

**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>	Dublin North East Region
<b>Name of Child and Family Agency (Tusla) service areas:</b>	1. Louth Meath 2. Dublin North City
<b>Fieldwork:</b>	8 to 11 April 2019
<b>Lead Inspector:</b>	Sharron Austin
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<b>Monitoring event number:</b>	0026647 and 0026648

## 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 principal social workers
- focus group with social work team leaders
- focus group with social workers
- observation of a child in care review meeting
- review of local policies and procedures, minutes of various meetings and case management records
- reviewing 27 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 Dublin North East (DNE) region**

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

- Louth Meath
- Dublin North City
- Cavan Monaghan
- Dublin North.

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

Information provided by the service director prior to the inspection showed that there were 85 children placed in residential care by the four service areas within the Tusla DNE region. The majority (39) were placed by the Dublin North City service area and the Cavan Monaghan service area had placed the lowest number (1).

There was a relatively even split in the number of children placed in residential care between the statutory (51%) and privately provided (49%) residential services. See Table 1.

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

<b>Service area capacity</b>	<b>Louth Meath</b>	<b>Dublin North City</b>	<b>Cavan Monaghan</b>	<b>Dublin North</b>	<b>Regional Total</b>
<b>Number of residential centres available across the region:</b>					58
<ul style="list-style-type: none"> <li>• 13 Statutory centres providing 55 placements</li> <li>• 32 Private centres providing 111 placements</li> <li>• 13 Voluntary centres providing 68 placements</li> </ul>					
Total number of children placed in residential care from each service area	14	39	1	31	85
<b>Of those:</b> the number of children in statutory residential care centres	5	23	0	15	43
the number of children in private residential care centres	9	16	1	16	42
the number of children aged 12 years or under	1*	3	0	3	7

\* this number had increased to two in Louth Meath at the time of the inspection.

### 2.3 Service areas

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

- Louth Meath and
- Dublin North City.

Louth Meath service area is situated in North Leinster. There are two children in care teams in the service area, one in Dundalk and the other in Navan. Both teams were managed by a principal social worker for children in care supported by four social work team leaders. The children in care teams in each location were further divided

into two teams with social work team leaders to provide services across both counties. Data provided to HIQA prior to the inspection showed that as of 4 April 2019, this service area had placed 14 children in residential care. On the first day of inspection fieldwork this number had increased to 17.

Dublin North City social work services are mainly situated in the north west part of Dublin City Council area comprising Dublin North Central postal codes one, three and nine, and Dublin North West postal codes seven and 11. There are six children in care teams across the service area located in Ballymun, Park House and Parkview. Data provided to HIQA prior to the inspection showed that as of 4 April 2019, this service area had placed 39 children in residential care. On the first day of inspection fieldwork this number had decreased to 36.

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

Information provided for the inspection indicated that there were a number of social work vacancies on the children in care teams across both service areas. Managers reported that this was not impacting negatively on the service provided to children in residential care. See Table 2.

**Table 2:**

<b>Vacant posts</b>	<b>Louth Meath</b>	<b>Dublin North City</b>	<b>Cavan Monaghan</b>	<b>Dublin North</b>
Senior Social Work Practitioner	1	4	0	0
Social Work Team Leader	0	1	0	1
Social Worker	1.5	3	1	1

### **3. Summary of inspection findings**

This was the first programme of focused inspections 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 both Louth Meath and the Dublin North City service areas in the Tusla (West) region complied with one and were substantially compliant with three of the four regulations. Inspectors reviewed case records for 27 (50%) of the 53 (100%) children placed in residential care across both service areas to assess compliance.

Of the 27 children's case records reviewed, inspectors found that each child had a secure case record which held the relevant documentation required by the regulations. Written assurances were sought from the Dublin North City area manager after the inspection in relation to one child whose case record did not hold an up to date copy of voluntary consent to state care. HIQA received written assurance that an application was made for an interim care order and that a court date was imminent.

Care plans reviewed by inspectors were comprehensive and sensitive to the individual needs of the child. Children's participation in the discussion of their care plan was recorded, as were the views of parents or guardians and other relevant professionals involved. While those parties who contributed to the development of these plans were aware of their content, it was not always recorded if this information was shared with those not present at child in care reviews.

The Dublin North East region had established a working group in relation to care planning and reviews to determine how to improve participation in the child in care review process. This had resulted in the development of a Summary Care Plan, known as 'Bubbles', which was a graphic presentation of the key elements of a care plan. This design supported parents' needs and understanding of the care planning process, and assisted children and those with learning difficulties or complex needs, to visualise the plan and information given to them. This was a positive initiative and was in the process of being implemented across the region.

Children across both service areas were allocated a social worker with the exception of one child in the Dublin North City service area, whose case was allocated to a social care worker. Children were visited within the time frames set out in the regulations and the quality of visits undertaken was clearly recorded on each child's case record. These records were of a good quality and provided clear detail of the

purpose of the visits, the discussions with children about their placement, school, family and any other issues that the child wanted to talk about. They demonstrated the positive relationships that had been established with children.

All children had care plan review meetings which were completed within or very close to the regulatory timeframes. Where delays existed, they were linked with the sensitive nature of factors surrounding the individual child, or placement issues.

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

**Table 2. Judgments on compliance in the DNE 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>Substantially 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 Louth Meath and Dublin North City service areas. In order to fully comply, the Tusla Dublin North East region needs to ensure that all voluntary consent forms are up to date and signed by all relevant parties.

There was a total of 53 (100%) children placed in residential care by Louth Meath and Dublin North City service areas. A review of 27 (50%) 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. Case chronologies were very good on the records sampled by inspectors which provided a clear background history to the social work involvement with the child.

Case records are required by regulation to be up to date, and inspectors found that this was the case for all but one child at the time of inspection, across both service areas. In the Dublin North City service area, inspectors found that while the relevant required documentation was maintained on children's case records, the care status of one child was queried, as the voluntary consent for the child to be in placed in state care had expired in November 2018 and an application for an interim care order had yet to be made. Written assurances were requested from the area manager in relation to this case after the inspection and inspectors were assured that an application had been made to the court and a hearing was imminent.

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 hold 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)) which has been available to all 17 Tusla service areas since 2018. The purpose of this system was to ensure information held by Tusla services was safe, accessible for safeguarding of children, retrievable and available for monitoring by managers. Dublin North City service area had been operating this system since July 2018 and Louth Meath service area since November 2018. Managers in both service areas told inspectors of the initial challenges experienced in using the system and the requirement for further guidance so as to ensure all staff were supported to maintain up to date electronic records for children. Planned NCCIS workshops were scheduled for April and May 2019 in the Louth Meath service area which would address issues identified and ensure consistency in recording and uploading information related to children in residential care. Similar workshops were being rolled out for Dublin North City service area and all other service areas nationally.

Case records for children in care across the service areas inspected were found to be safe and well maintained, and there was some very good practice in areas such as keeping case chronologies. However, case records should hold up to date records, particularly legal documents, and this was not evident in one child's case. It is for this reason that the region was judged to be substantially compliant with this regulation.

**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 Louth Meath and Dublin North City service areas. In order to fully comply, the Tusla Dublin North East region needs to ensure that each child has an up to date care plan and that case records consistently reflect that care plans have been shared with the child and all other relevant persons.

Data provided to HIQA by the region showed that 82 (96%) children placed in residential care by its four service areas had an up to date written care plan. There was one out of date care plan in Dublin North City and two in Dublin North.

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 included the aims and objectives of the placement, supports to be provided to the child and the contact arrangements for children and their families. This was met by the Louth Meath service area; however, care plans for three children in the Dublin North City service area were not up to date at the time of inspection. Inspectors were satisfied that in relation to these children, delays were reasonable, as they related to the sensitive nature of factors surrounding the individual child or placement issues. Managers told inspectors that revised care plans were in draft awaiting discussion at scheduled care plan review meetings.

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. Care plans reviewed as part of this inspection were found to be comprehensive and sensitive to the individual needs of the child. Children's participation in the discussion of their care plan was recorded. This was evident in attendance records for care plan review meetings or the child's completion of a written review form which was then considered as part of the care plan.

Parents, residential care staff and other relevant persons were consulted in the development and review of the care plan to ensure the child's needs were appropriately identified and interventions and supports were planned for. Care plans reviewed by inspectors recorded the therapeutic, educational and health supports for children, as well as inter-agency working for children with complex needs, which included mental health, disability and other specialist services. Children were also referred when required, to the co-ordinator of the creative community alternative initiative. This is a community based Tusla initiative that aimed to provide alternatives to care for children and young people as well as various supports for children in out of home placements or in transition out of care.

Inspectors reviewed five cases related to children with a disability across both service areas and found that their care plans were developed in consultation with other state agencies and their primary carers. These children's cases were found to have been reviewed on a more frequent basis due to the child's individual needs. Care plans and other supporting documents reviewed as part of the inspection showed that there was a focus on capturing the views of children and parents in their care plans, particularly for children with a learning disability or complex need.

The Dublin North East region had established a working group in relation to care planning and reviews which included relevant managers across children in care as well as Tusla's quality assurance and workforce development teams. A review of the minutes of these meetings showed that the region was examining how to improve participation so as to ensure the child in care review process was child led and child-centred, with inclusion of the child and parent in all parts of the process. Communication, clear decision-making, and responsibility in mapping out the child's care experience were central to this process. As a result, the region had developed a Summary Care Plan, also known as 'Bubbles'. This was a graphic presentation which summarised the key elements of the care plan. While this document did not replace the actual care plan, it was designed to support parents' needs and understanding of the care planning process and resulting decisions for the care of their child. It also supported children and those with learning difficulties or complex needs to visualise the plan and the information given to them. Feedback provided by children and adults who were consulted about this by Tusla was very positive overall, in that they found information was clearer and easier to follow and the views held and shared by all involved in the planning process was acknowledged. This was a positive initiative which was in the process of being implemented across all service areas in the region.

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. The case files for all five children aged 12 years or under across both service areas were reviewed by inspectors, who found that their care plans were updated on a monthly basis or as required by national policy.

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 while some clearly recorded that the care plan was sent out to the relevant persons, this was not always 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 who had contributed but were not present at review meetings.

Tusla has a standard care plan template which includes a section for the child and their parent or guardian to sign, which would indicate they agreed with the plan and had read it or had it explained to them; this section was not always completed. For example, out of the 27 children's care plans reviewed across the two service areas, 3 (11%) were signed by the child. The region should ensure that care plans are signed by all relevant parties and where this is not possible or reasonable, this should be recorded.

There was good practice noted across the service areas inspected in relation to care planning, but there was a need to ensure all children's care plans were kept up to date and signed and that social work records clearly indicated who these plans were shared with. It is for this reason that the region was found to have substantially complied with this regulation.

**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 substantial compliance with this regulation in the Louth Meath and Dublin North City service areas. In order to fully comply, the Tusla Dublin North East region needs to ensure that all children in care have an allocated social worker.

At the time of inspection, 84 (99%) children placed in residential care by its four service areas had an allocated social worker to supervise their care. With the exception of one child in the Dublin North City service area, inspectors found that the other 26 (96%) children whose cases were reviewed by inspectors across both service areas were currently allocated a social worker. One child placed in residential care by the Dublin North City service area was assigned to a social care worker and an aftercare worker. A social work team leader had oversight of this case and the social care worker reported to them on the child's progress. However, the region should ensure that all children in care have an allocated social worker.

Inspectors found that all 27 children whose cases were reviewed were visited within the time frames set out in the regulations. Visits to children were generally recorded on a standard visit template or as a case note on NCCIS. Records also showed that additional visits to children in their placements also took place outside of the requirements, 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. All records of statutory visits to children were of a good quality and provided clear detail of the purpose of the visits, the discussions with children about their placement, school, family and any other issues that the child wanted to talk about. The records demonstrated the positive relationships that had been made with children. While all records of visits were of good quality across the two service areas, of note were two children's cases, one in each of the service areas where the records of visits to children with a disability were of a high quality. The social workers gave a comprehensive account of each visit describing the child's presentation during the visit given their complex needs and how they interacted with the child. It also provided a good update on the child as well as discussions with the residential care staff on how the visit went. Managers in both service areas told inspectors that statutory visits are recorded on the child in

care register and that the dates in relation to the last visit undertaken by social workers is noted on the case supervision record. This was evident on records reviewed by inspectors.

Practice in relation to the supervision of children in care was good across the service areas inspected, but not all children had an allocated social worker. It is for this reason that the region was judged to be substantially compliant with this regulation.

**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 Louth Meath and Dublin North City service areas were compliant with the regulations in relation to reviews.

Inspectors sampled 27 children's case records for child in care reviews and found that all children had a review meeting which was completed within or very close to the regulatory timeframes. Where delays did exist, inspectors were provided with satisfactory reasons for these delays.

Managers in both service areas told inspectors that there were systems in place to monitor child in care reviews to ensure compliance with the timelines set out in the regulations. Review dates were recorded on the child in care register and the most recent review date is noted on the case supervision record for discussion with the allocated social worker. This was evident on records reviewed by inspectors.

Data provided to HIQA prior to the inspection showed that there were seven children aged 12 years or under placed in residential care across the four service areas in the region. Three of these children were placed by the Dublin North City service area and two by the Louth Meath service area. The case records for all five children aged 12 years or under were reviewed by inspectors who found that their cases were reviewed on a monthly basis or as required. This practice was in line with national policy.

Each child should be facilitated to participate in the review process and inspectors found that where age appropriate, children attended their review, or if they chose not to attend, they completed a review form which was then shared at the review meeting. Case records demonstrated that children were encouraged and facilitated by both service areas to participate and contribute to their care plan review.

Care plan review records showed that managers and or staff from the residential centres attended child in care reviews as did parents, guardians ad litem (court

appointed advocates for the child) and other professionals involved in the child's care. The views of those in attendance were well recorded. Clear decisions were noted with persons responsible and timeframes for actions to be completed.

Inspectors reviewed five cases related to children with complex needs including learning disabilities across both service areas, and found that they were reviewed appropriately. It was also evident that some cases were reviewed more frequently than others when the needs of the child required regular monitoring and collaboration between agencies. There was multi-disciplinary input into these case reviews, alongside the views of the child's primary carers and parents, and children benefited from this approach to their care.

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. However, they held the view that this required further improvement in terms of clearer governance and financial arrangements.

This inspection found that there was a system in place to plan for children leaving care. Inspectors sampled the case records of six children across both service areas who were at an age when their aftercare needs were being planned for. Each case reviewed was at a different stage in terms of completing a needs assessments and or referrals to Tusla's aftercare service. Managers told inspectors that the aftercare service in their respective areas were well established and provided a good service to children who were transitioning from care.

The responsibility to chair child in care review meetings lay with social work team leaders. They told inspectors that this worked well and ensured good oversight of child in care reviews.

**Judgment: Compliant**

## 6. Areas for improvement

Throughout this inspection, areas of practice that could be improved which did not affect judgments 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 and quality assurance of practice.

### Case records

Each child placed in residential care within the Louth Meath and Dublin North City 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. It was not possible to tell from the title of each case note what information it contained. 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.

Managers 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. The national office were due to commence workshops that would remedy the issues identified.

The Tusla Dublin North East region should ensure that case records are maintained efficiently and in a way that makes them accessible.

### Quality assurance

Practices in relation to monitoring case records so as to ensure they were safe, accurate and up to date were similar across the two service areas. Managers who met with inspectors described common quality assurance mechanisms they had in place such as file audits, supervision, risk escalations and Tusla's case management system. Of the 27 children's case records reviewed by inspectors, file audits were found on 24 (88%). These audits identified whether documents or information required by the regulations were present or not, or if documents required updating. Social workers were responsible for the implementation of the recommendations from these audits.

While some audits did not identify any actions required and others were very recently carried out, it was evident in five of the sample that recommendations were implemented. However, the quality assurance mechanisms in place did not identify that one child's voluntary admission to care consent had expired. Managers

acknowledged that quality assurance mechanisms and their effectiveness could be improved and that they were exploring how to achieve this across the region.

The Tusla Dublin North East 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:

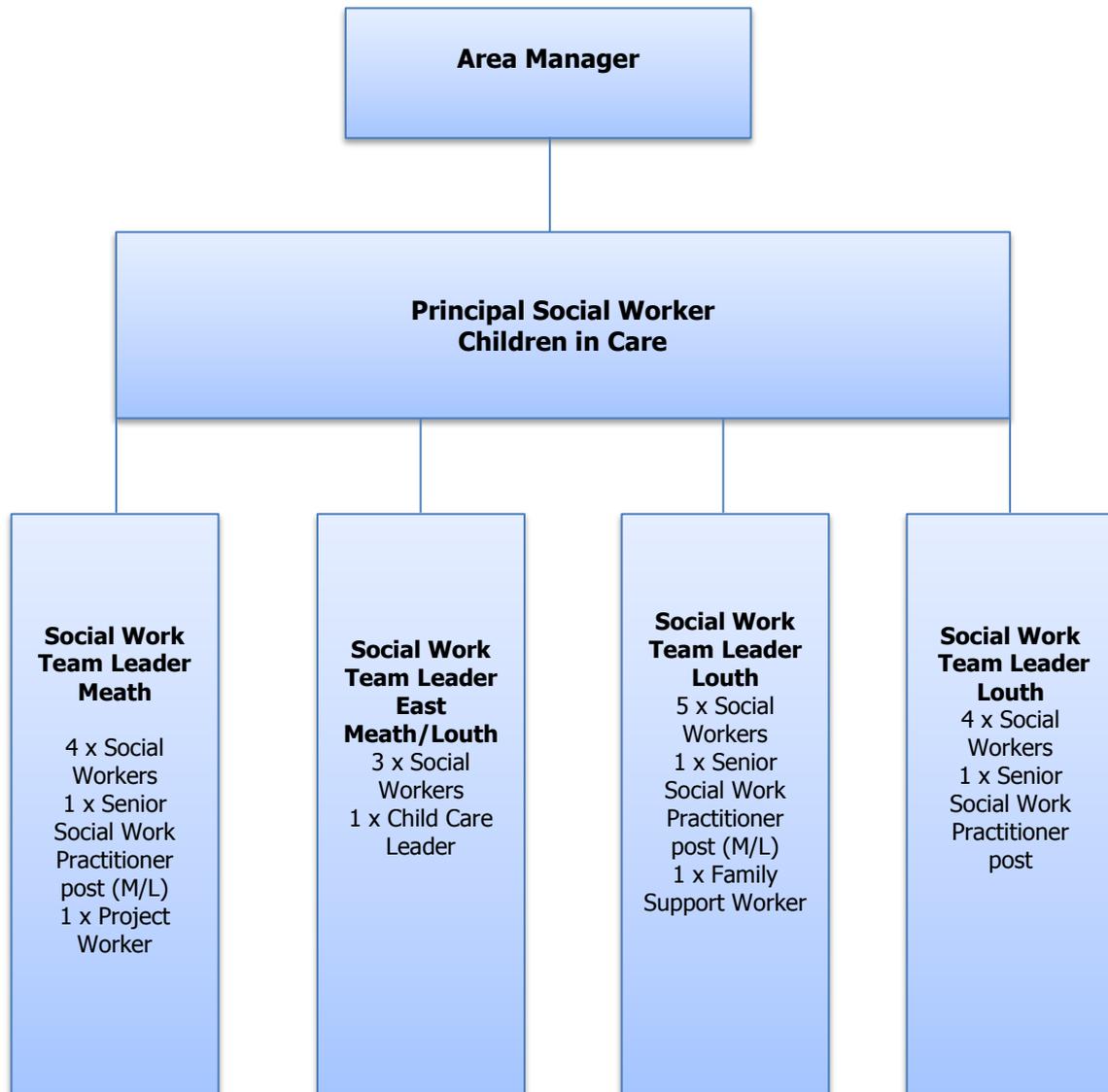
### Child and Family Agency (Tusla) regional organisational structure \*



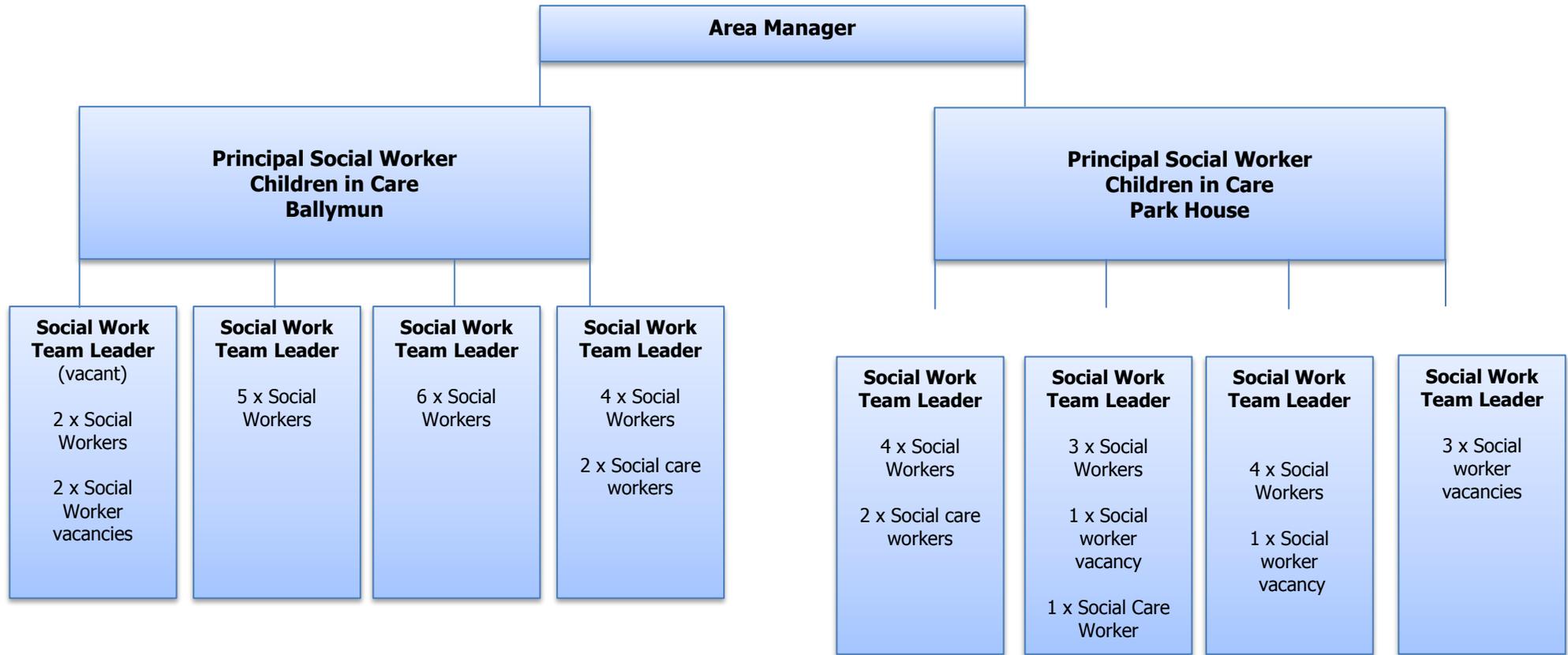
\*Source: <http://www.tusla.ie/get-in-touch/service-directors/>

**Appendix 2:**

**Figure 1: Louth Meath organisational structure**



**Figure 2: Dublin North City 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>	0026647 0026648
<b>Name of Child and Family Agency (Tusla) region:</b>	Dublin North East Region
<b>Name of Child and Family Agency (Tusla) service areas:</b>	1. Louth Meath 2. Dublin North City
<b>Fieldwork:</b>	8 to 11 April 2019
<b>Date of response:</b>	17 <sup>th</sup> May 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 Dublin North East region is required to ensure that:</p> <p>All voluntary consent forms are up to date and signed by all relevant parties.</p> <p>Case records hold up to date records, particularly legal documents.</p> <p><b>Please state the actions you have taken or are planning to take:</b></p> <ul style="list-style-type: none"> <li>• An audit by Social Work Team Leaders is being conducted of all children in voluntary care, to ensure that they are up to date, and signed by the relevant parties and on file.</li> <li>• Regular file audits will be scheduled into a yearly planner to ensure up to date compliance with case records and legal documents.</li> <li>• 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.</li> <li>• 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.</li> </ul>	
<b>Proposed timescale:</b>	<b>Person responsible:</b>
<b>1<sup>st</sup> July 2019</b>	<b>Principal Social Workers, Team Leaders</b>

## 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 Dublin North East region is required to ensure that:

Each child has an up to date care plan and that case records consistently reflect that care plans have been shared with the child and all other relevant persons.

Care plans are signed by all relevant parties and where this is not possible or reasonable, this should be recorded.

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

- Care Plans will be reviewed in line with the standards.
- Each child will have a written up to date signed care plan.
- A written account of the decisions/actions of the care plan will be shared with the parents, carers and where appropriate the child.
- A written record of who the plan was shared with will be maintained on the file.
- This will be monitored via supervision and file audits.

**Proposed timescale:**

**31<sup>st</sup> December 2019**

**Person responsible:**

**Principal Social Workers, Social Work Team Leaders**

**Regulation 24: Supervision and visiting of children**

**Substantially Compliant**

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

**Action required:**

Under **Regulation 24** the Tusla Dublin North East region is required to ensure that:

That all children in care have an allocated social worker.

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

- All children in residential care will have an allocated social worker.

**Proposed timescale:**

**31<sup>st</sup> May 2019**

**Person responsible:**

**Principal Social Workers, Social Work Team Leaders**