

Action Plan

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

Provider's response to Inspection Report No:	00017801
Name of Service Area:	Donegal
Date of inspection:	27 September 2016
Date of response:	27 January 2017

These requirements set out the actions that should be taken to meet the identified child care regulations and *National Standards for Foster Care*.

Standard 2	
Requires improvement	
The provider is failing to meet the National Standards in the following respect:	
<ul style="list-style-type: none">• The location and quality of soundproofing of some access rooms did not afford confidentiality or privacy to all families	
Action required: Under Standard 2 you are required to ensure that: Children and young people in foster care are encouraged and facilitated to maintain and develop family relationships and friendships.	
Please state the actions you have taken or are planning to take:	
<ul style="list-style-type: none">• Alternative access rooms have been secured, separate to the social work office at one location. These are being designed and refurbished to take account of the specific requirements for an access facility.• The access facilities in the other two areas will be refurbished to take account of the specific requirements for an access facility and the appropriate structural works completed by Q4 2017.	
Proposed timescale: By end of Q4 2017	Person responsible: Principal Social Worker Quality Assurance(PSW QA)

Standard 25

Requires improvement

The provider is failing to meet the National Standards in the following respect:

- Not all complaints were captured in the complaints recording system.
- The satisfaction or otherwise of the complainant was not recorded in the complaints log.
- Investigations of complaints were not always completed within the timeframes set by the Agency's own complaints policy.

Action required:

Under **Standard 25** you are required to ensure that:

Health Boards have policies and procedures designed to ensure that children and young people, their families, foster carers and others with a bona fide interest in their welfare can make effective representations, including complaints, about any aspect of the fostering service, whether provided directly by a health board or by a non-statutory agency.

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

- **Update training on complaints and SOP will be provided to all staff.**
- **An Audit will be completed by PSW's QA, Alternative Care and Child & Family Team to ensure all complaints are captured and registered.**
- **All complaints will be reviewed and monitored on a biannual basis at Senior Management Team meeting to ensure effectiveness and to assist management in evaluating the quality of the service provided.**
- **Following the resolution of a complaint or an investigation the complainant will be contacted by the complaint's officer who will furnish them with a feedback form, to establish if they are satisfied with the outcome of the complaint. The response will be logged on the complaint register.**

Proposed timescale: By end of Q3 2017

**Person responsible:
PSW QA**

Theme 2: Safe and Effective Services

Standard 7

Requires improvement

The provider is failing to meet the National Standards in the following respect:

- Not all children had an up-to-date written care plan
- Reviews did not take place in line with the Regulations
- The arrangements for child in care reviews did not always suit for children to attend
- Care plan reviews did not always take place following an unplanned ending
- The Agency was not fully implementing its own Disruption Policy

Action required:

Under **Standard 7** you are required to ensure that:

Each child and young person in foster care has a written care plan. The child or young person and his or her family participate in the preparation of the care plan.

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

Child in Care Reviews:

- **A local management review demonstrates that all children in care will have updated Care Plans by end of Feb 2017 – Q1.**

Arrangements for child in care reviews:

- **A change to the set up forms will be made so as to ask the child/young person what it is they need to facilitate their attendance at their child in care review.**

Unplanned Endings:

- **In line with the local standard operating procedures, all Child in Care Reviews will occur following unplanned endings where appropriate.**

Disruption Policy:

- **Reviewing Team will complete all outstanding disruption meetings as per the local Standard Operating Procedures.**

Proposed timescale: Beginning of Q3 2017.

**Person responsible:
PSW QA**

Standard 8

Requires improvement

The provider is failing to meet the National Standards in the following respect:

- The matching process was not formally recorded

Action required:

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

Children and young people are placed with carers who are chosen for their capacity to meet the assessed needs of children or young people.

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

- **A second fostering support team will be developed in Q1 2017 to specifically focus on recruitment and assessment of foster carers. This will improve our capacity to match children with suitable families.**
- **A matching tool will be devised and implemented across the service; this will incorporate children's needs and foster carer's capacity to meet these identified needs.**

Proposed timescale: September 2017

**Person responsible:
PSW Alternative Care**

Standard 10

Requires improvement

The provider is failing to meet the National Standards in the following respect:

- There was no system to ensure that all staff were vetted in line with Children First 2011

Action required:

Under **Standard 10** you are required to ensure that:

Children and young people in foster care are protected from abuse and neglect.

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

- Audit being conducted on all staff to ascertain who has garda vetting – end of February 2017.
- Updated Garda Vetting being applied for all staff by end of February 2017.

Proposed timescale: End of February 2017.

**Person responsible:
Area Manager.**

Standard 14(a)

Requires improvement

The provider is failing to meet the National Standards in the following respect:

- Assessments of general foster carers did not always take place within the 16 week timeframe outlined by the standards
- There was no system in place to ensure all relevant adults living in or with significant unsupervised access to foster homes had appropriate garda vetting

Action required:

Under **Standard 14(a)** you are required to ensure that:

Foster care applicants participate in a comprehensive assessment of their ability to carry out the fostering task and are formally approved by the health board prior to any child or young person being placed with them.

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

- **A second Fostering Support Team will be created in Q1 2017 to specifically focus on recruitment and assessment of foster carers. This will allow for a more timely assessment of foster carers.**
- **All adults and young people living in foster homes with significant unsupervised access to the foster children will be vetted and a detailed overview/outline of their role with the fostering family/child will be included in fostering assessment and on the fostering file in order to indicate the rationale behind the Garda vetting.**

Proposed timescale: End of Q3 2017.

**Person responsible:
PSW Alternative Care**

Standard 14(b)

Requires improvement

The provider is failing to meet the National Standards in the following respect:

- Assessments of relative foster carers did not always comply with the timeframe outlined by the standards
- There was no system in place to ensure all relevant adults living in or with significant unsupervised access to foster homes had appropriate garda vetting

Action required:

Under **Standard 14(b)** you are required to ensure that:

Relatives who apply, or are requested to apply, to care for a child or young person under Section 36(1) (d) of the Child Care Act, 1991 participate in a comprehensive assessment of their ability to care for the child or young person and are formally approved by the health board.

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

- **A second Fostering Support Team will be created in Q1 2017 to specifically focus on recruitment and assessment of foster carers. This will allow for a more timely assessment of foster carers.**
- **All adults and young people living in foster homes with significant unsupervised access to the foster children will be vetted and a detailed overview/outline of their role with the fostering family/child will be included in fostering assessment and on the fostering file in order to indicate the rationale behind the Garda vetting.**

Proposed timescale: End of Q3 2017.

**Person responsible:
PSW Alternative Care**

Standard 15**Requires Improvement**

The provider is failing to meet the National Standards in the following respect:

- There was no out-of-hours service available to foster carers
- The recording of the foster care supervision process was not consistent

Action required:

Under **Standard 15** you are required to ensure that:

Approved foster carers are supervised by a professionally qualified social worker. This person, known as the link worker, ensures that foster carers have access to the information, advice and professional support necessary to enable them to provide high quality care.

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

- **There is no National Out of Hours service available to foster carers. This is to be added to the Donegal Risk Register in February 2017.**
- **A separate recording system is in place to record supervision process for foster carers. This will now be implemented by all staff – Q2 2017.**
- **An audit will be completed in Q3 2017 by PSW Alternative Care**

Proposed timescale: End of Q3**Person responsible:
PSW Alternative Care**

Standard 16**Requires improvement**

The provider is failing to meet the National Standards in the following respect:

- Training attendance records were not consistently held on foster carers files
- Systems were not in place to determine that foster carers received appropriate training

Action required:

Under **Standard 16** you are required to ensure that:

Foster carers participate in the training necessary to equip them with the skills and knowledge required to provide high quality care.

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

- **A Training Needs Analysis will be completed with fosters carers in Donegal.**
- **A checklist for documentation required for foster carers files will be updated and training provided to all link social workers in relation to this.**
- **An electronic training recording system will be created to allow for a review system of training offered and attended by all foster carers. This will be reviewed bi annually.**

Proposed timescale: Beginning of Q3 2017.

**Person responsible:
PSW Alternative Care**

Standard 17

Requires improvement

The provider is failing to meet the National Standards in the following respect:

- Foster care reviews were not carried out in line with the Standards

Action required:

Under **Standard 17** you are required to ensure that:

Foster carers participate in regular reviews of their continuing capacity to provide high quality care and to assist with the identification of gaps in the fostering service.

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

- 1. The reviewing team under the management of the Principal Social Worker for Quality Assurance will take responsibility for completing Foster Care Reviews in Q2 2017.**
- 2. As this process will take 2/3 years to complete, it will require additional administrative support. Accordingly a business case will be completed by the Principal for Alternative Care to obtain the requisite funding by the end of Q1 2017.**
- 3. The Donegal Risk Register, which includes measures to mitigate, manage and monitor risk will be updated by PSW Alternative Care regarding the number of carers requiring review by the start of Q2 2017.**

Proposed timescale:

1 - Q2 2017

2 - Q1 2017

3 - start of Q2 2017

Person responsible:

- PSW QA

2&3-PSW for Alternative Care

Standard 22

Requires improvement

The provider is failing to meet the National Standards in the following respect:

- The area did not have a special foster care service in line with the standards

Action required:

Under **Standard 22** you are required to ensure that:

Health Boards provide for a special foster care service for children and young people with serious behavioural difficulties.

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

- **The lack of special foster care service for children with challenging behaviour will be included on the Donegal Risk Register Q1 2017 – PSW Alternative Care.**
- **The West region is developing a special foster care service in which Donegal will be involved. This will be pursued by the Area Manager. This is currently underway and is included in the regional business plan for 2017.**

Proposed timescale: End of Q1 2018.

**Person responsible:
PSW Alternative Care**

Theme 4: Leadership, Governance and Management

Standard 18

Requires improvement

The provider is failing to meet the National Standards in the following respect:

- Not all staff were familiar with the Protected Disclosures Policy
- Not all policies were up-to-date Tusla policies

Action required:

Under **Standard 18** you are required to ensure that:

Health boards have up-to-date effective policies and plans in place to promote the provision of high quality foster care for children and young people who require it.

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

- 1. Training will be requested for all staff from work force development on the Protected Disclosures Policy.**
- 2. Tusla continues to review and revise all HSE legacy policies and have implemented a procedure to "Tuslify" existing policies.**
- 3. The Area Manager will pursue the above point with the National office in the first quarter of 2017.**

Proposed timescale:

- 1 – Q2 2017**
- 2 – Q1 2018**
- 3 – Q1 2017**

Person responsible:

- 1 – PSW QA**
- 2- Tusla National office.**
- 3 – Area Manager**

Standard 19

Requires improvement

The provider is failing to meet the National Standards in the following respect:

- The register of children-in-care did not contain the names and addresses of their parents
- Information systems were stand alone systems that did not provide real time data.

Under **Standard 19** you are required to ensure that:

Health boards have effective structures in place for the management and monitoring of foster care services.

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

- **The register of Children in Care was updated following inspection and now includes names and addresses of their parents - completed.**
- **The Area is awaiting the implementation of the planned rollout of the National Child Care Information System (NCCIS), a national system that has incorporated functionality that addresses these matters.**
- **The Area will fully comply and implement the NCCIS when it is rolled out in Donegal**

Proposed timescale: Q1 2019

Person responsible: Area Manager

Standard 23

Requires improvement

The provider is failing to meet the National Standards in the following respect:

- The annual report did not identify that reviews of foster carers were not being presented to the Foster Care Committee
- The annual report did not identify that disruption reports were not being presented to the Foster Care Committee

Action required:

Under **Standard 23** you are required to ensure that:

Health boards have foster care committees to make recommendations regarding foster care applications and approve long-term placements. The committees contribute to the development of health boards' policies, procedures and practice.

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

- **This will be notified to new chair of Foster Care Committee and will be included in subsequent Annual Reports.**

Proposed timescale: Start of Q1 2017

**Person responsible:
Chair of Foster Care
Committee.**

Standard 24

Requires improvement

The provider is failing to meet the National Standards in the following respect:

- There were no service level agreements with private foster care agencies

Action required:

Under **Standard 24** you are required to ensure that:

Health boards placing children or young people with a foster carer through a non-statutory agency are responsible for satisfying themselves that the statutory requirements are met and that the children or young people receive a high quality service.

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

- **A National procurement process has commenced to provide formally procedured agreements with suitable service providers from which future private foster care placements can be sourced, with standardised agreements implemented nationally. A tender is being finalised and will be advertised.**

Proposed timescale: Q2 2017

**Person responsible:
Aidan Waterstone, Regional
Service Manager, Tusla.**

Theme 5: Use of Resources

Standard 21

Requires improvement

The provider is failing to meet the National Standards in the following respect:

- The area was not actively recruiting new foster carers to meet the diverse needs of the children in their care

Action required:

Under **Standard 21** you are required to ensure that:

Health boards are actively involved in recruiting and retaining an appropriate range of foster carers to meet the diverse needs of the children and young people in their care.

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

- **Staff have been assigned to review the waiting list of applicants and screening visits have occurred. Fostering assessments will commence at the end of Q1 2017 from the waiting list that currently exists.**
- **Training and Information evenings will be scheduled in Q2 2017 to actively recruit further applicants for fostering.**
- **A separate team of 4 Social Workers and one Team Leader will be responsible for recruitment and assessment of foster carers in Donegal over the next 12 -18 months.**

Proposed timescale: As above

**Person responsible:
Principal for Alternative Care.**

Theme 6: Workforce

Standard 20

Significant risk

The provider is failing to meet the National Standards in the following respect:

- Staff files did not contain all of the required information in line with policy
- Not all staff had garda vetting on file
- The area had five social work vacancies
- Not all staff had attended mandatory training
- Supervision did not always take place within the timeframes in Tusla's own policy

Action required:

Under **Standard 20** you are required to ensure that:

Health boards ensure that the staff employed to work with children and young people, their families and foster carers are professionally qualified and suitably trained.

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

- 1. Notwithstanding that since the formation of Tusla on 1st January 2014, all personnel administration is being managed centrally by NPR Shared Service, Merchants Quay, Dublin, the Donegal Area will implement a system of Personnel files containing key employment information at a local Service level. These will be held by the requisite senior manager in each service at PSW level or equivalent.**
- 2. In addition, a business case will be completed by the Area Manager, Tusla, Donegal seeking additional resources to identify, audit, collate and scan personnel records for staff employed prior to 2014, so that ultimately the sole repository for employment related personnel files will be with Shared Services in Merchants Quay, Dublin**
- 3. An audit on all staff to ascertain who has Garda Clearance - This was initially to be completed by the 20th of January 2017. The Audit has now been complete as of the 26th of January 2017 and has identified that the staff in the Alternative Care Teams have Garda Vetting.**
- 4. Updated Garda Clearance is being applied for in relation to all staff.**
- 5. Ongoing contact with NRS to fill all vacant posts – Area Manager.**
- 6. Children First training was arranged in Oct 2016 and will be repeated in 2017 on a mandatory basis to ensure all staff have attended.**
- 7. Adherence to the supervision Policy to be audited**

Proposed timescale:

- 1 - End of Q2 2017**
- 2 - September 2017.**
- 3 - Completed**
- 4 - End of February 2017**
- 5 – Ongoing**
- 6 above – September 2017**

Person responsible:

- 1 - Senior manager in each service at PSW level or equivalent.**
- 2 – Area Manager**
- 3 – Area Manager**
- 4 - PSW's Alternative Care, Child & Family, PPFS and Quality Assurance.**

7 above – Q 4 2017

5 – Area Manager

6 – Area Manager

7 - PSW for Quality Assurance