was also factored into their placement planning on a monthly basis.

3.8.2 Practices that met the required standard in some respect only

None identified.

3.8.3 Practices that did not meet the required standard

None identified.

Required Action

- None required

3.9 Health

Standard

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.

3.9.1 Practices that met the required standard in full

Inspectors found that the young people were reported to be in general good health. The two young people had access to a general practitioner and had received a medical examination on admission with annual check-ups occurring also with dentists and opticians. The young people had medical cards and immunisation records on their files. There was evidence that the young people had access to medical and specialist services and records of the administration of medications were maintained. Inspectors found that health education was undertaken by key workers in a number of areas including diet, exercise and sexual health.

One young person in placement had significant health diagnoses and there was evidence of this being to the fore of placement planning and daily discussions within handover. The young person was linked with specialist services in relation to the diagnosis and was receiving support required from the team in relation to same. From a review of aftercare meeting minutes, whilst discussions were occurring there was more of a focus on budgeting, accommodation, braces etc as opposed to the challenges posed by the young person's diagnosis and support for this post eighteen. Social workers must give careful consideration in relation to aftercare planning for this young person.

The other young person in placement had the opportunity to link in with the organisation's clinical manager and had done so on three occasions to date. They also were linked in with an external specialist however was struggling to engage in these appointments and there was evidence of support being offered through key working. There was a further external support worker involved with this young person and they engaged twice weekly with the young person and the young person had the choice to have these in house or in the workers location which allowed them a certain level of control over their plans.

3.9.2 Practices that met the required standard in some respect only

None identified.

3.9.3 Practices that did not meet the required standard

None identified.

3.9.4 Regulation Based Requirements

The Child and Family Agency met the regulatory requirements in accordance with the *Child Care (Placement of Children in Residential Care) Regulations 1995, Part IV, Article 20, Medical Examinations.*

The centre met the regulatory requirements in accordance with the *Child Care (Standards in Children's Residential Centres) Regulations 1996, Part III, Article 10, Health Care (Access to Specialist Health Care Services).*

Required Action

- None required

3.10 Premises and Safety

Standard

The premises are suitable for the residential care of the 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 Regulations, 1995.

3.10.1 Practices that met the required standard in full

Accommodation

The centre consisted of a two storey, split level building with a large garden area to the rear and parking facilities at the front of the building. The centre was bright and spacious and noted to be modernised. On the ground floor there was a games room area which had been decorated with the young people's input and created a space for them to have privacy if needed. On the first floor there was a large kitchen space with a dining area, a sitting room and laundry room. The second floor consisted of young people's bedrooms, staff bedrooms and bathrooms and the upper level consisted of one young person's bedroom, bathroom, staff office and manager's office. The furnishings were adequate and the centre was decorated to create a pleasant ambience. The centre was adequately lit, heated and ventilated. There were suitable facilities for cooking and laundry also. Young people had their own bedrooms and bathrooms separate to their

rooms. The young people at the time did not want inspectors to view their rooms and this was respected. The bathrooms were clean and modern and adequately furnished and personalised with products for both young people. All mirrors had been removed due to risk associated with one young person at this time.

In addition to mirrors being removed, it was also noted there were no TV's in the living areas of the house, again this was due to risk management with one of the young people at the time of inspection. The centre manager and team were conscious of the potential impact of the environmental changes on the other younger resident and had made provisions for same. There was also a plan in place for when the older resident moves out in the coming months to reinstate mirrors and TVs throughout the centre.

The centre was adequately insured and copies of same were viewed on file at the time of inspection.

Maintenance and repairs

The centre had a system in place whereby all maintenance issues were recorded in a maintenance register. Any issues were then brought to the attention of the centre manager, who made arrangements for works to be carried out. It was evident from a review of maintenance logs that repairs were carried out in a prompt manner. There had been a leak in the playroom ceiling the week prior to inspection and this had been fully investigated to ensure no electrical issues, repaired and re-plastered in the week, the only outstanding issue was to ensure it was painted once the plaster was dry. The organisation had an allocated health and safety officer who completed monthly audits on services throughout the organisation. Inspectors reviewed the two most recent audits which covered fire safety, health and safety hazards, maintenance repairs, vehicles, kitchen and food safety. These audits identified actions required and persons responsible for same with a time frame for completion.

Safety

The centre had a policy in place in relation to health and safety and also had a health and safety statement which was reviewed annually and made management and staff aware of their obligations to health and safety in the workplace. The health and safety statement was generic to the organisation as opposed to being centre specific however there were risk assessments evident on file with this addressing any identified safety risks specific to the unit.

Inspectors reviewed six staff training files and found all staff had relevant first aid training. Inspectors examined the centre cars whilst on site and found them to be clean, taxed, insured and contained first aid boxes in the event of an emergency. Inspectors also reviewed driving licenses and insurance details for the centre vehicle and found these to be in order.

Inspectors noted that medicines were safely stored in a secure cabinet to which young people did not have access to. This was stored in a locked room in the staff office and there were no issues with the recording of the administration of medication.

3.10.2 Practices that met the required standard in some respect only

Fire Safety

The centre had obtained written certification regarding its fire compliance before beginning operations. The centre had an active fire and general register in place which had been kept adequately up to date. There were floor plans evident in the entrance hall of the centre with identified means of escape and there was a fire assembly point evident at the front of the house with adequate lighting in the area. There was evidence of checks completed on fire fighting equipment, emergency lighting and the fire alarm system. From a review of six staff files inspectors found all staff to be trained in fire safety.

Inspectors noted that fire drills were being conducted on a monthly basis which was leading to young people not engaging and repetitive issues occurring. There was no evidence on file of conversations occurring with the young people in relation to this and alerting them to the importance of adherence to fire drills. From a review of the centre's policies in relation to fire, it stipulated that a fire evacuation drill would take place at least once every six months. The 'code of practice for fire safety in new and existing community dwelling houses - September 2017' does not stipulate monthly fire drills and it goes against what is set out in the centre's policies also, as such the centre manager should review the frequency of fire drills within the centre.

3.10.3 Practices that did not meet the required standard

None identified.

3.10.4 Regulation Based Requirements

The centre met the regulatory requirements in accordance with the ***Child Care (Standards in Children's Residential Centres) Regulations 1996,***

-Part III, Article 15, Insurance

-Part III, Article 9, Access Arrangements (Privacy)

The centre met the regulatory requirements in accordance with the ***Child Care (Standards in Children's Residential Centres) Regulations 1996,***

-Part III, Article 8, Accommodation

The centre met the regulatory requirements in accordance with the ***Child Care (Standards in Children's Residential Centres) Regulations 1996,***

-Part III, Article 14, Safety Precautions (Compliance with Health and Safety)

-Part III, Article 13, Fire Precautions.

Required Action

- The centre manager must review the frequency of fire drills within the centre and ensure that adequate follow up work is undertaken with young people when they do not comply with fire drills.

4. Action Plan

Standard	Required action	Response with time frames	Corrective and Preventative Strategies To Ensure Issues Do Not Arise Again
<p>3.2</p>	<p>The centre manager must ensure minutes from management meetings are available on file.</p> <p>Senior management must ensure that a formal audit template for quality assurance visits should be created for tracking and oversight of the process. There must also be clear mechanisms for tracking the auditing and governance by the operations manager.</p> <p>The centre manager must ensure staff members are</p>	<p>Minutes of manager’s meetings are recorded and an action plan is devised from this meeting, this document is shared with the management group. As these meetings only include discussions of operational issues and not care planning the actions can be made available.</p> <p>Due to recent changes in inspection to incorporate the New National Standards 2018 a new auditing system is being devised to best reflect the Themes in the National Standards 2018.</p> <p>The internal monthly monitoring template/ self-audit has been updated with clear actions required</p> <p>This subject was addressed with the Care Team at a team meeting on 06.11.2019.</p>	<p>Monthly management meetings are held by external management at head office. These can be reviewed by inspectors by request.</p> <p>Senior Management have created a new governance and oversight format for tracking and oversight and this will be reviewed monthly by Senior Management</p> <p>Supervision will be routinely monitored by centre and Senior Management through the</p>

	<p>utilising their agenda for supervision for the purposes of professional development.</p> <p>The centre manager must ensure the handover book is utilised appropriately.</p>	<p>Staff will be encouraged and supported to bring an agenda to supervision for the purpose of professional development.</p> <p>This issue was discussed at team meeting on 06.11.19. Guidelines completed in order to ensure the handover book is utilised appropriately.</p>	<p>services internal monitoring systems to monitor and promote supervisees to prepare an agenda for supervision.</p> <p>The centre manager will routinely review handover book to ensure it is utilised appropriately.</p>
3.5	<p>Senior management must ensure that where there is a significant delay in the receipt of statutory care plans they are risk escalating this both within the organisation and within Tusla.</p> <p>Tusla Social workers based in Dublin North must ensure that care plans are made available to the unit for the young people in their care to assist with</p>	<p>Senior management have developed a clear plan to ensure where there is a significant delay in the receipt of statutory care plan it will be risk escalated both within the organisation and to the responsible Social Work Department / TUSLA</p> <p>The unit have received outstanding Care Plan and since our HIQA inspection additional controls are in place to ensure that Care Plans are completed following CICRs in a timely fashion. As per Dublin</p>	<p>House manager will flag if any statutory care plan is late or outstanding through the internal monitoring system to ensure senior management can follow up and risk escalate the matter.</p>

	<p>placement planning as a matter of priority.</p> <p>Social work management must satisfy themselves that all aspects of social work provision are delivered to young people as necessary.</p>	<p>North's HIQA Action Plan, August 2019</p> <p>Care Plans will be distributed to relevant parties within 6 weeks of the Child in Care Review. This will be monitored in supervision by SW & TL.</p>	
3.10	<p>The centre manager must review the frequency of fire drills within the centre and ensure that adequate follow up work is undertaken with young people when they do not comply with fire drills.</p>	<p>Going forward Fire Drills will be completed when there is a new admission or if new staff members begin working in the centre.</p> <p>Alternatively at least once every six months.</p>	<p>Fire drills will be conducted as per the centre's policies and procedures and this will be reviewed by Senior Management through the organisations internal auditing system.</p>