

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:	Dublin Mid-Leinster Region
Name of Child and Family Agency (Tusla) service areas:	1. Dublin South West/Kildare/West Wickow 2. Dublin South East/Wicklow
Fieldwork:	18 to 20 June 2019
Monitoring event number:	0026417 and 0026416

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 is 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 manager
- interviews with principal social workers
- interviews with an independent chair for child in care reviews
- focus group with social work team leaders
- focus group with social workers
- review of local policies and procedures, minutes of various meetings and case management records
- review of 32 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 and 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 Mid-Leinster(DML) region

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

- Dublin South West /Kildare/ West Wicklow (DSW/KWW)
- Dublin South Central (DSC)
- Dublin South East/Wicklow (DSE/W)
- The Midlands.

The regional service director has overall responsibility for the delivery of services in these service 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 125 children placed in residential care collectively by the four service areas within the Tusla DML region. The majority (44) were placed by Dublin South Central and the Midlands had placed the lowest number (14). The majority of children (75) were placed in privately provided residential care 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 Midlands service area service area and Dublin South East Wicklow service areas. There were two statutory centres only in Dublin South Central and Dublin South West Kildare West Wicklow had one statutory centre and six private centres. The number of privately provided residential care services (75 places) in the region, was greater than those provided by Tusla itself (50 places).

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

Service area capacity	Dublin South East /Wicklow	Dublin South Central	Dublin South West /Kildare /West Wicklow	Midlands	Regional Total
Number of residential centres available in the region	Statutory centres 1	2	1	3	7
	Private centres 3	0	6	13	22
	Voluntary centres 6	0	0	0	6
					Overall total 35
Total number of children placed in residential care in each service area	25	44	42	14	125
Of those:	8	20	15 ¹	5	50
the number of children in statutory residential care centres					
the number of children in private residential care centres	17	24	25	9	75
the number of children aged 12 years or under	4	6	6	3	19

2.3 Service areas

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

- Dublin South West/ Kildare/ West Wicklow and
- Dublin South East/ Wicklow.

The Dublin South West /Kildare/West Wicklow service area covers an geographical area from Crumlin to Jobstown in Dublin, the county of Kildare and from Blessington to Baltinglass in Wicklow. The service area has seven social work teams for children in care based in offices across the area (four teams in Dublin South West and three teams in Kildare West Wicklow). The children in care teams were each managed by a team leader and these team leaders reported to two principal social workers. Each of the social work teams provided services to children in care, including children in residential and foster care. Data provided to HIQA prior to the inspection showed that as of 13 June 2019, this service area had placed 42 children in residential care.

The Dublin South East/Wicklow service area covers an geographical area from Ballsbridge to Arklow along the coast and across to Ballinteer, Glencullen and Carnew. The service area has six social work teams for children in care, two based in Wicklow, two in Churchtown and two in Blackrock. These teams were managed by six social work team leaders who reported to two principal social worker for children in care. Each of the social work teams provided services to children in care. Data provided to HIQA prior to the inspection showed that as of 13 June 2019, this service area had placed 25 children in residential care.

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 across the region. There were no social work vacancies specifically related to social work service provided to children in residential care.

Vacant posts	Dublin South East /Wicklow	Dublin South Central	Dublin South West /Kildare/ West Wicklow	Midlands
Senior Social work practitioner	0	0	4	2
Social work team leader	0	0	0	0
Social worker	3	0	4	1

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 both DSW/KWW and the DSE/W service areas in the Tusla DML region were substantially compliant with three of the four regulations, and moderately non-compliant with one regulation.

Inspectors reviewed case records for 32 (48%) of the 67 (100%) children placed in residential care by both service areas to assess compliance. Of the 32 children's case records reviewed, inspectors found that social workers maintained a case record on each child. Two case records reviewed by inspectors were comprehensive, thorough and complete and contained all relevant information required by the regulations as well as additional information pertaining to all aspects of the child's care. Although the majority of the case records maintained across these service areas contained all the documentation required by the regulations, this was not the case for all. Gaps in information on case records included, for example, no medical reports, no birth certificate for one child, and no records of statutory social work visits.

Overall, care plans for children in residential care reviewed by inspectors were of good quality. They were child-centred, comprehensive and informed by the voice of the child. Care plans were up to date and reflected good participation of all relevant parties. There were good detailed accounts of the child's individual needs and the supports that were to be provided to them, as well as arrangements for contact with their families.

The majority of care plans were reviewed regularly and, in some cases, more often than required by the regulation. Timeframes set out in the regulations for the review of children's care plans were generally adhered to by both service areas. There were examples of slight delays to some of these reviews and in two children's cases, although their care plans were up to date, formal reviews had not taken place in 2018. The care planning process required improvement in relation to sharing decisions made at reviews with all the appropriate people and a small number of care plans required more attention to detail.

All children in the sample chosen by inspectors across the two service areas had an allocated social worker at the time of the inspection fieldwork. It was evident that social workers had developed good working relationships with children in residential care, they were knowledgeable about their needs and sensitive to their circumstances. Inspectors found however, that social work records reviewed during

this inspection did not always reflect this level of detail. Some children were visited more often than the regulations required, and the frequency of visits was found to reflect the child’s needs and circumstances. Others were not visited within the required timeframes set out in the regulations. There was no record found of statutory visits to two children over the course of 2018, but these children had been visited in 2019. Across both service areas, records related to social work visits to children in residential care were held on Tusla’s national electronic information system (NCCIS), and were not always easy to find.

This report presents findings on compliance with the 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, but require action by the Tusla DML region to improve the delivery of its services to children in residential care.

Table 2. Judgments on compliance in the DML Region

Child Care (Placement of Children in Residential Care) Regulations, 1995	
Regulation	Judgment
22: Case record	Substantially compliant
23: Care Plan	Substantially compliant
24: Supervision and visiting of children	Non-compliant moderate
25: Review of cases	Substantially compliant

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 provider or person in charge has fully met the standard and is in full compliance with the relevant regulation.
- **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.

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 Dublin South West /Kildare/West Wicklow and in the Dublin South East/Wicklow service areas. In order to fully comply the region must ensure that all the records required by the regulations are consistently maintained in each child's file.

There was a combined total of 67 (100%) children placed in residential care by Dublin South West/Kildare/West Wicklow and Dublin South East/Wicklow service areas. A review of 31 (46%) children's case records for this regulation across these service areas showed that there was a case record maintained on each child. Nineteen (61%) of the sample reviewed were found to contain all the relevant documentation required by the regulations in a secure format. Some files were comprehensive and contained reports outlining all the relevant areas of the child's needs and the services they were involved with. 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. Twelve (39%) of the sample did not contain all the documentation required by the regulations, or the record was not accessible. Medical reports, records of social work visits and records of child in care reviews were not maintained on these files.

In DSW/KWW 19 children's case records were reviewed for compliance with this regulation. Of these 19, 12 (63%) contained all the relevant documentation. Seven (37%) of the sample did not. One file did not contain a copy of a voluntary consent form or previous care plan reviews for the child. Medical reports or records of statutory social work visits were not evident on all children's case records.

In the DSE/W service area, 12 children's case records were reviewed for compliance with this regulation. Of these, seven (58%) were found to contain the relevant

documentation required by the regulations and five (42%) did not. Gaps in information included a note of social work visits, and one child's file did not contain a copy of their birth certificate.

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 were maintained.

Information about children was held electronically on Tusla's new national integrated information system (National Child Care Information System (NCCIS)) which was available to the 17 Tusla service areas by 2018. The purpose of this system was to ensure that information held by Tusla services was safe, accessible for safeguarding of children, retrievable and available for monitoring by managers. Dublin South West/Kildare/West Wicklow had been operating this system since June 2018 and Dublin South East/Wicklow since July 2018. Managers told inspectors that the migration of information from the previous electronic recording system to the new system was not fully completed, and that there was work being undertaken to ensure that this was done. This work included verifying data and ensuring that each case record only held information directly related to individual children. Staff told inspectors that as NCCIS was a new system, they required some support to use it. They explained to inspectors that dedicated administrative support was recently put in place for their service area. In addition, records of statutory social work visits were held within case notes which were not always labelled as a record of a statutory visit. This made records of visits difficult to find. Similar documents were saved in different locations within the NCCIS and again, this impacted on their accessibility. Staff told inspectors that they had reported their concerns in relation to the systems for recording to management.

Inspectors did note some good recording practice in the case records reviewed during the inspection. This included the use of case chronologies by social workers, which outlined the most important events in a child's life, and case notes which reflected the social worker's sensitivity to the child's individual circumstances. Case notes also reflected the multiple contacts social workers had with other agencies and professionals in relation to the care of the child.

It is acknowledged by inspectors that the electronic recording system within the region is bedding in and that supports are now in place to support practice. However, although inspectors were provided with information about statutory visits both during and after the inspection fieldwork on request, these records were difficult to find due to their location and in how records were labelled. Furthermore, some case records did not hold all information required by the regulations. It is for

these reasons 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 Dublin South West/Kildare/West Wicklow and the Dublin South East/Wicklow service areas. In order to fully comply, the Tusla DML region needs to ensure that case records consistently reflect that care plans have been shared with the child and all other relevant persons as required by the regulations, and that care plans are sufficiently detailed.

Data provided to HIQA by the region showed that all children placed in residential care by its DSE/W service area had an up-to-date written care plan. The data reflected that all but two children in the DSW/KWW service area had a written up-to-date care plan in place. Care plan reviews to update these children's care plans were delayed to the personal circumstances of the children and were scheduled in the near future at the request of the two children in question and to facilitate their attendance at the care plan review meetings.

Inspectors found that of the 32 (48%) children whose case records were reviewed, all had an up-to-date written care plan in place.

The quality of care plans was assessed by inspectors and the majority were 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 that which is set out in the regulations. These requirements include the aims and objectives of the placement, support to be provided to the child and the contact arrangements for children and their families.

Care plans were found to be child-centred, comprehensive and informed by the voice of the child. Inspectors found examples of good multi-disciplinary working and detailed accounts of the children's individual needs. Care plans included the support to be provided to the child, contact arrangements and, for the most part, the arrangements for the review of the care plan. Overall, care plans outlined the suitability of the placement to meet the needs of the child and included discussions about challenges and how best to meet them. However, two care plans required improvement as they did not reflect the attention to detail required. For example, the text included unfinished sentences and one care plan did not outline the aims and objectives of the placement.

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 sometimes children attended the meeting where their care plan was developed. Some children completed forms to reflect their views in preparation for the meeting, while others chose not to. When children did not attend, their views were represented by people at the meeting who knew them, such as their social worker or key worker. Parents, staff from residential centres and guardians ad litem also attended care plan meetings to ensure the child's needs were appropriately identified and supports put in place. Care plans reviewed by inspectors reflected a good understanding of children's health, psychological and educational needs and detailed the supports required to ensure the child's needs were fully met.

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 10 children in residential care aged 12 years or under across the two service areas inspected. Inspectors reviewed care plans for five (50%) of these children and found that their care plans were comprehensive and thoroughly outlined the child's individual needs. There was evidence of professionals working together to ensure the child's needs were identified along with the supports and services they required. Inspectors found that care plans for children within this age group were reviewed monthly or as required, to ensure their placement continued to meet their emerging needs, and this practice was in line with national policy.

Inspectors reviewed the case records of 12 children who had complex needs including for example, a diagnosed disability, and found that their care plans were comprehensive and reflected an understanding of the complex nature of their needs. Care plans were developed in consultation with the child, their parents, care staff and other professionals involved in their care. Inspectors found that social workers were creative in communicating with children with disabilities. As an example, one

social worker had taken extracts from a child's care plan and using a format with pictures and short sentences, had explained the care plan to the child.

Eleven children in the sample chosen by inspectors were over the age of 16 years. Inspectors found that for these children, the appropriate aftercare planning was in progress. Applications for an aftercare worker had been submitted, aftercare workers had been allocated and were working with the children on their aftercare plans, or these had been completed and had informed their current care plans.

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 while some clearly recorded that the decisions were shared with the relevant persons, this was not always the case. 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 who were not present at care plan review meetings. There was a need to ensure that care plans were sufficiently detailed to inform good decision-making and promote transparency. For these reasons the region is deemed to be substantially compliant with the 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 that the DSW/KWW and the DSE/W service areas were in moderate non compliance with this regulation.

Data provided for the inspection by the region indicated that all children (100%) placed in residential care by the four service areas within the region had an allocated social worker. All of the children whose case records were reviewed by inspectors did have an allocated social worker to supervise their care. However, children should be allocated a social worker on a consistent basis, and on review of individual

children's case records, inspectors found that in the DSW/KWW service area, there was one child with a profound learning disability who had not had an allocated social worker for 12 months prior to April 2019. The team leader told the inspector that, whilst this case was a priority for allocation, it had not been possible to allocate a social worker due to other work demands. Inspectors found that this child had received two statutory social work visits in 2018 but their care plan had not been reviewed that year as required by the regulation.

Recording of statutory social work visits was inconsistent across the region and in some cases, records of statutory social work visits were difficult to locate in the electronic information system in use. Statutory social work visits were, for the most part, recorded within electronic social work case notes. Case notes were uploaded to this system in batches; some monthly and others covering periods of up to six months at a time. This meant that case notes were not consistently up-to-date. Case notes reviewed by inspectors were not clearly labelled and they contained information related to all social work activities, including contact with other professionals and agencies, parents and schools. Therefore, it was necessary for inspectors to trawl through multiple case notes in order to find a record of a statutory home visit to a child in residential care. In addition to case notes, the DSW/KWW service area had developed a report template for recording visits and this was used by some social workers to record statutory visits. Inspectors found that the most recent social work visits were recorded on this template in this service area.

When visits were recorded, inspectors found that they reflected a good working relationship between the social worker and the child and outlined how social workers spent time with children, engaging in activities outside of the residential centre and discussing issues that were important to them. There was evidence of social worker's sensitivity to the individual circumstances of the child and of them listening and responding appropriately to a child's requests. Inspectors spoke with social workers who demonstrated good knowledge of the needs of the children in residential care they were allocated to. Many children were visited by their social workers more often than required by the regulations due to the changing circumstances of their care, and when particular circumstances presented.

Where inspectors could not confirm in case records that a visit had taken place, this information was requested from the service area and received. It was explained to inspectors that there was a delay in uploading these records to the electronic system.

Inspectors spoke with social workers who provided a verbal account, and produced hand-written notes of their visits to children. They were able to demonstrate that children with complex needs or changing circumstances were visited as frequently as necessary. This was supported by information provided to inspectors on request. It

was evident in these conversations, that social workers worked directly with children in relation to specific issues related to their care and everyday lives.

Across the region, inspectors found that 24(75%) out of the 32 children whose case records were reviewed, had a statutory visit within the required regulatory timeframes. However, five children had not been visited with the regularity set out in the regulations, and for two additional children, there was no record available of statutory visits having taken place in 2018. However, all the children in the sample reviewed by inspectors had been visited by a social worker in 2019.

Managers told inspectors that there was work had commenced on a national basis to address the issue of the naming and saving of records to promote consistency of practice and accessibility of records. Managers described their oversight of statutory social work visits through monthly statistics provided by staff. Inspectors reviewed a completed monthly template of these statistics and found it was not effective in providing oversight of the frequency of the visits.

It is a requirement of the regulations that a child is visited within particular timeframes depending on their length of time in care. In addition, a note of every visit to a child should be entered into the child's case record together with particulars of any actions taken as a result of that visit. Statutory visits were not made to all children within the regulatory timeframe, there were delays in generating formal records of all visits and records of visits were not always accessible. There was no accessible record of statutory visits having taken place for two children in 2018. It is for these reasons the region is judged non compliant moderate with this regulation.

Judgment: Non compliant moderate

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 Dublin South West/Kildare/West Wicklow and Dublin South East/Wicklow service areas were substantially compliant with this regulation.

Inspectors sampled 32 children's case records for child in care reviews and found that, across the region, 26 (81%) children's care plans had been reviewed within the timeframes required, and the minutes of these reviews were well recorded, detailed and comprehensive. The remaining six (19%) reviews had been conducted outside of the timeframes set out in the regulations. Four of these care plan reviews were conducted two months later than they should have been, and for two children there was no record in their case record of a care plan review for 2018. Inspectors reviewed records of care plan reviews and found they were comprehensively recorded on Tusla's standard template. Care plan review records reflected good preparation for the care plan review meeting and good involvement of the relevant people including children- when they chose to attend- and their parents, as appropriate.

While managers told inspectors that there were systems in place to monitor reviews of children's care plans to ensure compliance with regulatory timeframes, these systems did not ensure their timeliness. Social workers told inspectors they submitted monthly statistics on the dates of care plan reviews to managers.

The majority of reviews were of good quality. The regulation requires that the manager of the centre in which the child resides, the child and their guardians are consulted in relation to the review. Inspectors found reports from the residential centre prepared in advance of the review, and these reports outlined changes in the child's circumstances and the progress being made in the placement. There was consultation with relevant people prior to the review meeting which meant that the necessary information was available to inform the care planning process. Reviews considered information provided by managers of residential centres, the child and their parents and other relatives, social work reports and school reports. Inspectors found that reviews were recorded on a standard template and reflected the views of the children. Care plans developed as a result of a review included changes - where appropriate - in the planning for the child as their needs changed.

The regulations require that the decisions taken as a result of a review should be shared with all relevant people including the child. In half of the sample reviewed by inspectors, it was not evident from the files whether the decisions of the review had been shared with all the relevant people, including those who contributed to, but did not attend the review meeting. Inspectors were satisfied that those who were in attendance were aware of the decisions made.

Data provided for the inspection indicated that combined, there were 19 children aged 12 or under placed in residential care by the four service areas in the region. Four of these children were placed by DSE/W and six were placed by the DSW/KWW. Inspectors reviewed case records for five of these children and found that their care plans were reviewed on a monthly basis as required by Tusla policy.

The responsibility for chairing child in care reviews was shared between an independent reviewer and social work team leaders in DSW/KWW In DSE/W they were chaired by social work team leaders only. Team leaders told inspectors that chairing care plan reviews provided them with better oversight of cases.

Care plans for all children in care should be reviewed with the regularity required by the regulations. There were six children whose care plan review was outside the regulatory timeframe, and for two of these children, there was no record of a review in 2018. It is for this reason the region is judged to be substantially compliant with this regulation.

Judgment: Substantially Compliant

6. Areas for improvement

Throughout this inspection, areas of practice that could be improved which did not affect judgment on compliance were identified and they related to the quality and accessibility of case records, quality assurance of practice and resources.

Case records

It is good practice that case records should be secure. Inspectors found a number of loose documents maintained in files with potential that they could be mislaid/misfiled. In addition, it is a breach of data protection legislation to record information about one child in the record of another. Inspectors found examples of this in the electronic case records maintained for children in residential care. Managers told inspectors that there was a project in place relating to the migration of data from the previous electronic recording system to the current system whereby data was being cleansed to ensure that all records were correctly filed and maintained.

The systems in place to record social work visits were not adequate as they did not ensure these records were accessible for managerial oversight or other relevant purposes. Electronic case notes did not indicate what was recorded in them for example, a statutory visit, and this made finding records of social work activities

time consuming. Standardised practice in relation to naming records may increase accessibility and support for example, practice audits.

Quality assurance

This inspection found that the systems in place to drive improvements through quality assurance mechanisms required significant improvement. For example, three (less than 10%) of the 32 case records reviewed by inspectors had been audited for practice improvement. Managers told inspectors there was an expectation in that a certain percentage of case records would be audited monthly, but that this was difficult to achieve, given the current work load. Routinised quality assurance audits would highlight areas of improvement identified in this inspection, such as variance in recording social work visits and the quality of children's care plans.

The Tusla Dublin Mid Leinster region should ensure that there are adequate monitoring and quality assurance systems in place to support continuous improvement in the safety and effectiveness of service provision and day-to-day practice in relation to children in residential care.

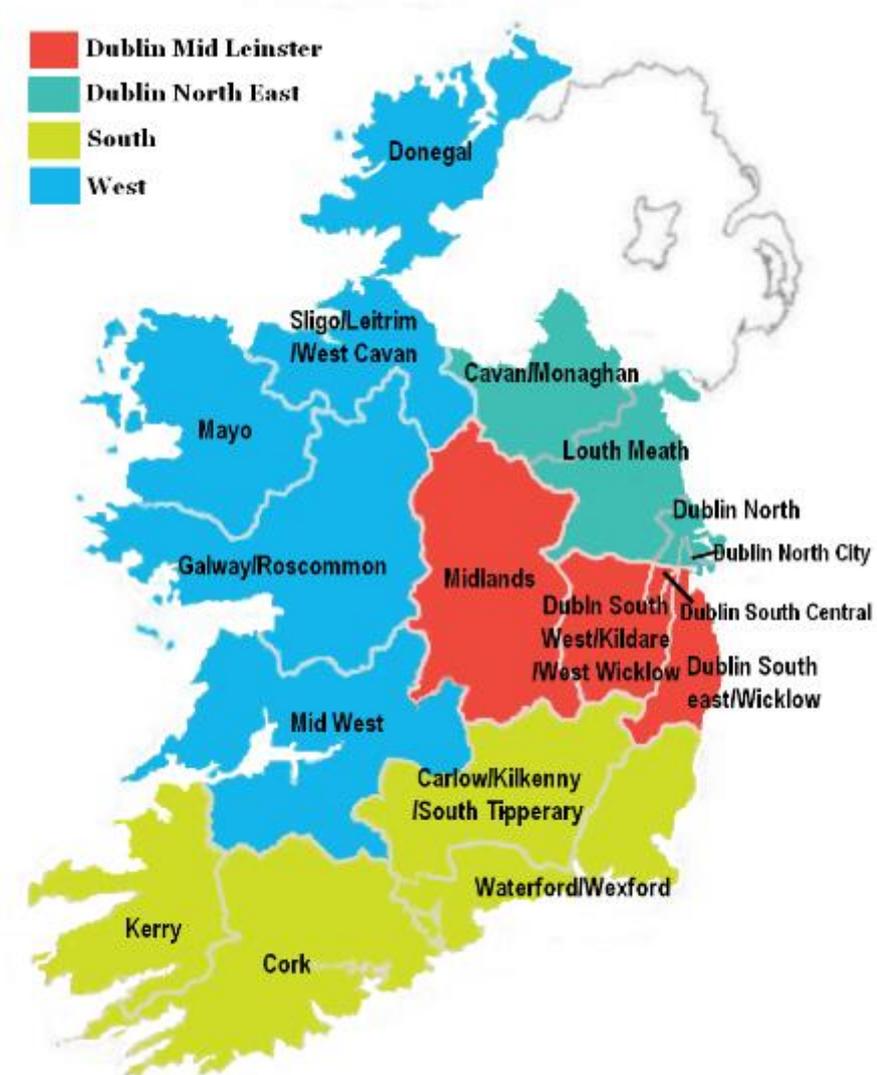
Resources

Information provided to inspectors showed that although there were vacancies in the service, they did not relate directly to the provision of social work services to children placed in residential care. However, as reported, there was evidence to indicate that whilst all children were allocated to a social worker at the time of the inspection, this was not always on a consistent basis. For example, there was a 12 month period prior to inspection when one child was unallocated. Inspectors found however, that there was oversight of unallocated cases by a social work team leader and for the majority of these children their care plans and child in care reviews were timely. Managers told inspectors that allocating children in residential care was a priority for the region. This must be sustained and, whilst it is acknowledged that planning for many of these children was not interrupted, it was delayed for some.

The Dublin Mid Leinster region should ensure that all children in residential care are consistently allocated to a named social worker to oversee their care and ensure their care plan is being adhered to.

Appendix 1:

Child and Family Agency (Tusla) regional organisational structure *



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

Appendix 2:

Figure 1: Dublin South West Kildare West Wicklow organisational structure

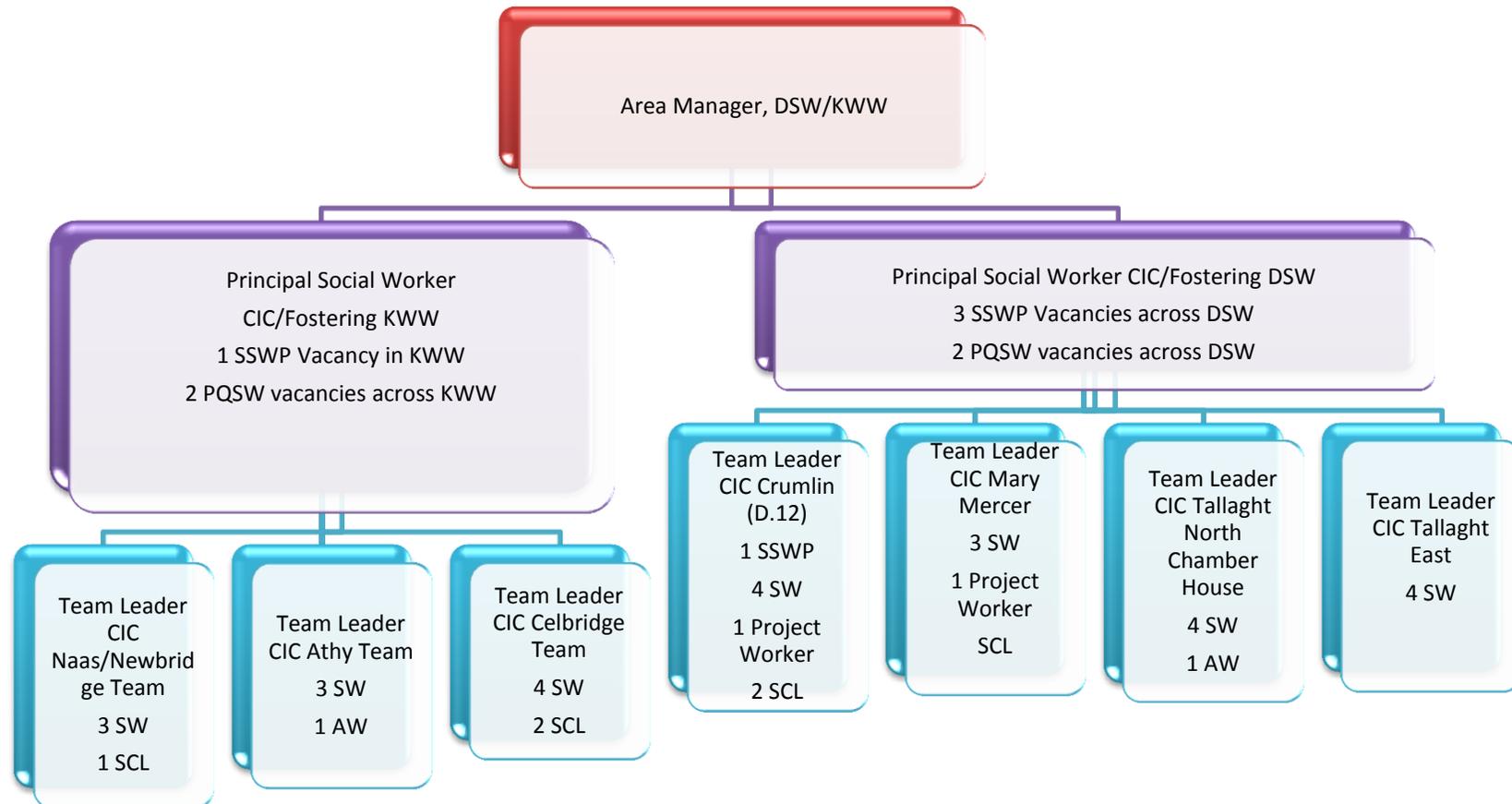
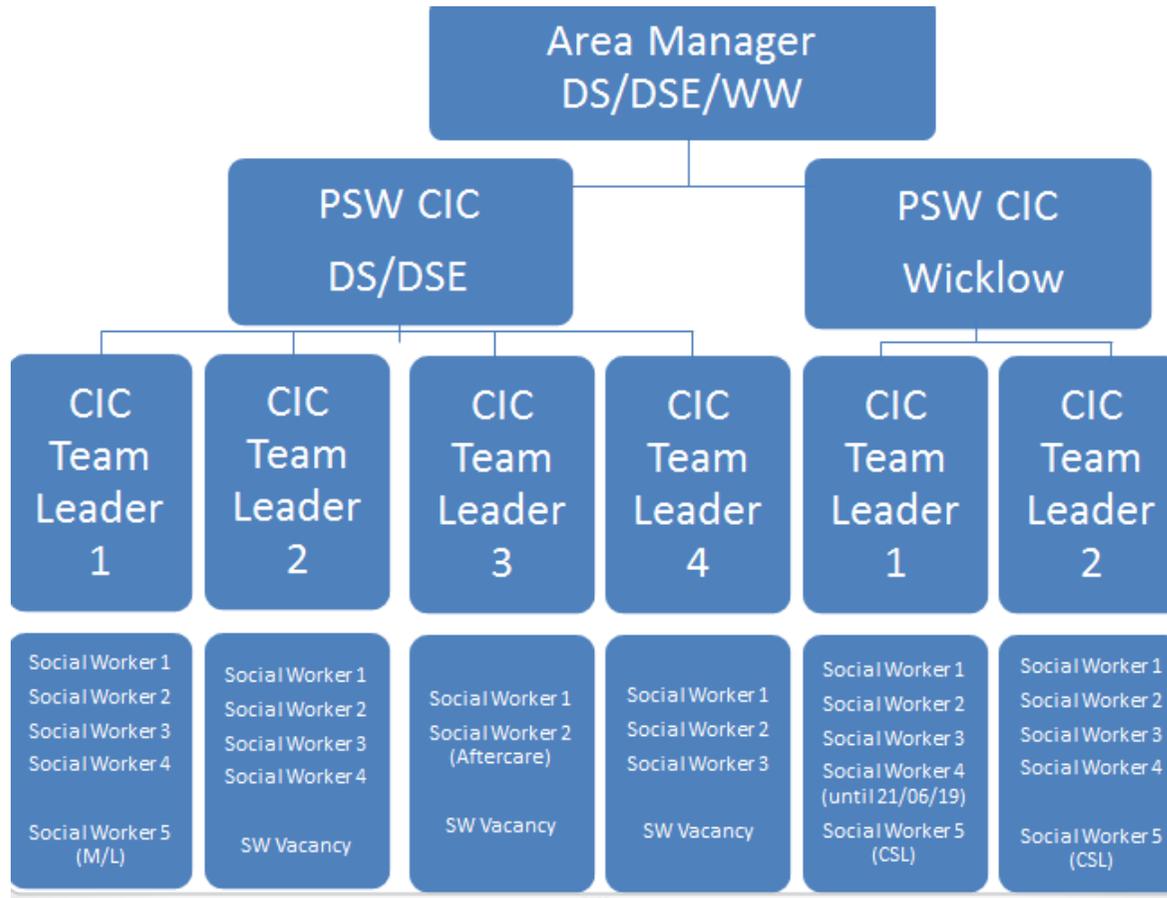


Figure 2: Dublin South East Wicklow organisational structure



¹ The figure provided by the region was 17. This was reduced to 15 in this Table, as two were related to children placed in Special Care

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:	0026416 0026417
Name of Child and Family Agency (Tusla) region:	Dublin Mid Leinster Region
Name of Child and Family Agency (Tusla) service areas:	<ol style="list-style-type: none">1. Dublin South East Wicklow2. Dublin South West Kildare West Wicklow
Fieldwork:	18 to 20 June 2019
Date of response:	09 September 2019

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

Regulation 22: Case Record	
Substantially compliant	
<p>The provider is failing to meet the regulations in the following respect:</p> <p>Action required:</p> <p>Under Regulation 22 the Tusla Dublin Mid Leinster region is required to ensure that:</p> <ul style="list-style-type: none"> • Case records hold all the relevant documentation required by the regulation including medical reports, voluntary consent forms, birth certificates, care plans and reviews and records of statutory social work visits. <p>Please state the actions you have taken or are planning to take:</p> <p>22.1 A schedule of case record audits for children in care, including residential care will be put in place in both areas and across the region. The audit tool will ensure that all relevant documentation is on file and easily accessible on NCCIS.</p> <p>22.2 A case record naming convention is currently under development by the national governance group for NCCIS. The aim of this will be to ensure that case records are consistently named and identified.</p> <p>22.3 The Regional Quality Risk and Service Improvement Manager will seek confirmation that case record audits have taken place on a quarterly basis and a report submitted from areas to service director for confirmation.</p> <p>22.4 The existing regional Alternative Care forum will be used to share learning across the region regarding improvements required with regard to case records.</p>	
Proposed timescale:	Person responsible:
<p>October 2019</p>	<p>Area Manager Quality Risk and Service Improvement Manager Service Director</p>

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 Mid Leinster region is required to ensure 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:

23.1 A sub group will be established from representative Principal Social Workers from the Regional Alternative Care Forum to develop a regional standard operating procedure with regard to signatures, circulation of care plans and minutes of child in care reviews.

23.2 This sub group will include a representative from the Business Support Managers for each area so that business support staff can provide assistance and support to this task.

23.3 Area case record audits commencing in October will also audit that care plans are provided to the child and to other relevant persons and, once complete, compliance with regional standard operating procedure.

Proposed timescale:**Person responsible:****December 2019****Service Director**

Regulation 24: Supervision and visiting of children

Non-Compliant Moderate

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

Action required:

Under **Regulation 24** the Tusla Dublin Mid Leinster region is required to ensure that:

- That all children in residential care consistently have an allocated social worker.
- That all children in residential care are visited by a social worker with the regularity required by the regulations and
- that this is recorded in a consistent and accessible manner in the child's case record

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

24.1 All children in residential care having an allocated social worker on a consistent basis is a national and regional priority. In the event that this is not possible due to staff vacancies, Social Work Team Leaders are required to use Tusla's risk escalation process to notify the Principal Social Worker and if required the Area Manager. The purpose of this is so that the Area Manager can review resource allocation to ensure that all children in residential care have an allocated social worker.

24.2 Child Care Information Officers assigned to both areas will be required also to report to Regional Quality and Risk Manager and to relevant Area Manager if a child in residential care is identified as not having an allocated social worker. This action will ensure corrective action is taken if required.

24.3 Principal Social Workers will do a briefing to all children in care teams in relation to the Child Care (placement of children in residential care) Regulations 1995, ensuring staff are aware of the regulation re frequency of visits to children in residential care and also agree consistency with regard to recording of these visits. Dates of Statutory visits will be discussed within supervision to ensure SWTL has oversight and allocated Social Worker is visiting child within regulations

timeframes.

24.4 The national governance group for NCCIS is in process of developing a naming convention to ensure consistent recording of records.

24.5 While the national naming convention for NCCIS is pending, the consistent recording of statutory visits on NCCIS will be an agenda item for the next Regional Alternative Care Forum to develop consistency across region.

Proposed timescale:	Person responsible:
24.1 Completed	Social Work Team Leader and Principal Social Worker
24.2 September 2019	Regional Quality Risk and Service Improvement Manager
24.3 November 2019	Principal Social Workers for Children in Care Teams
24.4 December 2019	Chief Social Worker
24.5 September 2019	Service Director

Regulation 25: Reviews

Substantially Compliant

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

Action required:

Under **Regulation 23** the Tusla Dublin Mid Leinster region is required to ensure that:

- All children should have their care plans reviewed within the timeframes set out in the regulation and the record of this should be maintained in their case record
- Case records consistently reflect that reviews of care plans have been shared with the child and all other relevant persons.

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

25.1 Social Work Team Leaders and Principal Social Workers will ensure that child in care reviews are scheduled and up to date care plans are prepared for all children in residential care in line with regulations.

25.2 Social Work Team Leaders will report on any challenges/difficulties in ensuring this regulation is achieved either in supervision or through risk escalation process. The Principal Social Worker and if required Area Manager and Service Director will respond to challenges reported on as appropriate for example review of allocation of resources.

25.3 Case record audits will be used to identify compliance with this regulation and to identify any areas of good practice, concern or risk.

25.4 A sub group will be established from representative Principal Social Workers from the Regional Alternative Care Forum to develop a regional standard operating procedure with regard signatures, circulation of care plans, minutes of child in care reviews to children and all relevant persons.

Proposed timescale:	Person responsible:
25.1 October 2019	Social Work Team Leaders and Principal Social Workers
25.2 October 2019	Principal Social Worker
25.3 October 2019	Service Director
25.4 December 2019	Service Director (Chair of Alternative Care Forum).