Quality Assurance and Monitoring

Carlow Kilkenny South Tipperary HIQA Action Plan 2019 - Child Protection and Welfare Services

Verification Report
August 19th 2019.

TUSLA
An Ghníomhaireacht um Leanaí agus an Teaghlach
Child and Family Agency

Key Report Information	
Report type	HIQA Action Plan 2019: Verification Report.
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Date	August 2019.
Tusla Area	Carlow Kilkenny South Tipperary.
Year	2019.
HIQA Inspection ID	0025899
Inspection Dates	21, 22, 23 & 24 January 2019.

Final report copied to

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1. Introduction

1.1 Basis of Report

The Health Information and Quality Authority (HIQA) carried out an Inspection of the Carlow/Kilkenny/South Tipperary (CKST) Area Child Protection and Welfare Services over four days, from the 21st to 24th of January 2019.

In this inspection, HIQA found that of the six standards assessed:

- One standard (Standard 2.9) was compliant.
- Five standards were non-compliant moderate. These were as follows;

    - Standard 2:2 All concerns in relation to children are screened and directed to the appropriate service
    - Standard 2:3 Timely and effective actions are taken to protect children
    - Standard 2:4 Children and families have timely access to child protection and welfare services that support the family and protect the child
    - Standard 2:5 All reports of child protection concerns are assessed in line with the Children First (2011) and best available evidence
    - Standard 2:10 Child Protection and welfare case planning is managed and monitored to improve practice and outcomes for children

The Area submitted an action plan/service improvement plan in response to the report recommendations. This action plan contained 34 actions in total.

The implementation of the action plan is monitored by the CKST Governance Committee and is subject to ongoing verification by the National Quality Assurance and Monitoring Officer for the CKST Area.

This verification report provides an update on the status of the N=26 actions that were identified for completion by the end of Quarter 1 and Quarter 2 2019.

1.2 Methodology

The following methodology was used to compile this report.

Meetings:

- Social Work Team Leaders x 3 (09.07.2019: 10.07.2019; 15.07.2019)
- Principal Social Worker (19.07.2019)
- Governance Group meetings (14.01.2019; 28.02.2019; 10.04.2019; 20.05.2019)

Documentation review:

- CKST Action Plan and Area tracker 2019
- Lean Management Process Mapping document
- CKST action plan tracker – Lean Management review
- Red meeting minutes x 8
- Supervision minutes x 8
- Signs of Safety Workshop Mapping document 21.06.2019
- Group Supervision records 2019
- Local SOP for the management of cases awaiting allocation – September 2017
- Strategy Document - Addressing Cases Awaiting Allocation at Screening, Duty, Intake and Assessment (31.05.2019)
- Joint action meeting minutes x 3
- Senior Local Management Garda Liaison minutes x 2
- Governance group meeting minutes x 3
- NCCIS Child file review x 8

2. Findings

The Action Plan submitted by the CKST Area following the 2019 inspection of Child Protection and Welfare Services by the Health Information and Quality Authority contained 34 actions in total.

This report provides on update on the 26 actions due for completion by the end of, Quarter 2, 2019.

Of these, 88% (N=23) have been verified as completed.

Three actions had not been completed as per action plan timeframes. See table below.

Table 1: Actions outstanding at time of review July 2019

	Action	Update
2.4.4	The potential to refocus resources via partner funded agencies in the community to undertake welfare Initial Assessments is being explored. A Business case for additional resources to expand this option will be developed arising from this assessment and engagement.	A pilot project for Social Care Outreach team to undertake Initial Assessment had been explored but has been unable to progress to date.
2.5.5	A joint workshop will take place at area level between the Gardai and Tusla to review operation to Joint Protocol and strengthen adherence to Children First	A workshop was scheduled for 22.06.2019 however changes in Garda personnel have delayed this action. It is intended that this will take place in September 2019.
2.10.2	To ensure consistency, and adherence to Supervision policy, refresher workshops on supervision will take place with SWTLs and focus on good practice	PSW and SWTL's confirm that refresher workshops have not taken place to date.

Please refer to Appendix 1: Action Response for all supporting evidence.

3. Action and Response/Evidence

Number	Action (Area)	Response/Evidence (QA Officer)	Further action required	Date for completion by
Standard 2.2 (Non-Compliant: Moderate). Under Standard 2.2 you are required to ensure that: All concerns in relation to children are screened and directed to the appropriate service. The provider is failing to meet the National Standards in the following respect: • The majority of preliminary enquiries reviewed by inspectors were not completed in line with the Child and Family Agency's standard business processes.				
2.2.1	In order to improve on current timelines and promote greater adherence to business processes, fortnightly reports on IRs and monthly reports on IAs will be issued by Business Support to be reviewed by PSW Duty for oversight of timelines on allocated IRs	• Reports are circulated to PSW and Team Leaders by NCCIS Business Support. • IR or IA's nearing or outside timeframes for completion are highlighted to Social Workers and Team Leader via emails sent by NCCIS Support. • Emails x 3 were sighted by the QA officer. • In June 2019 the timeframe for completion of IR's within 5 days had increased from 29% (Jan 2019) to 54%	Action Complete	End Q1 2019
2.2.2	To promote adherence to business processes, any existing delays of IRs will be reviewed by SWTLs on individual caseloads, in supervision every 4 weeks. SWTLs will highlight	• SWTL's report that reports sent by NCCIS support (as per action above) are reviewed, emails sent to SW's if IR's are outstanding and are discussed in supervision. • Supervision is occurring 4-6 weekly with	Action Complete	End Q1 2019

Number	Action (Area)	Response/Evidence (QA Officer)	Further action required	Date for completion by
	any concerns about individual staff performance with the PSW, and appropriate support/actions agreed.	'Timelines and Drift' as an ongoing agenda item. • Supervision minutes x 8 sighted by the QA officer.		
2.2.3	PSWs and three SWTLs will audit allocated IR caseloads quarterly, to monitor for quality and any drift. Action plans to address issues highlighted in audits will be completed as per local protocol. These will address any practice and service deficits. The plans will be drawn up and adhered to, to promote service improvement. Actions arising from this audit activity will be reported to the Area Manager and Area Management team on a quarterly basis.	• Audits took place on the 14.03.2019 and 21.06.2019. • Following each audit a Signs of Safety Mapping is completed, with next steps identified. • Mapping document 21.06.2019 was provided to the QA Officer for verification purposes. • Post intake prioritsation sheets are completed and uploaded to case files.	Action Complete	End Q2 2019
2.2.4	Learning from internal and external reviews and audits will also be highlighted via Team Meetings and training workshops as appropriate.	• Meeting minutes were provided by SWTL which provided evidence that the HIQA inspection and monitoring of IR's are discussed at team meetings. • An 'IA workshop' was held on the 4th of April 2019 as a result of audit findings.	Action Complete	End Q2 2019

Number	Action (Area)	Response/Evidence (QA Officer)	Further action required	Date for completion by
2.2.5	Ongoing training and development of staff in the Signs of Safety Practice model will continue through monthly localised group supervision, PSW led workshops involving SOS, TDO, and regional call back days, will continue to improve practice and timelines	• SWTL's advised that group supervision is occurring monthly. This last took place on 25.06.2019, and is scheduled to occur again 26.07.2019. (ST) • Dates for CW/KK were 24.6.19 & 22.7.19 with approx. 6 sessions facilitated by the TDO. • Group Supervision records are recorded in an A4 book maintained by the SWTL. This sets out the schedule of supervision, names of attendees and minutes. This was reviewed by the QA Officer • Group Supervision on 11.04.2019 was attended by the TDO. • All SWTL's have attended the Signs of Safety Training. • SWTL's and PSW attend Signs of Safety practice leader call back days. This last took place 11.06.2019 • The Area have been provided with the schedule of Regional call backs days for 2019.	Action Complete	End Q2 2019
2.2.6	Case prioritization workshops are scheduled for the year on a regular basis. The first workshop has taken place. Focus will include an overview of a large number of cases;	• A Post Intake Prioritisation Workshop was held 02.05.2019 • Next steps/actions are identified through these workshops for the individual cases reviewed. • A 2 day workshop facilitated by Sarah Doyle is	Action Complete	End Q2 2019

Number	Action (Area)	Response/Evidence (QA Officer)	Further action required	Date for completion by
	identify any practice issues and challenges with timelines; ensuring children are referred to the most appropriate service. Action plans will be drawn up following these sessions which will focus on individual needs of children referred and training needs of staff. Action plans will be monitored by the PSW for duty with support from the area's QA lead.	scheduled for 15th/16th August 2019.		
2.2.7	RED meetings will continue to take place weekly in the area and will review medium and low level referrals with actions recorded and attached to NCCIS. This activity will assist in reducing drift for these children and to ensure that children are directed to the appropriate service.	• RED meetings are occurring as per action. • Minutes x 8 were evidenced by the QA Officer • Minutes record that action sheets are completed following case review and uploaded to NCCIS case files.	Action Complete	End Q1 2019
Standard 2.3 (Non-Compliant: Moderate). Standard 2.3 you are required to ensure that: Timely and effective actions are taken to protect children. The provider is failing to meet the National Standards in the following respect:				

Number	Action (Area)	Response/Evidence (QA Officer)	Further action required	Date for completion by
• Some children did not receive timely interventions. • Inspectors found risk associated with untimely interventions within two referral pathways, i.e. case waitlisted and cases allocated to social workers where there was undue drift and delay. • The governance of safety planning was inadequate as not all safety plans were adequate nor were they consistently reviewed in order to monitor their effectiveness.				
2.3.1	PSW and SWTLs will undertake sample audits of allocated cases quarterly (first audit completed 14/03/2019 - 41 open IR cases reviewed), collate findings and disseminate learning to the team via meetings. These audits will focus on potential drift or delay in children accessing necessary supports. Findings will also be shared with Area Manager and QA lead in the area for discussion and review.	See action 2.2.3	Action Complete	End Q2 2019
2.3.2	Business Support will be issuing fortnightly and monthly reports on IRs and IAs. Any existing potential drift in casework will be reviewed by SWTLs on individual caseloads, in supervision every 4-6 weeks. SWTLs will highlight any concerns about	See action 2.2.1	Action Complete	End Q2 2019

Number	Action (Area)	Response/Evidence (QA Officer)	Further action required	Date for completion by
	individual staff performance with the PSW, and appropriate support/actions agreed.			
2.3.3	SWTLs and Senior Practitioners for Assessment will continue to review waitlisted cases on an 8 weekly basis, recording this on the NCCIS file. To avoid drift, SWTL will oversee any new information on receipt to review risk that requires a response and ensure this is made by the available social care or social work staff. This will be reviewed at supervision.	• Audits are occurring collectively with SWTL's and PSW's. An audit of IA's awaiting allocation took place 10.07.2019 • Post intake prioritisation (PIP) sheets are completed and attached to individual case files following audit. NCCIS child files x 8 were reviewed by the QA Officer and each contained a completed PIP sheet following the audit on 10th July 2019. • There is a tracker in place for cases that needed follow up and minimal action to close. This is held by PSW and SWTL. Where there is minimal action to close these tasks may be secondary allocated to social care workers.	Action Complete	End Q1 2019
2.3.4	Safety planning recorded within the IR and IA documents will be reviewed as part of audit and in supervision to ensure adequacy of plan to address the risks highlighted. These methods will also allow safety plans to be monitored for	• Post intake prioritisation sheets are completed and attached to individual case files following audit, these identify whether a review of safety plan is required. • SWTL reported that safety plans would also be reviewed under case discussion in supervision with a case note made on file of any actions	Action Complete	End Q2 2019

Number	Action (Area)	Response/Evidence (QA Officer)	Further action required	Date for completion by
	effectiveness, and will highlight the need for review of a plan. Safety will be agreed with families, as part of the IR/IA process, and will be reviewed in supervision and as appropriate within family network meetings. Where children are on a case awaiting allocation list, safety planning will be monitored and reviewed as outlined in 2.3.2.	required.		
Standard 2.4 (Non-Compliant: Moderate) Under Standard 2.4 you are required to ensure that: Children and families have timely access to child protection and welfare services that support the family and protect the child. The provider is failing to meet the National Standards in the following respect: • Children and families who were awaiting allocation for initial assessment did not receive a service in a timely manner. • The volume of cases awaiting allocation remained unimproved since the last inspection in October 2017. • The local protocol for managing cases awaiting a service was not always effective in ensuring that actions determined to progress a referral were initiated.				
2.4.1	The area protocol for managing cases awaiting allocation referrals will be reviewed by the area management team to ensure children and families receive a	• A local policy document for the management of cases awaiting allocation – June 2019 was evidenced by the QA Officer • The PSW reports that this SOP has been reviewed, and active.	Action Complete There is currently a SOP in operation and a Strategy document in place for the	End Q2 2019

Number	Action (Area)	Response/Evidence (QA Officer)	Further action required	Date for completion by
	service in a timely manner. This will have focus to identify the supports available where a referral requires action prior to allocation for IA. Social Care Staff will be identified to follow up on necessary actions under the supervision of SWTL	• Social Care Workers have not been allocated to carry out actions as per action. This is being risk escalated. FSP are carrying out follow up actions on cases awaiting allocation by phone with work allocated by the SWTL based on priority • A Strategy Document for Addressing Cases Awaiting Allocation at Screening, Duty, Intake and Assessment (31.05.2019) has been prepared by the Area Manager and PSW. • This was reviewed by the QA Officer, pages 12 -14 of this document outline intended actions for management of the current waiting list, and measures in place to monitor timelines and drift.	management of cases awaiting allocation. It is recommended that the actions in both documents are reviewed and aligned if required, to ensure consistency.	
2.4.2	National Project Management Office has commenced a review of processes at screening and intake under Lean Management. The recommendations arising from this review will inform the development of an action plan to improve systems/procedures at screening and assessment.	• The Lean Management review has been completed and an action plan is in place following this review. The action plan contains 33 actions. The implementation of actions is in progress and scheduled for completion by the end of 2019 • Lean Management Process Mapping document and action plan tracker was viewed by the QA Officer	Action Complete	End Q2 2019
2.4.3	A full review of resources assigned to intake and assessment will be	• The CKST Area has been selected as one of five areas to participate in a National Review of the	Action Complete	End May 2019

Number	Action (Area)	Response/Evidence (QA Officer)	Further action required	Date for completion by
	undertaken including caseloads. Identifying staffing needs will form the basis of a business case for additional resources for the Area. See also action 2.10.5	front door. An initial meeting has occurred and the Area have to submit a proposal re: staffing and 12 month pilot. • Action discussed at Governance group meeting 19th August 2019. Assurance provided by Area Manager that review of resources commenced in July 2019.		
2.4.4	The potential to refocus resources via partner funded agencies in the community to undertake welfare Initial Assessments is being explored. A Business case for additional resources to expand this option will be developed arising from this assessment and engagement.	• Manager PPFS advised that a pilot project for Social Care Outreach team to undertake Initial Assessment had been explored but has not progressed to date.	Not Complete	End May 2019

Standard 2.5 (Non-Compliant: Moderate).

Under Standard 2.5 you are required to ensure that: All reports of child protection concerns are assessed in line with Children First (2011) and best available evidence.

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

- The majority of assessments reviewed by inspectors were not timely.
- Inspectors found that the system in place to ensure that all relevant information was notified to An Garda Siochana was not strong enough.

Number	Action (Area)	Response/Evidence (QA Officer)	Further action required	Date for completion by
2.5.1	Please refer to actions 2.2.1, 2.2.2	• Please refer to actions 2.2.1, 2.2.2	Action Complete	End Q2 2019
2.5.2	A formal communication has issued to all staff to highlight the importance of notification of cases to An Garda Siochana in accordance with Children First requirements. A review of those cases where notification was unclear or absent has been undertaken and completed.	• Assurance was provided by the PSW that all cases identified by HIQA in the course of the inspection have been reviewed.	Action Complete	End Q2 2019
2.5.3	Audits and review of IRs and IAs for 2019 will include a review of Garda notification requirement, highlighting if there is a deficit. A sample of IRs will be audited quarterly by PSW and SWTLs. This is in addition to SWTL and PSW oversight in supervision and team meetings.	• A spreadsheet of notifications from and to Gardaí is maintained, this was provided to the QA Officer for verification. (verified) • An IR audit was carried out in April 2019 and incorporated a review of the Garda notification requirements.	Action Complete	End Q2 2019

Number	Action (Area)	Response/Evidence (QA Officer)	Further action required	Date for completion by
2.5.4	Joint Action Meetings are held every 6-8 weeks between Gardaí and Tusla, where both agencies bring cases for discussion. Management Liaison meetings are held quarterly between Superintendents and PSW's to monitor this process.	• SWTL's confirm that joint action meetings are occurring as per action. • Minutes of joint action meetings x 3 were reviewed by the QA Officer and provided evidence of discussion re: Garda notifications. • Joint action sheet minutes are completed for each case discussed and uploaded to NCCIS case files. • Senior Local Management Liaison Forum meeting minutes 21.03.2019 were provided to the QA Officer for verification. A review of minutes provided evidence of case discussion, information sharing and review of any issues with the effectiveness of local joint working arrangements. • Minutes included dates of next meetings.	Action Complete	End Q1 2019
2.5.5	A joint workshop will take place at area level between the Gardai and Tusla to review operation to Joint Protocol and strengthen adherence to Children First	• It is intended that a joint workshop will take place and this was discussed at the Senior Local Management Liaison Forum 21.03.2019. Minutes sighted by the QA Officer. • It was agreed that joint workshops will be held divisionally to maximize attendance, and 5 workshops would be carried out to increase front line Garda participation. • A workshop was scheduled for 22.06.2019 however changes in Garda personnel have	Not Complete • Revised completion date from end of Q2 2019 to end of Q3 2019.	End Q2 2019

Number	Action (Area)	Response/Evidence (QA Officer)	Further action required	Date for completion by
		delayed this action. It is intended that this will take place in September 2019.		
Standard 2.10 (Non-Compliant: Moderate). Under Standard 2.10 you are required to ensure that: Child protection and welfare case planning is managed and monitored to improve practice and outcomes for children. The provider is failing to meet the National Standards in the following respect: • Improvements were required in relation to formal supervision to ensure consistency of practice and timeliness of interventions with children and families. • The impact of quality assurance systems varied. • There was no plan in place to systematically reduce waitlists in the service. • There was no strategic plan to future proof a screening intake and assessment service which had capacity to progress referrals in line with Tusla's own standard business process and to ensure compliance with the national standards. • Service improvement plans required development and updating. • The risk register did not fully identify and address current risks within the service.				
2.10.1	Supervision is scheduled for all staff for the year in accordance with Tusla policy for all staff	• SWTL's confirmed that supervision schedules are in place. • Staff supervision files x 8 were sighted by the QA	Action Complete	End Q1 2019

Number	Action (Area)	Response/Evidence (QA Officer)	Further action required	Date for completion by
		officer and a schedule of supervision was present on all files reviewed.		
2.10.2	To ensure consistency, adherence to policy refresher workshops on supervision will take place with SWTLs and focus on good practice.	• PSW and SWTL's confirm that refresher workshops have not taken place to date.	Not Complete	End Q2 2019
2.10.4	Quality assurance activity will continue throughout the year, with a schedule of audit activity and data analysis. Action plans are required from the PSWs, as per area protocol for internal audits. The impact of QA activity will be monitored through ongoing data analysis. Additional scheduled audits and feedback from a variety of sources will remain a focus of area management and team meetings. Actions arising from workshops will be monitored to ensure they are completed. PSWs are responsible for drafting action plans which will then be approved or amended by the area management team.	• A system has been established for the ongoing monitoring of audit activity and action plans in the CKST Area. • A spreadsheet is maintained by PSW/QA lead of all audits carried out and corresponding actions. • This is reviewed at Governance group meetings. (verified by QA Officer)	Action Complete	End Q2 2019

Number	Action (Area)	Response/Evidence (QA Officer)	Further action required	Date for completion by
2.10.9	The Risk Register will include an escalation on drift and timelines, submitted by the PSW, allowing for managerial oversight of this risk area. The progress of this will be reviewed at the Area Governance Committee on a regular basis.	• PSW confirmed that an escalation on drift and timelines was submitted for the risk register 08.04.2019	Action Complete	End Q2 2019
2.10.10	Team Management meetings are scheduled monthly and dates agreed. Quality assurance and service improvement will be a feature on agendas for these meetings.	• Area Management meetings are occurring monthly. Agenda's x 4 were provided to the QA Officer for verification and the following regular agenda items were noted: ➢ HIQA reports and Action plans ➢ Well led self-assessment ➢ Risk Register	Action Complete	End Q1 2019
2.10.11	The Area Governance Committee will continue to review all action and service improvement plans of a regular basis.	• The CKST Governance Group was established in April 2018. • 5 meetings have occurred in 2019 to date. • Review of HIQA action plans occurs at all Governance Group meetings. • Verified through QA Officer attendance and receipt of minutes.	Action Complete	End Q2 2019

4. Conclusions

This review found that 85% of the actions identified in the CKST Area's 2019 HIQA action plan had been completed by the end of Quarter 2 2019 as per timeframes identified in the action plan.

Three actions remain outstanding and will be included for review in future verification reports. These relate to:

- Refocus of resources via partner funded agencies in the community to undertake welfare Initial Assessments
- Refresher workshops on supervision.
- Joint workshop between the Gardaí and Tusla to review operation to Joint Protocol and strengthen adherence to Children First

Implementation of the CKST CPW Action Plan 2019 will be subject to ongoing monitoring by the Area's Governance Committee and verification by the QA Monitor throughout 2019.

5. Recommendations

1. It is recommended that consideration is given to the review, and alignment if required, of the two existing documents for the management of unallocated cases with a view to ensuring consistency in the Standard Operating Procedures in place for the team. (See Action 2.4.1)

2. It is recommended that outstanding actions (2.4.4; 2.5.5; 2.10.2) continue to be progressed by the Area, and are reviewed by the QA Officer in the next verification exercise (November 2019).

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August 2019