Health Information and Quality Authority (HIQA) Regulation Directorate monitoring inspection report of Tusla social work role under the under the Child Care (placement of Children in Residential Care) Regulations, 1995 (22 – 25)

| Name of Child and Family Agency (Tusla) region: | South Region |
| Name of Child and Family Agency (Tusla) service areas: | 1. Kerry  
2. Waterford/ Wexford |
| Fieldwork: | 25 February to 28 February 2019 |
| Monitoring event numbers: | 0025414 and 0026415 |
About the Health Information and Quality Authority (HIQA)

The Health Information and Quality Authority (HIQA) is an independent statutory authority established to promote safety and quality in the provision of health and social care services for the benefit of the health and welfare of the public. HIQA’s mandate to date extends across a wide range of public, private and voluntary sector services. Reporting to the Minister for Health and engaging with the Minister for Children and Youth Affairs, HIQA has responsibility for the following:

- **Setting standards for health and social care services** — Developing person-centred standards and guidance, based on evidence and international best practice, for health and social care services in Ireland.

- **Regulating social care services** — The Office of the Chief Inspector within HIQA is responsible for registering and inspecting residential services for older people and people with a disability, and children’s special care units.

- **Regulating health services** — Regulating medical exposure to ionising radiation.

- **Monitoring services** — Monitoring the safety and quality of health services and children’s social services, and investigating as necessary serious concerns about the health and welfare of people who use these services.

- **Health technology assessment** — Evaluating the clinical and cost-effectiveness of health programmes, policies, medicines, medical equipment, diagnostic and surgical techniques, health promotion and protection activities, and providing advice to enable the best use of resources and the best outcomes for people who use our health service.

- **Health information** — Advising on the efficient and secure collection and sharing of health information, setting standards, evaluating information resources and publishing information on the delivery and performance of Ireland’s health and social care services.

- **National Care Experience Programme** — Carrying out national service-user experience surveys across a range of health services, in conjunction with the Department of Health and the HSE.
About monitoring of Tusla social work services to children in residential care

The Health Information and Quality Authority (HIQA) monitor services used by some of the most vulnerable children in the State. Monitoring provides assurance to the public that children are receiving a service that meets the requirements of quality standards. This process also seeks to ensure that the wellbeing, welfare and safety of children is promoted and protected. Monitoring also has an important role in driving continual improvement so that children have better, safer services.

HIQA is authorised by the Minister for Children and Youth Affairs under Section 69 of the Child Care Act, 1991 as amended by Section 26 of the Child Care (Amendment) Act 2011 to inspect services provided by the Child and Family Agency (Tusla) and to report on its findings to the Minister for Children and Youth Affairs. In order to promote quality and improve safety in the provision of services to children in care, HIQA carries out inspections to:

- **assess** if Tusla— the service provider — has all the elements in place to safeguard children
- **seek assurances** from service providers that they are **safeguarding children** by reducing serious risks
- **provide** service providers with the **findings** of inspections so that service providers develop action plans to implement safety and quality improvements
- **inform** the public and **promote confidence** in services through the publication of HIQA’s findings.

HIQA inspects services to assess the level of compliance with relevant standards and regulations. Inspections can be announced or unannounced.

As part of its 2019 monitoring programme, HIQA are conducting inspections across a sample of two service areas within each of the Child and Family Agency (Tusla) regions - Dublin North East, Dublin Mid-Leinster, South and West. The focus of these inspections is on the role of Tusla social workers in monitoring placements of children in care, in line with the Child Care (Placement of Children in Residential Care) Regulations, 1995. These inspections are announced and cover regulations 22 – 25 related to **case records, care planning** and **supervision and visiting of children** in residential care. The aim of these inspections is to promote learning across each Tusla region in relation to these specific aspects of social work practice.
1. Inspection methodology

As part of this inspection, inspectors met with the relevant social work managers with responsibility for children in care and evaluated the respective regulations as listed above.

The key activities of this inspection involved:

- the analysis of data
- interviews with the service director and area managers
- interviews with principal social workers
- interviews with independent chairs for child in care reviews
- focus group with social work team leaders
- focus group with social workers
- focus group with managers of therapeutic and creative community alternative services
- review of local policies and procedures, minutes of various meetings and case management records
- reviewing 31 children’s case records.

Acknowledgements

The Authority wishes to thank the staff and managers of the service for their cooperation with this inspection.

2. Profile of Tusla social work services to children in residential care

2.1 Child and Family services in Ireland are delivered by a single dedicated State agency called the Child and Family Agency (Tusla), which is overseen by the Department of Children and Youth Affairs. The Child and Family Agency Act 2013 (Number 40 of 2013) established the Child and Family Agency with effect from January 2014.

The Child and Family Agency (Tusla) has responsibility for a range of services, including:

- Child welfare and protection services, including family support services
- Existing Family Support Agency responsibilities
- Existing National Education and Welfare Board responsibilities
- Pre-school inspection services
- Service response to domestic, sexual and gender-based violence services.
The Child and Family Agency (Tusla) has the legal responsibility to promote the welfare of children and protect those who are deemed to be at risk of harm.

The Child and Family Agency (Tusla) services are organised into 17 service areas which are managed by area managers. These areas are grouped into four regions, each with a regional manager known as a service director. See Appendix 1 for a map of Tusla regions.

2.2 Tusla South region

The Tusla South region comprises four service areas. They are:

- Kerry
- Waterford/ Wexford
- Carlow/Kilkenny/ South Tipperary
- Cork.

The service director has overall responsibility for the delivery of services in these areas and reports directly to the chief operations officer of Tusla.

Data published by Tusla for the period ending December 2018, showed that at that time, there was a total of 107 children placed in residential care by the Tusla South region. The majority of children (40) were placed by the Waterford Wexford service area and this remained the case at the time of the inspection fieldwork, when the figure had increased by two to 42. See Tables 1 and 2.

Table 1. Children in residential care in the Tusla South region by number and service area as of December 2018

<table>
<thead>
<tr>
<th>Service area</th>
<th>Total number of children</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kerry</td>
<td>9</td>
</tr>
<tr>
<td>Waterford Wexford</td>
<td>40</td>
</tr>
<tr>
<td>Carlow Kilkenny South Tipperary</td>
<td>22</td>
</tr>
<tr>
<td>Cork</td>
<td>36</td>
</tr>
</tbody>
</table>

1 Information taken from Tusla Monthly Performance and Activity Data 2018: December 2018
Table 2. Children placed in residential care by number, placement type and service area

<table>
<thead>
<tr>
<th>Service area</th>
<th>Total number of children in residential care</th>
<th>Number of children in statutory centres</th>
<th>Number of children in private centres</th>
<th>Number of children in voluntary centres</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kerry</td>
<td>9</td>
<td>2</td>
<td>7</td>
<td>0</td>
</tr>
<tr>
<td>Waterford Wexford</td>
<td>42</td>
<td>14</td>
<td>28</td>
<td>0</td>
</tr>
</tbody>
</table>

As set out in Tables 2 and 3, information provided to HIQA prior to inspection showed that the majority of residential centres in the South region were privately provided. Similarly, the majority of children placed in residential care by the two service areas inspected, were in privately provided centres. Although there were two centres provided by voluntary agencies in the Tusla South region, none of the 11 children placed in these centres were placed by Tusla South children’s services.

Table 3. Residential centres by type and occupancy rates in Tusla South region as of 31 January 2019

<table>
<thead>
<tr>
<th>Residential centre type</th>
<th>Number of centres</th>
<th>Number of available places</th>
<th>Number of places occupied</th>
</tr>
</thead>
<tbody>
<tr>
<td>Statutory</td>
<td>12</td>
<td>33</td>
<td>26</td>
</tr>
<tr>
<td>Voluntary</td>
<td>2</td>
<td>11</td>
<td>9</td>
</tr>
<tr>
<td>Privately provided</td>
<td>25</td>
<td>84</td>
<td>54</td>
</tr>
</tbody>
</table>

2.3 Service areas

The two service areas within the Tusla South region identified for a fieldwork visit were:

- Kerry and
- Waterford Wexford.

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2 Information provided to HIQA by Tusla South region
3 Information provided by Tusla prior to inspection fieldwork
County Kerry is the fifth largest county in Ireland and Tusla social work services are provided to the whole county from two locations: Tralee and Killarney. Services to children in care provided from both of these locations were managed by one principal social worker. There was a mixed caseload system in this service area and as a result, the principal social work post also included line management responsibility for child protection and welfare services. The principal was supported by four team leader posts, three of which had oversight of children in care. At the time of the inspection there were no vacant social work posts related to children in care. Data provided to HIQA prior to the inspection showed that as of 25 February 2019, the Kerry service area had nine children placed in residential care, seven of whom were placed in privately provided residential centres.

The Waterford Wexford service area is located in the southeast of the country and spans two large counties, Waterford and Wexford, and parts of Kilkenny. There were three child in care teams in the service area, one in Wexford and two in Waterford. Waterford services were based in Waterford city and Dungarvan. The child in care team in Wexford was managed by a principal social worker who was also responsible for fostering services, a respite residential facility and access services. The principal social work post was supported by two social work team leader posts. In Waterford, there was one principal social work post which included responsibility for children in care, fostering services, aftercare and access. The principal social work post was supported by two social work team leaders. Information provided for the inspection indicated that there were no social work vacancies for children in residential care but there were 4.5 social work vacancies across the social work team responsible for children in care in the service area.

In Waterford there was one full-time dedicated chairperson for managing care planning meetings and reviews of care plans. This was a social work grade post. This post was shared by two social workers. There was no dedicated post for chairing care planning meetings and reviews of care plans in Wexford. Social work team leaders shared responsibility for chairing these meetings.

See Appendix 2 for an organisational chart of Kerry and Waterford Wexford service areas.
3. Summary of inspection findings

This was a focused inspection by HIQA of the statutory duties of Tusla social
workers in the monitoring of placements for children in residential care, to which the
Child Care (Placement of Children in Residential Care) Regulations, 1995 apply.
Previously, compliance with these regulations was assessed during inspections of
statutory children’s residential centres.

In this inspection, HIQA found that there was compliance with regulation 22 and 25,
and substantial compliance with regulations 23 and 24. Inspectors reviewed 31
(60%) case records of the 51 (100%) children placed in residential care by both
service areas to assess compliance.

Kerry and Waterford Wexford service areas were found to be compliant with the
regulation relating to the case record for a child in residential care. Of the 31 case
records reviewed, inspectors found that each child had a secure case record which
held the relevant documentation required by the regulations.

All the children in the sample reviewed by inspectors had an allocated social worker.
Care plans were up to date and of good quality. Care plans reviewed by inspectors
demonstrated consideration of the views of the child, parents or guardians, relevant
professionals and residential care staff, to ensure the assessed needs of children
were appropriately addressed. However, it was not always evident from case records
who the care plan was shared with.

All children had received a visit by their allocated social worker but not all visits were
within the regulatory timeframe. There was a record of every visit to the child as
required by the regulations and they reflected child-centred practice, where social
workers spent time with children doing activities in addition to supporting children
during difficult times such as changes in placement. There was inconsistent practice
in relation to where and how records of visits were labelled and this meant they
were not always easy to find.

Good quality, timely reviews of children in residential care were taking place in
accordance with the regulations and there was evidence of a good level of
consultation with all the people involved in the care of the child. Children often
attended their review meetings and when they chose not to, they were supported to
make their views known. The needs of children were clearly outlined and addressed
in review meetings.

This report presents findings on compliance with regulations. Actions required to
meet the regulations are outlined in an associated Action Plan.
Areas of improvement are also identified in this report which do not affect judgments on compliance with the Child Care (Placement of Children in Residential Care) Regulations 1995, but require action by the Tusla South region to improve the delivery of its services to children in residential care.

**Table 2. Judgments on compliance in the South Region**

<table>
<thead>
<tr>
<th>Regulation</th>
<th>Judgment</th>
</tr>
</thead>
<tbody>
<tr>
<td>22: Case record</td>
<td>Compliant</td>
</tr>
<tr>
<td>23: Care Plan</td>
<td>Substantially Compliant</td>
</tr>
<tr>
<td>24: Supervision and visiting of children</td>
<td>Regional judgment : Substantially compliant</td>
</tr>
<tr>
<td></td>
<td>(Kerry – Compliant)</td>
</tr>
<tr>
<td>25: Review of cases</td>
<td>Compliant</td>
</tr>
</tbody>
</table>
4. Summary of judgments under each regulation

During this inspection, inspectors made judgments against the Child Care (Placement of Children in Residential Care) Regulations, 1995. They used four categories that describe levels of compliance with the Regulations as follows:

- **Compliant**: A judgment of compliant means that no action is required as the service or centre has fully met the standard and is in full compliance with the relevant regulation, if appropriate.

- **Substantially compliant**: A judgment of substantially compliant means that some action is required by the service or centre to fully meet a standard or to comply with a regulation, if appropriate.

- **Non-Compliant**: A judgment of non-compliant means that substantive action is required by the service or centre to fully meet a standard or to comply with a regulation, if appropriate.

**Actions required**

**Substantially compliant** means that action, within a reasonable time frame, is required to mitigate the non-compliance and ensure the safety, health and welfare of the children using the service.

**Non-Compliant** means we will assess the impact on the individual(s) who use the service and make a judgment as follows:

- **Major non-compliance**: Immediate action is required by the provider to mitigate the non-compliance and ensure the safety, health and welfare of people using the service.

- **Moderate non-compliance**: Priority action is required by the provider to mitigate the non-compliance and ensure the safety, health and welfare of people using the service.
5. Findings

Regulation 22: Case record

Case records are important as they document the child’s time in care, support effective planning for the child and record how the views of the child are sought and considered, when decisions about their care are being made. The regulations require that each child placed in residential care has an individual case record which is compiled by Tusla and is kept up-to-date. These records should be private, permanent and secure, and hold all relevant and available information about the child. In order to meet these regulatory requirements, safe and secure information systems are needed. Systems of monitoring and managing information are also needed to promote continuous improvement in the quality of case records.

This inspection found that Kerry and Waterford Wexford service areas were compliant with this regulation. There was a total of 51 children placed in residential care by the Kerry and Waterford Wexford service areas. Inspectors sampled 31 (60%) children’s case records and found that there was a secure case record for each child which contained the documents required by the regulation. These documents included:

- a copy of the court order or voluntary consent form for the child’s admission into care,
- their birth certificate,
- social, medical and school reports,
- care plans and reviews,
- records of significant events for the child and
- a record of statutory social work visits to the child.

The regulations do not require the child’s case record to be held in one location and both service areas operated paper-based and electronic information systems. Paper-based records contained original copies of specific documents such as those outlined above. Information about children was held electronically on Tusla’s new national integrated information system (National Child Care Information System (NCCIS)) which has been available to all 17 Tusla service areas since 2018. The purpose of the system was to ensure that information held by Tusla services is safe, accessible for safeguarding of children, retrievable and available for monitoring by managers. Both service areas were in the process of fully implementing the computerised system for all records of children in residential care. Social workers were aware of the requirement to keep records up to date and did so.

**Judgment: Compliant**
A care plan is a written document which outlines the plan for the child’s care based on an assessment of the child’s needs. It is an essential part of the delivery of care to the child as it demonstrates forward planning. The regulations require that each child placed in residential care has a written and up to date care plan, which clearly outlines the aims and objectives of their placement and the supports to be provided by Tusla to the child, their parents (where appropriate) and the residential centre. This plan should include contact arrangements between the child and their family and the arrangements in place to review the plan at different intervals throughout the child’s time in care.

This inspection found substantial compliance with this regulation in the Kerry and Waterford Wexford service areas. In order to fully comply, the Tusla South region needs to ensure that children’s case records reflect that the particulars of the care plan have been made known to the child and all other relevant persons.

Data provided to HIQA by the region showed that all children placed in residential care in the two service areas had an up to date written care plan. This was found to be the case for the sample of cases (31), reviewed by inspectors in the Waterford Wexford and Kerry service areas.

The quality of care plans was assessed by inspectors and found to be good. The indicators of quality used by inspectors were that an up-to-date care plan was in place, that it was developed within the required timeframes and that the content reflected those set out in the regulations. These requirements were met by the service areas visited. All children whose case records were reviewed by inspectors had up to date care plans in place which had been developed within or very close to the the required regulatory timeframes. All care plans included the content required by the regulations such as the aims and objectives of the placement, supports to be provided to the child and the contact arrangements for children with their families.

The regulations state that each child’s care plan should be developed, where appropriate, with the child, their family and the manager of the residential centre they are in or are going to be placed in. Inspectors found that care planning involved children. When a child did not wish to attend their care planning meeting, it was evident that their views were represented by their social workers and through reports written by children. There was a good level of consultation with relevant parties including family members, to ensure the child’s needs were identified and interventions and supports were planned.

Initial care plans reviewed by inspectors clearly outlined the aims and objectives of the placement for the child and the child’s individual needs were clearly identified. Inspectors found evidence to show that as a result of good care planning, children
who required specialist and medical or mental health interventions received these services.

In the Waterford Wexford service area children were referred as appropriate to a local therapeutic team for specific therapeutic input. This multidisciplinary team had been set up by Tusla in 2017 and focused on assessing a child’s need for therapeutic intervention. The appropriate therapeutic services were provided to the children to achieve desired outcomes. These included building on a child’s strengths and meeting their individual therapeutic needs. Information provided for the inspection reflected that 15 (36%) out of the total of 42 (100%) children in residential care in the Waterford Wexford service area had benefitted from this service.

Children were also referred when required, to the co-ordinator of the creative community alternative initiative. This is a community-based Tusla initiative to maintain children in their family home. This service provided various supports to children and their families and aspects of their work focused on the possibility of children being reunited with their family and returning home. Of the sample of 22 children’s cases reviewed by inspectors in the Waterford Wexford service area, eight (36%) children were either in receipt of or had benefitted from these additional services.

In Kerry, there was evidence of good assessment of children’s needs and additional services were provided when required to address these needs. These included mental health, psychiatry, physiotherapy and other specialist services.

The regulations require that once a care plan is developed, its content should be shared with the manager of the residential centre the child is placed in, and where appropriate, the child and their parents or legal guardians. Inspectors reviewed case records to confirm these plans were consistently shared and found this was not always clearly recorded. In 18 (58%) of the 31 (100%) children’s case records sampled, it was clear that the particulars of the care plan had been shared with the child and their parents, but this was not the case for 13 (42%). Inspectors were satisfied that those parties who contributed to the development of these care plans at care plan meetings were aware of their content, but it was not always recorded if this information was shared with those not present. The Tusla South region should ensure that these plans are shared with all relevant parties and that this is clearly recorded in children’s case records.

Tusla had developed a standard template for recording care plans. This template contained a section for the child and their parent or guardian to sign, which would indicate they had attended the care planning meeting. Of the 31 (100%) children’s care plans reviewed across the two service areas, 12 (38%) were signed by the child indicating that they had attended the care planning meeting. However, inspectors found that this section of the template was not always completed.
Judgment: Substantially Compliant

Regulation 24: Supervision and visiting of children

When a child has been placed in a residential centre, a Child and Family Agency (Tusla) social worker is responsible for the care of the child. Their primary aim is to ensure the child is safe and supported in their placement. The regulations state that the supervising social worker should visit the child at different intervals, according to the length of time they are in their placement, and ensure that their care plan is being followed through and reviewed as necessary, and that the child’s needs are being met. In addition, a note of every visit should be entered into the case record together with any actions taken as a result of the visit.

This inspection found that both service areas inspected differed slightly in their levels of compliance with this regulation. The Kerry service area was compliant and the Waterford Wexford service area was substantially compliant. In order to be fully compliant, the Tusla South region needs to ensure that all children placed in residential care receive a statutory social work visit in line with the regulations.

At the time of inspection, data provided to HIQA indicated that all children (51 (100%) placed in residential care by the two service areas visited had an allocated social worker. This was confirmed in the 31 (60%) cases reviewed by inspectors.

Inspectors found that all nine children placed in residential care by the Kerry service area were visited by their allocated social worker in compliance with the regulations. In the Waterford Wexford service area, all but two of the 22 children whose case records were reviewed had received visits from their social worker in line with the timelines set out in the regulations. The Tusla South region should ensure all children are visited within the required timeframes.

In both service areas, there was evidence in social work case notes that social workers had good working relationships with the children they were allocated to. Children were in telephone contact with their allocated social workers, were accompanied by their social worker to access visits with family members and were brought out by their social workers for meals and other activities. Social workers who participated in the focus group as part of this inspection, demonstrated a comprehensive understanding of the children they were allocated to. They spoke sensitively about the children’s needs and preferences and the circumstances of their parents. Social workers were familiar with the children’s views and said they took them into consideration when making decisions about their care.

The regulations require records of statutory visits by social workers to children to be entered into the case record and these should include particulars of any action taken as a result of the visit. Records reviewed by inspectors reflected the work conducted...
by social workers with the children placed in residential care. This work included having discussions with children about significant events in their lives, helping children to prepare for attendance at child in care review meetings and explaining to them about decisions made at care plan meetings. It was evident that social workers developed positive relationships with children through time engaged in leisure and other activities, and that they encouraged and supported children in their personal endeavours and their studies.

**Judgment: Substantially compliant**

### Regulation 25: Review of cases

Each child placed in residential care should have their case reviewed in line with the regulations. The main process in place in Tusla to do this is called a child in care review. Through this process, the child’s allocated social worker assesses outcomes for the child and identifies whether their needs are being met in their current placement. The social worker ensures that the child’s care plan is being adhered to and any changes required to this plan are made during this review. The regulations place a statutory duty on the social worker to ensure these reviews take place within specific timeframes and that all relevant people are prepared and participate in the review process. It is particularly important for the child to participate and be consulted so their views and experiences can be considered when updating their care plan.

This inspection found that the Kerry and Waterford Wexford service areas were compliant with the regulations in relation to conducting child in care reviews. Inspectors sampled 30 (100%) children’s case records for child in care reviews and found that all had a child in care review which was completed within or very close to the regulatory timeframes. Team leaders and the designated chairpersons of review meetings told inspectors they ensured that reviews took place in line with the regulations. Both service areas had systems in place to monitor and oversee child in care review meetings to ensure compliance with the timelines set out in the regulations.

Inspectors found that the quality of child in care review review meetings across the two service areas was good. Relevant people were consulted in the review of the child’s care plan and the needs of children were identified. These reviews informed amendments to the child’s care plan which outlined the actions required to address these needs.

Each child should be encouraged and facilitated to participate in the care plan review process. Inspectors found that many children were helped to prepare for their care plan review meetings and were supported to attend. Reports by children for these
meetings were present on children’s case records. Records of review meetings showed that children’s views and those of their parents were well represented and discussed sensitively at care plan review meetings.

Care plans should be updated at different intervals according to the age of the child and the length of time they have been placed in residential care. For example, children who are 12 years of age and under should have their care plan updated more regularly, to ensure residential care remains the most appropriate placement for them. There were 12 children aged 12 years or under placed in residential care by the two service areas. Inspectors reviewed case records for six children within this age group across the two service areas and found that five of these children had their care plans reviewed on a monthly basis as required by Tusla’s national policy.

Inspectors sampled case records of children presenting with complex needs including for example, a moderate learning disability. It was evident in these cases that the views of these children’s parents and or legal guardians, as well as professionals involved in their day to day care were well recorded. There was multi-disciplinary input into these case reviews which the children benefited from. These included mental health services, guardians ad litem (court appointed advocates for the child), psychiatry and other professionals involved in the child’s care. Managers told inspectors that joint protocol meetings with the Heath Service Executive Disability Services were taking place and inter-agency cooperation had improved to implement child in care review recommendations. This was confirmed in cases reviewed by inspectors.

Where children were at an age when their aftercare needs were being planned for, there was good planning and assessment of their individual needs. Inspectors sampled the files of five children aged 17 years in the Waterford Wexford service area and found that for four children, aftercare planning was progressing well. Needs assessments had been completed and/or referrals were made for aftercare workers to be allocated to the child. The Waterford Wexford service area had established an aftercare steering group to monitor aftercare planning for children, and to ensure appropriate services and supports were in place in advance of them leaving care.

In the Kerry service area the inspector sampled the case records for two children whose aftercare needs were being planned for. An assessment of their aftercare needs was completed for both children and it was clear that their views were considered. There was good consultation between the child, residential care staff and aftercare workers to ensure these children were well prepared to leave care. A comprehensive aftercare plan was in place for one child which addressed issues such as their future accommodation, supports from other agencies, life skills and family contact. Clear timeframes and persons responsible for completing the associated tasks were recorded, and referrals were made to appropriate services for the child.
There was a different approach across the region and indeed service areas, in terms of chairing child in care reviews. In Waterford, there was one post of independent chairperson of child in care reviews. This post was not in place in Wexford or Kerry and the responsibility to chair child in care review meetings lay with social work team leaders. The area manager for Kerry told the inspector that there are plans in place to develop a post in the service area for an independent chair for child in care reviews. Staff were positive about the independent chair for child in care reviews as they said the independence of the position made a difference as the chair put more focus on the review process and they were not involved in the management of the case.

**Judgment: Compliant**
6. Areas for improvement

Throughout this inspection, areas of practice that could be improved which did not affect judgment on compliance with the Child Care (Placement of Children in Residential Care) Regulations 1995, were identified. These related to the accessibility of case records, monitoring and quality assurance of practice, and resources.

**Case records**

Each child placed in residential care within the Kerry and Waterford Wexford service areas had an individual case record as required by the regulations, but these records were not always easy to find. There was inconsistent practice in relation to the naming and saving of documents on NCCIS across the two service areas. In the Kerry service area, records of social work visits were clearly labelled and stored in the same location and this made them accessible and easy to retrieve. In Waterford Wexford this was not the case, as records of social work visits were not clearly labelled and were saved in various locations within NCCIS. For example, some social work records of visits to children were labelled ‘statutory visit’ whilst others were labelled ‘intervention’. This variance in practice across the region in relation to recording key information about children did not ensure it was always accessible and retrievable, particularly when decisions about children were being made, or for the purpose of quality audits by managers.

Managers who met with inspectors acknowledged that there were inconsistencies in relation to recording on NCCIS and said that all issues identified with the system were brought to the attention of the NCCIS liaison support person in each service area. They were also reported nationally for resolution.

Records of social work visits to children should reflect when the child is seen alone by their social worker and the location of the visit, for example in or outside of the residential centre. Seeing a child alone and outside of the centre is a safeguard for children as it provides them with a safe environment within which they can discuss any issues they may have in relation to their care, and report any concerns or worries they may have. Spending time with the child is also important for the development of a trusting relationship between the child and their social worker. In both service areas the detail of social work visits and any action arising out of that visit varied and was not always sufficient. This was an area of practice that required improvement.

**Quality Assurance**
There was varied practice across the two service areas in relation to monitoring case records to ensure they were safe, accurate, of high quality and up-to-date. Managers who met with inspectors described common quality assurance mechanisms in place, such as file audits and Tusla’s case management system.

The Waterford Wexford service area had audited cases of children placed in residential care (25). Inspectors reviewed a sample (9) of these audits and found that they commented on both the quality and content of case records, such as statutory care plans. These audits identified whether documents and information required by the regulations were present or not. Social workers were responsible for the implementation of the recommendations from these audits and in seven of the sample, it was evident that recommendations were implemented. There was managerial oversight of this process. Managers told inspectors that a culture of quality was promoted across the service area and acknowledged that more practice audits were necessary. Principal social workers confirmed to inspectors that they were in the process of developing their approach to auditing other aspects of practice, such as signs of safety (Tusla’s national approach to practice).

In Kerry some audits had taken place on the implementation of the NCCIS but the area had not commenced auditing for quality of social work practice. There was no record of file audits in the sample of case records reviewed as part of this inspection. The area manager told the inspector that the area planned to conduct audits of social work supervision.

The Tusla South region should ensure that there are adequate monitoring and quality assurance arrangements in place in all service areas to ensure the ongoing safety and quality of its delivery of services to children in residential care.
Appendix 1:
Child and Family Agency (Tusla) regional organisational structure *

*Source: http://www.tusla.ie/get-in-touch/service-director
Appendix 2:

Figure 1: Waterford/Wexford management and team structure

Area Manager
Waterford/Wexford

Child Protection & Welfare
- 2 PSW
- 7 SWTLs
- 1 Senior SW Prac
- 36 Social Workers
- 9 SCLs
- 5 SCWs

Children in Care/Access
- 2 PSWs
- 4 SWTLs
- 21 Social Workers
- 5 SCLs
- 7 SCWs

PPFS
- 1 Senior Manager
- 3 Co-ordinators
- 1 Social Worker
- 3 SCLs
- 4 SCWs
- 9 Family Support Workers

Adult Assessment Team
- 1 SWTL
- 3 Social Workers

Fostering
- 2 SWTLs
- 3 Senior SW Prac
- 8 Social Workers
- 1 SCI
- 2 SCW
Appendix 2

Figure 2 Kerry management and team structure
## 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 number: | 0026414  
|                                               | 0026415 |
| Name of Child and Family Agency (Tusla) region: | South Region |
| Name of Child and Family Agency (Tusla) service areas: | 1. Kerry  
|                                               | 2. Waterford/Wexford |
| Fieldwork: | 25 February to 28 February 2019 |
| Date of response: | 02 May 2019 |
These requirements set out the actions that should be taken to meet the identified child care regulations.

<table>
<thead>
<tr>
<th>Regulation 23: Care plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>Substantially compliant</td>
</tr>
</tbody>
</table>

The provider is failing to meet the regulations in the following respect:

**Action required:**

Under **Regulation 23** the Tusla South region is required to ensure that:

Particulars of care plans are shared with necessary parties and that this is clearly recorded in case records.

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

**Kerry Action – Regulation 23**

All person’s present at a Statutory Child in Care Review, who contribute to the development of a revised Care Plan, will receive a signed copy of the revised Care Plan.

Where a child or young person submits information in writing, but does not attend, they will receive a copy of the revised Care Plan.

Where other appropriate persons submits information but does not attend they will also receive a copy of the revised Care Plan.

The persons who receive a copy of the revised Care Plan will be recorded on NCCIS in the Person’s Activities under the subject **“Distribution List – Care Plan”**

Care Plans will be monitored on a quarterly basis by the Quality Assurance Officer basis to ensure compliance with same.

**Waterford/Wexford**

A memo will issue to all staff advising that care plans are to be shared with all necessary parties, including young people of an appropriate age. Where a copy of a care plan cannot be shared in writing, due to the age of a child, an appropriate explanation of the information contained will be shared with the child.

A clearly identified casenote will be generated containing the date that the care plan record was shared with necessary parties and young person.

**Regional**

This issue will be highlighted to the other two Areas in the region to ensure consistent proactive across the region.
<table>
<thead>
<tr>
<th>Proposed timescale:</th>
<th>Person responsible:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kerry - April 2019</td>
<td>Team Leader (or Independent Reviewing Officer)</td>
</tr>
<tr>
<td></td>
<td>Area Quality Assurance Officer</td>
</tr>
<tr>
<td>Wat/Wex - End of April 2019</td>
<td>Children in care PSW</td>
</tr>
<tr>
<td>Regional – end April 2019</td>
<td>Regional Lead Alternative Care</td>
</tr>
</tbody>
</table>
### Regulation 24: Supervision and visiting of children

**Substantially Compliant**

<table>
<thead>
<tr>
<th>Proposed timescale:</th>
<th>Person responsible:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

The provider is failing to meet the regulations in the following respect:

**Action required:**

Under **Regulation 24** the Tusla South region is required to ensure that:

All children in residential care receive a statutory social work visit in line with the regulations.

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

**Waterford/Wexford.**

During monthly supervision, statutory visits to children in residential care will be reviewed to ensure compliance with the regulations. Statutory visits will be clearly labelled and recorded on the child’s record.

**Regional**

This issue will be highlighted to the other two Areas in the region to ensure consistent proactive across the region.

<table>
<thead>
<tr>
<th>Proposed timescale:</th>
<th>Person responsible:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wat/Wex End of May 2019</td>
<td>SWTL and PSW</td>
</tr>
<tr>
<td>Regional end April 2019</td>
<td>Regional Alternative Care Lead</td>
</tr>
</tbody>
</table>