

# **Bridgend County Borough Council**

## **Cyngor Bwrdeistref Sirol Pen-y-bont ar Ogwr**

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### **Action Plan in response to CIW Inspection of Sunny Bank Community Home**



|    | REQUIREMENTS   | ACTIONS   | TIMESCALES                               | DESIRED OUTCOME  | METHOD OF MEASUREMENT   | OUTCOME          | LEAD OFFICER              |
|----|--|---|--|--|---|------------------|---------------------------|
|    |  | <ul style="list-style-type: none"> <li>New referrals will be vetted as to their appropriateness through the newly developed admission process. They will take into consideration young people already accommodated to minimise the impact.</li> <li>A quality assurance system will be developed with the Team Manager of placements taking over the Reg 32 visits, the RI visits have been set to monitor the provision</li> </ul> | <p>December 2018</p> <p>January 2019</p> | <p>Young people accommodated together have little or no impact on each other.</p> <p>Greater oversight will be achieved through a more robust system</p> | <p>Keyworking reports, LAC reviews, Social work visits, Reg 32 visits, RI visits will assess each young person's placement and identify any issue that may be present.</p> <p>Reports will outline the effectiveness and appropriateness of the service</p> | <p>Completed</p> | <p>SD/KC</p> <p>SD/LK</p> |
|    | <b>GOOD PRACTICE RECOMMENDATIONS</b>   |   |  |  |   |                  |                           |
| 2. | Ensure the admission documentation is completed in line with the home's policy.  | The admission process to be followed with new documentation being opened for each new admission to minimise the risk of current paperwork being over written.   | December 2018                            | All young people accommodated have the necessary documentation in place  | Management oversight, Reg 32 and RI visits to monitor   | Completed        | KC                        |
| 3. | Ensure all young people's behaviours are outlined in their risk assessments and personal plans. Additionally, review the risk assessments procedures with particular regard to formalising the system whereby staff are required to sign the record to indicate that they have read and understand any | Risk assessments and Personal plans will be presented at staff meetings and disseminated via email to ensure all staff are able to comment and acknowledge their content.   | December 2018                            | Staff team have over sight of all relevant paperwork   | Management oversight, Reg 32 and RI visits to monitor   | Completed        | KC                        |

|    | REQUIREMENTS   | ACTIONS   | TIMESCALES    | DESIRED OUTCOME  | METHOD OF MEASUREMENT   | OUTCOME   | LEAD OFFICER |
|----|--|---|---------------|--|---|---|--------------|
|    | amendments.  |   |               |  |   |   |              |
| 4. | Undertake an audit of the case file for each child using the service to ensure that key documents are in place and up to date.   | The management team have been given specific responsibility to audit each young person's file to ensure they are accurate and current.  | December 2018 | All files are accurate and up to date  | Management oversight, Reg 32 and RI visits to monitor   | Completed   | KC           |
| 5  | Ensure young people being admitted to the home do not have a detrimental impact on the young people already living at the home as their needs should take priority. This should take account of the manager's knowledge of the current group of young people living at the home. | New referrals will be vetted as to their appropriateness through the newly developed admission process. They will take into consideration young people already accommodated to minimise the impact. | December 2018 | Young people accommodated together have little or no impact on each other.     | Keyworking reports, LAC reviews, Social work visits, Reg 32 visits, RI visits will assess each young person's placement and identify any issue that may be present. | Completed   | SD/KC        |
| 6  | The home's records to consistently make reference to 'young people' as opposed to 'residents' and 'home' instead of 'unit'.  | Discussion have already taken place within staff meetings to implement a consistent approach to recording in a less institutional way. The recording will be monitored by the management team       | February 2019 | Recording present a more caring terminology                                    | Management oversight, Reg 32 and RI visits to monitor   | Completed   | KC           |
| 7  | Independence plans are drawn up for young people and increased opportunities for the development of independence skills are made available.  | A member of staff with a background in transition work is developing a system to support any young person who requires transition to independence   | March 2019    | Appropriate materials are in place to support transition to independence work. | Management to ensure the system is in place   | Materials are in place, Senior Residential Worker is drawing up appropriate plans | KC           |

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|----|--|---|-------------------|--|--|----------------|---------------------|
| 8  | Ensure placement plans are more outcome focused and evidence that young people have been involved in reviewing and are aware of their content.             | Personal Plans will take account of the young person's Care Plan. They will be completed on admission with a young person and staffs wishes and comments taken into account. They will be reviewed on a 3 monthly basis, unless there are new developments that require planning. | December 2018     | Each young person's plan is fit for purpose and evidences desired outcomes   | Management oversight, Reg 32 and RI visits to monitor                | Completed      | KC                  |
| 9  | Manager and Responsible Individual to develop a system to improve their oversight of records.  | The oversight of systems has been improved with specific senior staff being given accountability of specific areas, this will be overseen on a monthly basis by the manager. RI visits have been scheduled in advance to monitor the service                                      | December 2018     | Greater oversight of the service is achieved   | Management oversight, Reg 32 and RI visits to monitor                | Completed      | KC/LK               |
| 10 | All complaints need to be recorded in one place with records indicating the outcome.   | An electronic file has been set up all staff have been made aware of the complaints process, a new child/young person information sheet has been developed and displayed for reference.   | December 2018     | Complaints are recorded and stored in one place, staff and individuals using the service are clear of the processes. | Management oversight, Reg 32 and RI visits to monitor                | Completed      | KC                  |
| 11 | Monitoring visits need to be more robust and should include a discussion with the staff on shift, the young people and other professionals where possible. | Monitoring visits will be undertaken by the Team manager of placements. This will give greater independent oversight into the service. RI visits have been scheduled in advance.  | February 2019     | A more robust system of monitoring the service will be achieved.   | Visits take place and reports written                                | Completed      | SD/KC               |
| 12 | Ensure young people and staff are de-briefed after incidents with a record of this to be available.  | A consistent approach to recording incidents and process of debrief to be developed. Staff to be trained in understanding the process   | March 2019        | All staff are clear on how to recorded and debrief following incidents.  | Effective debriefs are carried out with constant paperwork in place. | Completed      | KC                  |