

**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)**



<b>Name of Child and Family Agency (Tusla) region:</b>	West Region
<b>Name of Child and Family Agency (Tusla) service areas:</b>	1. Donegal 2. Mid West
<b>Fieldwork:</b>	28 January to 1 February 2019
<b>Lead Inspector:</b>	Sharron Austin
<b>Support Inspector:</b>	Bronagh Gibson
<b>Monitoring event number:</b>	0026256 and 0026257

## 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 the general manager for alternative care and principal social workers
- interviews with independent chairs for child in care reviews
- focus group with social work team leaders
- review of local policies and procedures, minutes of various meetings and case management records
- reviewing 29 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 West region**

The Tusla West region comprises five service areas. They are:

- Donegal
- Galway/Roscommon
- Sligo/Leitrim/West Cavan
- Mayo
- Mid West (Limerick/Clare/North Tipperary)

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

At the time of this inspection, information provided by the service director showed that there were 58 children placed in residential care by the five service areas within the Tusla West region. The majority (33) were placed by the Mid West service area and the Mayo service area had placed the lowest number (1). The majority of children (47) were placed in privately provided residential services.

As set out in Table 1 below, information provided to HIQA showed that there was variance across each service area in relation to the number and type of residential

services available locally. The majority of these services were available in the Mid West service area and two service areas, Galway Roscommon and Mayo had none. The number of privately provided residential care services in the region was greater than those provided by Tusla itself.

**Table 1. Residential placements and centres for children in care by service area**

Service area capacity	Mid West	Galway Roscommon	Mayo	Sligo Leitrim West Cavan	Donegal	Regional Total
Number of residential centres available in the region	3 Statutory centres 3 Private centres 2 Voluntary centres	0	0	1 Statutory centre 6 Private centres	3 Private centres	18
Total number of children placed in residential care in each service area	33	8	1	5	11	58
<b>Of those:</b> the number of children in statutory residential care centres	7	0	0	1	3	11
the number of children in private residential care centres	26	8	1	4	8	47
the number of children aged 12 years or under	7	0	0	0	0	7

### 2.3 Service areas

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

- Donegal and
- Mid West.

Donegal service area in the north west of the country provides services to four main urban areas; Buncrana, Ballybofey, Letterkenny and Donegal. There are two

dedicated children in care teams in Letterkenny, and social work offices based in three of the urban areas. There was a principal social worker for alternative care, supported by two social work team leader posts. One social work team leader post was vacant at the time of inspection. Data provided to HIQA prior to the inspection showed that as of 1 January 2019, this service area had placed 11 children in residential care.

The Mid West service area is the third largest of the 17 service areas of Tusla. It provides services to County Limerick including Limerick city and County Clare and North Tipperary. There are seven children in care teams across the service area with teams located in Limerick city, Ennis, Nenagh, Thurles and Newcastlewest. There was a general manager for alternative care, supported by two principal social workers, one for the Limerick city and county teams and one for the Clare and North Tipperary teams. Data provided to HIQA prior to the inspection showed that as of 1 January 2019, this service area had placed 33 children in residential care. On the first day of inspection fieldwork this number had increased to 34.

See Appendix 2 for an organisational chart of each service area.

### 3. Summary of inspection findings

This was the first focused inspection by HIOA 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, HIOA found that both Donegal and the Mid West service areas in the Tusla (West) region complied with two of the four regulations and were substantially compliant with the remaining two. Inspectors reviewed 29 (64%) case records of the 45 children placed in residential care across both service areas to assess compliance.

Of the 29 case records reviewed, inspectors found that each child had a secure case record which held the relevant documentation required by the regulations. However, there was variance across the region in terms of how these case records were recorded, and the timeframes within which they were required to be updated. Risk identified in Donegal service area in relation to delays in social workers being set up on information communication systems (ICT) was escalated by the service director.

At the time of the inspection all children had an allocated social worker. Care plans were generally up-to-date and of good quality, and 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 reviewed and planned for appropriately. Where a child had been unallocated for a period of time, child in care reviews and statutory visits continued. However, care plans were not consistently signed off in a timely manner.

Statutory reviews were undertaken in a timely manner and both service areas had independent chairs for child in care reviews. While the majority of records demonstrated that the child's view was considered as part of the review process, records did not consistently state if the child attended the review or what discussion if any was undertaken with the child prior to or after the review meeting.

Children were visited by their allocated social worker within or close to the required timeframes, as well as in response to risk and at the request of the child. Records of visits were in place and provided good detail about these visits, but they were sometime difficult to access.

The geographical location and the availability of children's residential centres in the region impacted on the ability of service areas to place children in centres within their local community. This resulted in social workers having to travel considerable



distances to carry out statutory and other visits to children, and potentially drew on staffing resources. There were three new units opened in Donegal in the last three years, two of which were opened in 2018 with one dedicated to children in care from the Donegal area.

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 West region to improve the delivery of its services to children in residential care.

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

<b>Child Care (Placement of Children in Residential Care) Regulations, 1995</b>	
<b>Regulation</b>	<b>Judgment</b>
22: Case record	<b>Substantially compliant</b>
23: Care Plan	<b>Substantially compliant</b>
24: Supervision and visiting of children	<b>Compliant</b>
25: Review of cases	<b>Compliant</b>

#### 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 substantial compliance with this regulation in the Donegal and Mid West service areas. In order to fully comply, staff need to have the necessary supports and guidance to ensure case records are kept up to date.

There was a total of 45 (100%) children placed in residential care by Donegal and Mid-West service areas. A review of 29 (64%) children's case records showed that each child had a secure case record which held the relevant documentation required by the regulations. 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 were required to ensure original copies of specific documents, such as court orders, parental consent forms and birth certificates. These documents were in place in each service area. Information about children was held electronically on Tusla's new national integrated information system (National Child Care Information System (NCCIS)). This was to ensure information held by Tusla services was safe, accessible for safeguarding of children, retrievable and available for monitoring by managers.

Case records are required by regulation to be up-to-date, and inspectors found that this was the case at the time of inspection in both service areas. However, the timeframes for updating case records differed across the two service areas. In the Mid-West, there was an expectation that case records were updated as new information came in or there was activity in the case. In the Donegal service area, staff interviewed said that although records should be contemporaneous, there was

a local agreement of a two week timeframe to update case records. This meant that information about children to ensure their safety may not be recorded in a timely way.

Tusla's national integrated information system (NCCIS) was available to 17 Tusla service areas by 2018. The Mid West service area was more advanced in operating this system than Donegal, as it was a pilot site for this system in 2007 and had been using it since 2014. Managers in the Donegal service area told inspectors that although the NCCIS was in place, there were delays to new staff gaining access to it. This meant that some staff were unable to undertake routine daily tasks until they were provided with the required electronic equipment and an email address. Risk associated with this delay was reflected in the service area's risk register for January 2019, which was reviewed by inspectors. The service director for the West region told inspectors that this risk was escalated to Tusla's chief operations officer and was due for discussion at an upcoming national operations meeting. The Tusla West region should ensure that all staff are supported to keep up to date case records for children.

**Judgment: Substantially compliant**

## Regulation 23: Care plan

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 Donegal and Mid West service areas. In order to fully comply, the Tusla West region needs to ensure case records consistently reflect that care plans have been shared with necessary parties and that children with moderate or severe learning disabilities are provided with the necessary supports to contribute to the development of their care plans.

Data provided to HIQA by the region showed that all 58 children placed in residential care by its five service areas had an up to date written care plan. This was found to be the case for the sample, 29 (64%) out of 45 (100%), of children's case records reviewed by inspectors in the Donegal and Mid West 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. The aims and objectives of each care plan reviewed by inspectors were clearly articulated, as were the supports in place to meet the assessed needs of the child, the residential placement and where appropriate the child's family. There was evidence of therapeutic, educational and mental health supports for children, and social work and community based supports for parents. Inter-agency working was also in place for children with complex needs.

The contact arrangements between children and their families and other significant people in their lives were well recorded in care plans and social work case notes showed that these were adhered to.

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 or are going to be placed in. Inspectors found that there were generally good levels of consultation and participation in the development of children's care plans and the standard template in place for social workers ensured that the views

of children and their parents were clearly recorded. It was evident from care plans and social work case notes related to their development, that there was a focus by the Donegal and Mid West service areas on capturing the views of children in their care plans, but this was not always the case for children with a learning disability. Inspectors reviewed five cases related to children with a disability and found that their care plans were developed in consultation with other state agencies and their primary carers. Although the views of these children were articulated in their care plans, it was not evident how children with moderate or severe learning disabilities were supported to contribute to their development. Managers in the Donegal service area acknowledged the need for staff training in specific aids for communicating with children with learning disabilities.

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. Inspectors reviewed care plans for nine children who were aged 12 or under across both service areas and found that their care plans were updated on a monthly basis, as required by national policy.

Both service areas complied with the timeframes set out in the regulations in relation to updating children's written care plans. Inspectors reviewed case records for children who were recently placed in a residential placement and those who were in placement for over six months, and found that the required timeframes were adhered to.

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 that this was not always well recorded. Although inspectors were satisfied that those parties who contributed to the development of these plans at care plan meetings were aware of their content, it was not always recorded if this information was shared with those not present. Furthermore, Tusla's standard care plan template has a section for the child and their parent or guardian to sign, which would indicate they had seen the plan, this section was not always completed. For example, out of the 29 children's care plans reviewed across the two service areas, three (6%) were signed by the child.

**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.

This inspection found that the Donegal and Mid West service areas were compliant with the regulations.

At the time of inspection, all 45 (100%) children placed in residential care by these two service areas had an allocated social worker to supervise their care. Inspectors found that although all 29 children whose cases were reviewed by inspectors across both service areas were currently allocated a social worker, this did not happen consistently. Two of the 34 children placed in residential care by the Mid West service area did not have an allocated social worker for a period of over three months just prior to the inspection. Inspectors found that arrangements were put in place by the service area to ensure these children's care plans were reviewed as required and that each child was visited by a social worker.

Both service areas complied with regulations in relation to social workers visiting children in residential care. Records reviewed by inspectors confirmed that all 29 children whose cases were reviewed were visited within the time frames set out in the regulations. There was also evidence to show that additional visits were made to children and examples of these included visiting in response to the child's request to see their social worker, direct work being completed with the child or a social work response to a concern or incident.

Records of statutory visits by social workers to children in residential care should be clearly recorded and although inspectors found that visits were recorded, they were recorded differently across both service areas. For example, the Mid West service area consistently recorded these visits clearly in case notes on the NCCIS. Although visits were also recorded in case notes on NCCIS in Donegal, these notes were not clearly marked as being in relation to visits. Once this practice was identified, a supplementary process was put in place to record statutory visits on a specific template.

**Judgment: 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 Donegal and Mid West service areas were compliant with the regulations in relation to reviews.

Inspectors found that all (29) children whose case records were reviewed across the Donegal and Mid West service areas had a child in care review which was completed within or very close to the regulatory timeframes. Delays in convening reviews were found to be reasonable, as they were typically to ensure all parties were present.

There were seven children aged 12 years or under placed in residential care by the Mid West service area. Inspectors found that their cases were reviewed on a monthly basis which was in line with national policy. Managers in this service area told inspectors that additional review processes were in place for these children to ensure their needs were being met. For six children, a mapping process was carried out based on Tusla's recently introduced national approach to practice, called signs of safety. Two of these cases were then discussed within a senior management case review process. Inspectors reviewed the minutes of these case reviews and found that the children's individual needs were thoroughly assessed.

Managers in the Donegal service area told inspectors that they were in the process of implementing this approach to reviewing cases. Practice learning forums had been scheduled for the implementation of this model for the children in care teams in the Donegal service area. This was evidenced in an end of year report for 2018 from the principal social worker for children in care and through an interview with the area manager.

Each child should be facilitated to participate in the review process and inspectors found that where it was appropriate for children to attend, they were encouraged and facilitated by both service areas to do so and contribute. Inspectors read reports in case records which were written by children and it was evident that they were



either presented by the child or on their behalf if they did not attend their review meeting.

Child in care records showed that managers of residential centres and or social care workers attended child in care reviews as did other professionals involved in the child's care. School, residential centre and social work reports were consistently found in case records. Child in care records contained good detail on what was discussed and how the child's needs and risks they were exposed to were responded to. The views of those in attendance were also well recorded.

Children presenting with complex needs including severe moderate learning disabilities were reviewed appropriately and the views of their 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.

Managers in both service areas told inspectors that joint protocol meetings with the Health Service Executive Disability Services were taking place and inter-agency cooperation had improved to implement child in care review recommendations.

Both Donegal and the Mid West service areas had independent chairs for child in care reviews. There were two chairs in Donegal service and one in the Mid West. Interviews with the respective independent chairs were carried out in each service area and an inspector observed a child in care review in the Mid West. Their respective roles and responsibilities were clear and although quite similar, they varied. For example, the chair in the Mid West had the sole role of facilitating these meetings while chairs in Donegal had a wider administrative role and was assisted by administrative staff, which took some burden from social workers.

**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 and they related to the quality and accessibility of case records, quality assurance of practice and resources.

### Case records

Each child placed in residential care within the Donegal and Mid West service areas had an individual case record however, the information held on these records were not always easy to find. For example, some social work case notes included important information such as medical, social and educational reports on children and records of statutory visits. It was not possible to tell from the subject line of each case note what information it contained. As a result, retrieving specific information or confirming for example, if a statutory visit to a child took place, involved a time consuming trawl through social work case notes. This method of 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.

Practice in relation to recording child in care reviews varied across the two service areas. In the Mid West, Tusla standard business processes were followed and the record of the child in care review was a separate document to the care plan. In the Donegal service area the care plan document included the decisions agreed at a child in care review. This was not in line with Tusla standard business processes.

The Tusla West region should ensure that case records are maintained in line with standard business processes, efficiently and in a way that makes them accessible.

### Quality assurance

There was varied practice across the two service areas visited by inspectors, to monitor case records and 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 as file audits and Tusla's case management system. Although case management records were evident in both service areas, file audits were not present in case records reviewed in the Mid West service area.

The Donegal service area had audited case records for all children it had placed in residential care in January 2019. These audits commented on the quality and content of case records such as statutory care plans, and identified whether documents and information required by the regulations were present or not. There was managerial oversight of this process. These audits found that case records were in compliance with regulations and no recommendations were made as a result. The

principal social worker for alternative care told inspectors that a programme of auditing for quality would continue in the service area and that audits were a set item on all team meeting and supervision agendas. This was confirmed in a sample of team meeting minutes for 2018, which were reviewed by inspectors.

There was no record of file audits by the Mid West service area in case records reviewed by inspectors. The manager for alternative care and the principal social worker explained to inspectors that they were in the process of developing a programme of audits for quality improvement. The NCCIS user liaison support person for the service area told inspectors that there was a system in place to audit between five and 10 case records on a monthly basis. This was to ensure they contained all information required by the regulations, such as the child's birth certificate and care plan. They explained that they contacted the child's allocated social worker if there were gaps in the records. If these gaps persisted, there was a system in place to notify the social worker's line manager. Although this type of audit is necessary, it is an administrative task and cannot comment on the quality of case records.

A regional working group was established in the West to standardise processes and to share learning across each of its five service areas. This was at an early stage of implementation and managers spoke positively about its potential.

The Tusla West region should ensure that there are adequate monitoring and quality assurance arrangements in place to ensure the ongoing safety and quality of its delivery of services to children in residential care.

## Resources

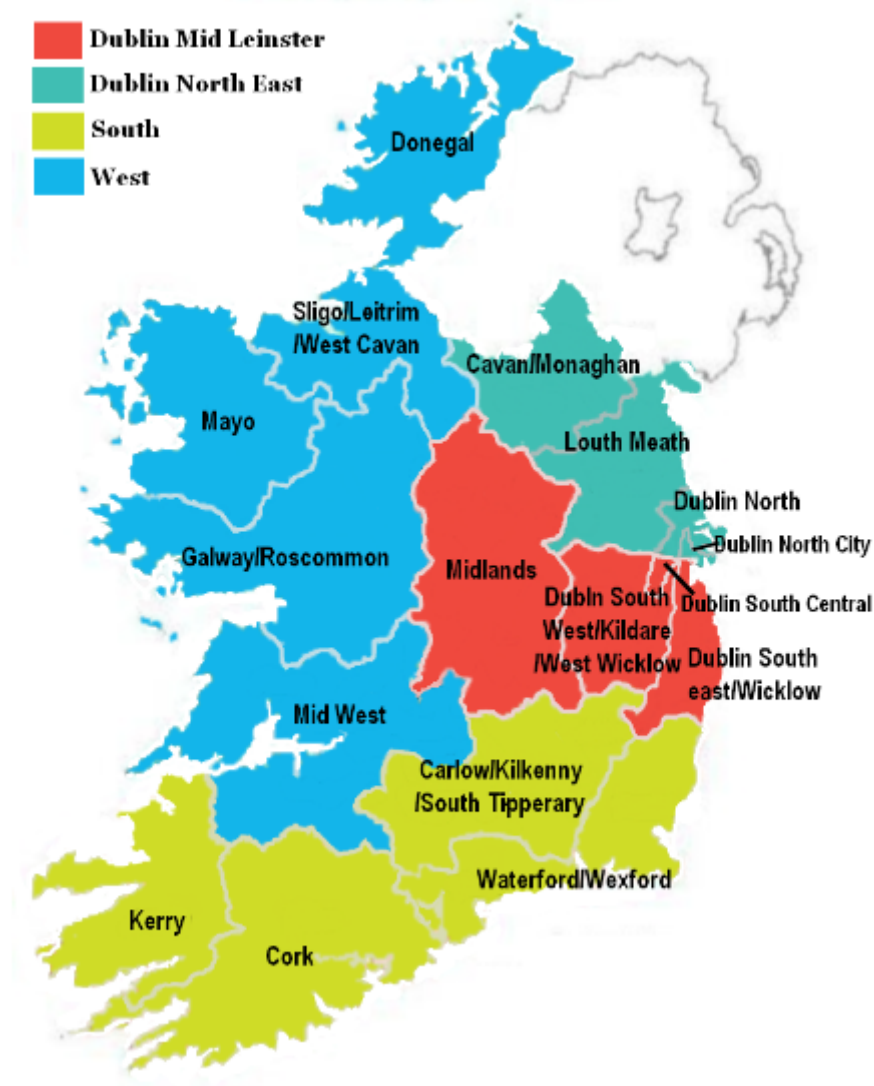
While Donegal and the Mid West service areas complied with regulations in relation to visiting children in residential care, managers across both service areas told inspectors that there were challenges to practice. They explained that the geographical location of some residential centres meant that some children were placed a considerable distance from their local area, and travelling long distances to carry out statutory visits put a strain on social work resources.

Managers in the Mid West service area told inspectors that the turnover of staff in the service area impacted on the quality of visits as children may have multiple changes to their allocated social worker, and the process of building relationships was repeated in these circumstances.

The Tusla West region should ensure that services to children in residential care are adequately resourced.

## Appendix 1:

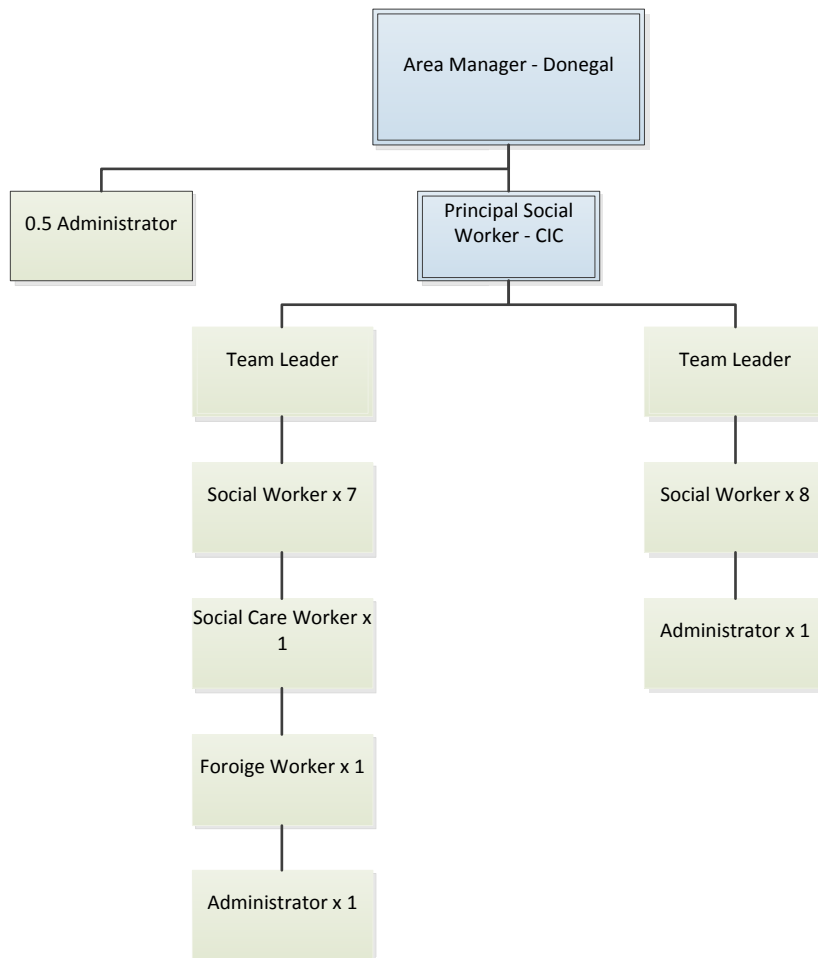
### Child and Family Agency (Tusla) regional organisational structure \*



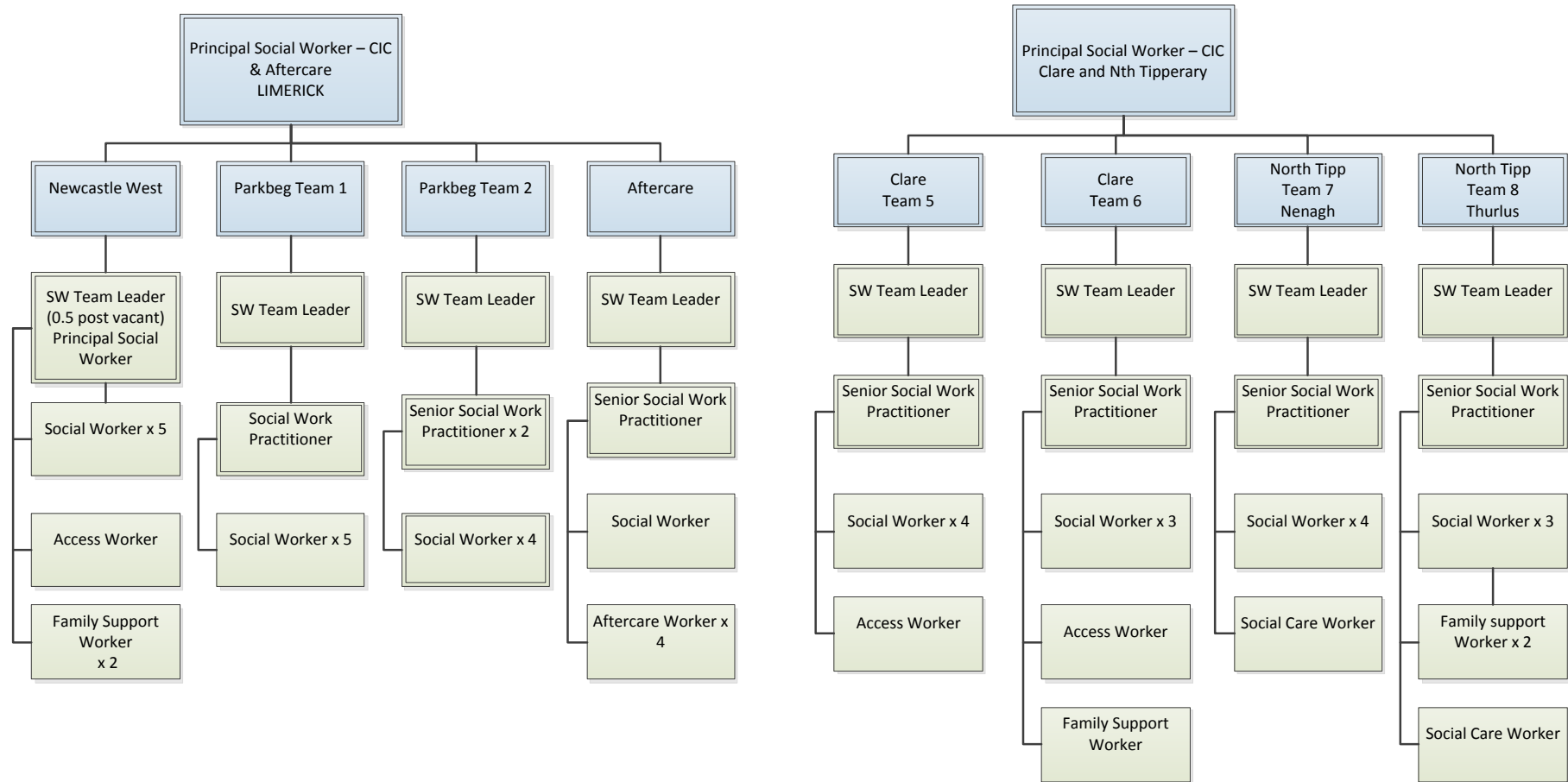
\*Source: <http://www.tusla.ie/get-in-touch/service-directors/>

**Appendix 2:**

**Figure 1: Donegal organisational structure**



**Figure 2: Mid West organisational structure**



# Action plan

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

<b>Provider's response to Inspection Report number:</b>	0026256 and 0026257
<b>Name of Child and Family Agency (Tusla) region:</b>	West Region
<b>Name of Child and Family Agency (Tusla) service areas:</b>	1. Donegal 2. Mid West
<b>Fieldwork:</b>	28 January to 1 February 2019
<b>Date of response:</b>	01 April 2019

These requirements set out the actions that should be taken to meet the identified child care regulations.

<b>Regulation 22: Case Record</b>	
<b>Substantially compliant</b>	
<p><b>The provider is failing to meet the regulations in the following respect:</b></p> <p><b>Action required:</b></p> <p>Under <b>Regulation 22</b> the Tusla West region is required to ensure that:</p> <p>All staff in the West region should have the necessary supports and guidance to ensure case records are kept up to date.</p> <p><b>Please state the actions you have taken or are planning to take:</b></p> <p><b>Necessary supports</b> – On start date of employment, each line manager will ensure that an application is made for necessary hardware and access to ICT and NCCIS for the new staff member.</p> <p><b>Guidance</b> - On start date of employment, each line manager will ensure that training re use of NCCIS and other ICT systems are part of the overall induction of the new staff member. Each new staff member will be made aware, by their line manager, of the need to access and familiarise themselves with all Tusla policies and procedures available on Tusla Hub.</p> <p>Line managers will use the Caseload Weighting tool to ensure that case loads are manageable and that case records are up to date. This will be monitored through regular support and supervision.</p> <p>A system of audits will be put in place at different levels of management to track case records focusing on timeframes and quality.</p>	
<b>Proposed timescale:</b>	<b>Person responsible:</b>
<b>30 June 2019</b>	Principal Social Workers, Team Leaders, Area Managers.



**Regulation 23: Care plan****Substantially compliant**

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

**Action required:**

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

1. Care plans are shared with necessary parties and this is clearly recorded in case records.
2. Children with moderate or severe learning disabilities are provided with the necessary supports to contribute to the development of their care plans.
3. Care plans are signed by all parties involved in their development.

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

1. The Chair of the review will identify necessary parties, within the care plan, with whom care plans should be shared. A checklist will identify the date the care plan was shared and each child in care review will identify who shares the plan with the child and by when.
2. A Participation Plan will be developed for each child with a moderate or severe learning disability. Once any necessary additional support is identified, the allocated social worker will link with the relevant services that can ensure child/young person receives the service to enhance participation in reviews.
3. To ensure that all care plans are signed by all parties involved in their development, all parties present on the day of the review will sign as to their agreement or not with the actions summarised. If it is not possible to get sign off, reviewing officer or social worker must record why on the care plan.

**Proposed timescale:****30 June 2019****Person responsible:**

Principal Social Workers and Team Leaders