

**Health Information and Quality Authority
Regulation Directorate**

Monitoring Inspection Report -

**Non-statutory Foster Care Services under
the Child Care Act 1991 (as amended)**



Name of Agency:	Oak Lodge Fostering Service
Dates of inspection:	25, 26 and 28 September 2018
Number of fieldwork days:	3 days
Lead inspector:	Tom Flanagan
Support inspector(s):	Sabine Buschmann
Type of inspection:	<input checked="" type="checkbox"/> Announced <input type="checkbox"/> Unannounced <input type="checkbox"/> Full <input checked="" type="checkbox"/> Themed
Inspection ID:	0024983

About monitoring

The purpose of monitoring is to safeguard vulnerable children of any age who are receiving foster care services. 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 continuous improvement so that children have better, safer lives.

The Health Information and Quality Authority (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 taking care of a child on behalf of the Child and Family Agency (Tusla) including non-statutory providers of foster care.

In order to drive quality and improve safety in the provision of foster care services to children, the HIQA carries out inspections to:

- **Assess** if the service provider has all the elements in place to safeguard children and young people and promote their well-being while placed with their service
- **Seek assurances** from service providers that they are **safeguarding children** through the mitigation of 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** through the publication of the HIQA's findings.

Monitoring inspections assess continuing compliance with the regulations and Standards, and can be announced or unannounced.

As part of the HIQA 2017 and 2018 monitoring programme, HIQA is conducting thematic inspections focusing on the **recruitment, assessment, approval, supervision and review of foster carers**. These foster care inspections will be announced and will cover the standards related to the theme.

This inspection report sets out the findings of a monitoring inspection against the following themes:

Theme 1: Child-centred Services	<input type="checkbox"/>
Theme 2: Safe and Effective Services	<input checked="" type="checkbox"/>
Theme 3: Health and Development	<input type="checkbox"/>
Theme 4: Leadership, Governance and Management	<input checked="" type="checkbox"/>
Theme 5: Use of Resources	<input checked="" type="checkbox"/>
Theme 6: Workforce	<input type="checkbox"/>

1. Inspection methodology

As part of this inspection, inspectors met with the relevant professionals involved in Oak Lodge fostering service. Inspectors reviewed documentation such as case files, foster carers' assessment files, and relevant documentation relating to the areas covered by the theme.

During this inspection, the inspectors evaluated the:

- assessment of foster carers
- safeguarding processes
- supervision, support and training of foster carers
- reviews of foster carers.
- management and monitoring of Oak Lodge Fostering Service.

The key activities of this inspection involved:

- the analysis of data
- interview with the managing director, team leader, quality control manager, the link social worker and a placement support worker
- review of the relevant sections of foster carers' files and children's files as they related to the theme.

Acknowledgements

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

2. Profile of the foster care agency

The Service Provider

Oak Lodge Fostering Services provides a range of fostering services including respite, short term and long-term placements. It has been in operation since 2008. According to the agency's statement of purpose, the aim of the service is to provide a child-centred and high-quality foster carer service for young persons who cannot live within the family home and require alternative placements.

The foster care service is made up of one director who manages the service, a full time team leader, a full time social worker, two part time placement support workers, one full time office manager, one part time quality control manager, and one part time administration and social media assistant. The service also employs independent assessors on a contract basis.

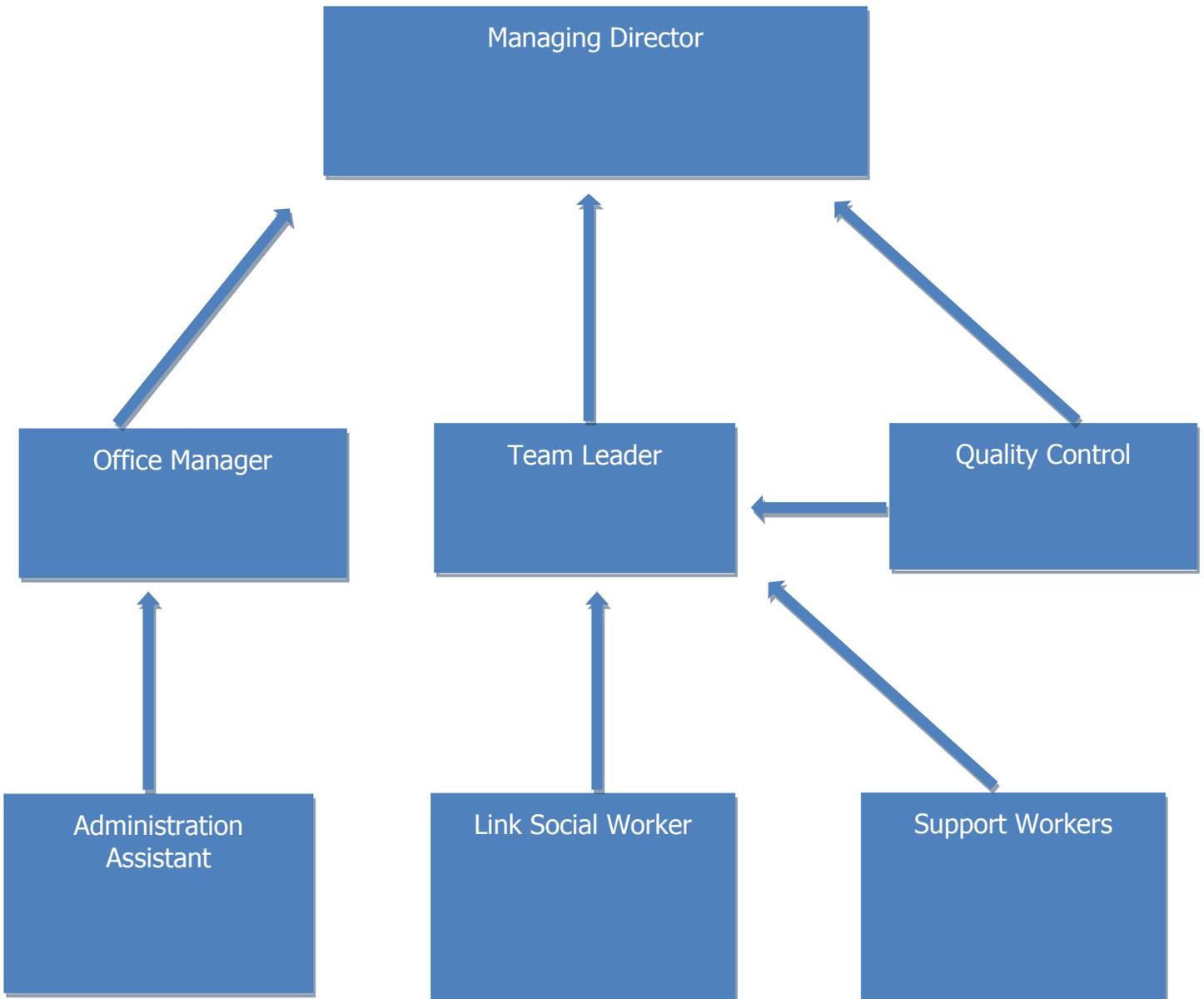
Prior to the inspection, data provided by Oak Lodge showed that the service had 14 foster care households and provided foster care placements for 15 children. These households were located in various geographical areas around Ireland.

Placements in Oak Lodge are commissioned by TUSLA area teams.

The organisational chart in Figure 1 on the following page describes the management and team structure as provided by the service.

Figure 1: Organisational structure of Non-Statutory Foster Care Services, in Oak Lodge Fostering Service

September 2018



3. Summary of inspection findings

Child and family services in Ireland are delivered by a single dedicated State Agency – The Child and Family Agency (Tusla) – overseen by the Department of Children and Youth Affairs. The Child and Family Agency Act 2013 established the Child and Family Agency with effect from 1 January 2014.

Tusla have responsibility for a range of services, including the provision of a range of care placements for children such as statutory foster care services.

Children's foster care services may also be provided by non-statutory foster care agencies following agreement with Tusla. Tusla retain their statutory responsibilities to children placed with these services and approve the foster carers through their foster care committees. The foster care agency is required to adhere with relevant standards and regulations when providing a service on behalf of Tusla. Both services are accountable for the care and well-being of children.

Oak Lodge Fostering is a 'for profit' organisation and its services are monitored by the Child and Family Agency.

This report reflects the findings of the thematic inspection, relating to the recruitment, assessment, approval, supervision and review of foster carers, which are set out in Section 5 of this inspection report. The provider is required to address a number of recommendations in an action plan which is attached to this report.

Oak Lodge fostering service was last inspected by HIQA in January 2018. Of the seven standards assessed at that time, one standard was compliant, one standard was substantially compliant, and five standards were non-compliant, of which all five were identified as major non-compliant. Inspectors found major non-compliance with the standards on management and monitoring of the service, safeguarding and child protection, and on the supervision and support, the training, and the review of foster carers.

Following that inspection, inspectors wrote to the managing director requesting written assurances in relation to the management of complaints, serious concerns and allegations, and in relation to the management and oversight of the service. The managing director provided a written response, which did not provide adequate assurances. In light of the risks identified and the absence of the managing director for a significant period of time following the inspection, the Head of Programme escalated the concerns to Tusla, and requested assurances from the service that appropriate governance arrangements would be put in place in his absence. The

managing director then arranged for a managing director from another private foster care service to deputise for his period of leave.

The Chief Operations Officer (COO) of Tusla also provided a written response to HIQA outlining the arrangements he had put in place to ensure appropriate oversight of private foster care services.

On this inspection, HIQA found that of the seven standards assessed:

- One standard was compliant
- Six standards were non-compliant, of which two were identified as major non-compliances and four were identified as moderate non-compliances.

Since the previous inspection in January 2018, the managing director had recruited a social work team leader, both to address the concerns raised in the previous inspection and to manage the service at times when he would be absent.

Inspectors found that the team leader had made improvements to the service. He ensured that respite arrangements for children were more robust, that the child in care social workers signed off on respite applications, and that a matching tool and risk assessments were introduced. He also ensured that the link worker and other staff received regular supervision and supervision of foster carers was an integral part of the link worker's visits to foster carers.

The team leader chaired reviews of foster carers and ensured that recommendations, including recommendations on training, were made at reviews and were followed up. He also ensured that foster carers were reminded of their responsibilities to attend training and that records of training were maintained on the foster carers' files.

However, inspectors found that Oak Lodge remained in major non-compliance with the standard on safeguarding and child protection, and the standard on management and monitoring.

While the managing director had commissioned an independent social worker to review all files regarding the management of concerns and allegations, and the independent social worker had made a series of recommendations that should be implemented, not all of these recommendations, including some retrospective child protection notifications, had been implemented. The designated liaison person (DLP) received training on child protection but inspectors found that, until the week before this inspection, child protection and welfare concerns were not reported correctly. The child protection log did not contain all the required information.

Inspectors also found that the tracking system for An Garda Síochána (Irish Police) vetting remained inadequate, and that one staff member and two young people over

the age of 16 years in foster care households did not have Garda vetting. A number of children in care did not have up-to-date care plans and safety planning was not robust. Despite information received from the managing director that all foster carers had been trained in Children First (2017) inspectors found that this was not the case.

The management and oversight of Oak Lodge remained a concern. The managing director was out of the country at the time of inspection and told inspectors that he planned to be away from the service for approximately 50% of the time for the next six months or so. The team leader, who had no management experience prior to taking up this post, was running the service and there had been no formal delegation of responsibilities. While the managing director received updates from the team leader, there was little evidence that he maintained oversight of the service as a whole.

The governance structures of Oak Lodge were inadequate. There was evidence of only one management meeting since the previous inspection. There was no risk register and risks to the service were poorly managed with no contingency plans in place. There was no system in place to track the implementation of the recommendations of the independent social work review or the actions arising from the previous HIQA inspection. There was no evidence of oversight by the managing director of child protection issues or of the monthly audits that were carried out with a view to identifying trends or deficits in the service and there was no service improvement plan in place. Given the major non-compliances found in the January 2018 inspection, HIQA requested an update to the action plan from the provider which was received in July 2018. Inspectors found however that actions that were indicated by the provider as having been completed, had not in fact been completed.

Since the previous inspection, the service had changed from using a paper-based system of recording to an electronic system but inspectors found that the IT system was not fit for purpose. Information was not easily and readily accessible in a timely manner and records were difficult to access.

Following the inspection, inspectors wrote to the managing director raising a number of concerns that had arisen during the inspection. The managing director provided a written response, which did not provide adequate assurance of how he would assure himself that the concerns had been addressed.

Following the previous inspection, the COO of Tusla arranged for the local area manager to hold quarterly meetings with the managing director of Oak Lodge. There was evidence that one such meeting was held. There was also an audit visit by monitoring officers from Tusla's registration and inspection department and this took place one week prior to this inspection. Following their audit visit, the

monitoring officer told inspectors that they had concerns about the management and governance of the service and the management of child protection concerns, and that they had escalated their concerns within Tusla. The area manager subsequently told inspectors that the COO of Tusla had directed that no further placements of children with Oak Lodge should be made for the time being.

In light of the concerns regarding the governance of the service, inspectors escalated these concerns again to the COO of Tusla. The COO informed HIQA that the Tusla regional service director and the local area manager met the managing director of Oak Lodge and requested him to provide Tusla with the necessary assurance that the measures proposed by Oak Lodge to address the concerns were robust and sufficient. The managing director confirmed to Tusla that he would take responsibility for the overall governance of service delivery. The COO confirmed to HIQA that safeguarding visits had been carried out to all the children currently resident in Oak Lodge placements and that further safeguarding visits would take place over the Christmas period. He also confirmed that Oak Lodge service continued to be monitored by Tusla and that Oak Lodge service delivery and associated concerns were reviewed by Tusla senior management.

Despite HIQA affording the provider two opportunities to provide a satisfactory action plan, the action plan provided was not adequate and did not provide assurances that appropriate and timely corrective action would be taken to address the deficits outlined in the report. In addition, and prior to the publication of the report, HIQA were informed that the link social worker had left the service, that one support worker had also left the service, and that the second support worker was on leave until January 2019. This gave rise to the concern that Oak Lodge had no front line staff to provide supervision and support to foster carers, nor had they the capacity to progress the actions outlined in their action plan response, and, as a result, their ability to provide a safe service and fulfil all the requirements of the standards was compromised.

In early January 2019, the Tusla Service Director informed HIQA that Tusla were working with Oak Lodge with a view to Oak Lodge closing its foster care service by the end of January 2019 and he subsequently informed HIQA that Oak Lodge fostering service had ceased operations as and from 31 January 2019. The Tusla Service Director informed HIQA that all children in Oak Lodge placements at the time of the closure of Oak Lodge fostering service had been maintained in their existing placements and that their foster carers had transferred to alternate foster care providers or to Tusla foster care services in their respective areas.

4. Summary of judgments under each standard and or regulation

During this inspection, inspectors made judgments against the National Standards for Foster Care. They used four categories that describe how the national standards were met as follows. We will judge a provider to be compliant, substantially compliant or non-compliant with the regulations and or national standards. These are defined as follows:

- **Compliant:** a judgment of compliant means that no action is required as the provider or person in charge (as appropriate) has fully met the standard and is in full compliance with the relevant regulation.
- **Substantially compliant:** a judgment of substantially compliant means that some action is required by the provider or person in charge (as appropriate) to fully meet a standard or to comply with a regulation.
- **Non-compliant:** a judgment of non-compliance means that substantive action is required by the provider or person in charge (as appropriate) to fully meet a standard or to comply with a regulation.

National Standards for Foster Care	Judgment
Theme 2: Safe and Effective Services	
Standard 10: Safeguarding and child protection	Non-Compliant Major
Standard 14a: Assessment and approval of non-relative foster carers	Non-Compliant Moderate
Standard 15: Supervision and support	Non-Compliant Moderate
Standard 16: Training	Non-Compliant Moderate
Standard 17: Reviews of foster carers	Non-Compliant Moderate
Theme 4: Leadership, Governance and Management	
Standard 19: Management and monitoring of foster care agency	Non-Compliant Major
Theme 5: Use of Resources	
Standard 21: Recruitment and retention of an appropriate range of foster carers	Compliant

5. Findings and judgments

Theme 2: Safe and Effective Services

Services promote the safety of children by protecting them from abuse and neglect and following policy and procedure in reporting any concerns of abuse and or neglect to the relevant authorities. Effective services ensure that the systems are in place to promote children's welfare. Assessment and planning is central to the identification of children's care needs. In order to provide the care children require, foster carers are assessed, approved and supported. Each child receives the supports they require to maintain their wellbeing.

Standard 10: Safeguarding and child protection

Children and young people in foster care are protected from abuse and neglect.

Summary of inspection findings under Standard 10

At the time of the previous inspection in January 2018, inspectors found that the management and oversight of concerns, allegations, and complaints was not adequate and HIQA requested that the service undertake a full review of all files in order that they could assure themselves that:

- all allegations and serious concerns had been reported in line with Children First, and responded to appropriately
- no other complaints had been missed, and that all complaints had been appropriately classified and responded to.

Furthermore, inspectors were not assured that the system in place to track Garda vetting for other adults and those over 16 years was robust. Foster carers had not received training regarding their role as mandated persons under the Children First Act 2015 and not all foster carers had completed the online training in Children First: National Guidance for the Protection and Welfare of Children (Children First) (2017).

On this inspection, inspectors found that, while some improvements, such as the inclusion of a child protection module in the foundational training for new foster carers, had been made, deficits in the management and oversight of concerns and allegations remained, the system for tracking Garda vetting was still inadequate and not all foster carers had completed the on-line training in Children First. Furthermore, foster carers had not received training regarding their role as mandated persons under the Children Act 2015.

The managing director commissioned an independent social worker to review all files and they made a series of recommendations in their report in April 2018. There was evidence that some of the recommendations had been implemented. However, no formal system had been put in place by the provider to assure himself that all the recommendations had been implemented and inspectors found that, in fact, several recommendations had not been implemented and the provider was unaware of this. For example, in one case, the independent reviewer recommended that, in order to rectify the original non-compliance with Children First, two child protection notifications should be completed retrospectively. This had not been done. The reviewer also recommended that any respite arrangements for the children in this household be linked to statutory care plans. However, inspectors found that the care plans for these children were out of date as they had not been updated in over a year. Furthermore, the reviewer recommended that a safety plan would need to be developed to support this placement. However, inspectors found that, while the link worker's notes recorded that there was a safety plan that was agreed between the link worker and one of the foster carers, the safety plan was not robust and did not provide an assurance that the children could be kept safe. There was also no evidence of management oversight of this safety plan.

At the time of the previous inspection, the link workers were not clear regarding the classification of concerns and allegations and how they should be managed. In the action plan arising from that inspection, the provider stated that the Designated Liaison Person (DLP) underwent full training in March 2018, that all allegations and complaints would be managed appropriately in line with Children First and that they would be immediately recorded on a child protection and complaints logs. However, inspectors found that not all child protection concerns and allegations against foster carers were managed in line with Children First and the Child and Family Agency business processes. In total, 18 reports had been made to the social work department since the previous inspection. Two of these involved allegations against foster carers, two were in relation to retrospective disclosures by adults and two were retrospective reports regarding children, as recommended by the independent reviewer. The remaining 12 were child protection and welfare reports on individual children in care. However, with the exception of the most recent report, which was made one week before this inspection, all the child protection notifications made in 2018 had been made using standard reporting forms but had been sent by email to the children's social workers and not to the duty social work teams in the Tusla areas in which the children now lived. While there was evidence that acknowledgements were received and that social workers reportedly took action in individual cases, such as informing An Garda Síochána and/or visiting the children to put safety plans in place, the correct procedures for reporting concerns was not followed, the procedures for responding to allegations against foster carers was not adhered to, and there was no evidence on file that all the reported concerns were

appropriately and thoroughly investigated in line with Children First. This is despite the provider assuring HIQA at a meeting that the agency was aware of and followed the interim protocol.

Inspectors spoke to the DLP about this and, until it was pointed out by the Tusla monitoring officers in the week prior to this inspection, he was unaware that child protection notifications should be sent to the Tusla duty social work service in the area in which the child lives. This is despite the fact that the child protection policy, developed in May 2018, stated this. As regards the recommendation of the independent reviewer that retrospective notifications be made in the case outlined above, he told inspectors that he was of the understanding that the children's social worker was going to notify the duty social work service instead.

Since taking up his post in May 2018, the team leader set up an electronic child protection log and ensured that child protection notifications, any follow up by the service with the social workers, and any contact from social workers in relation to the notifications, were recorded on the log. Inspectors viewed the child protection log and found that it was not adequate in a number of respects. The child protection log did not record the dates of notifications to the monitoring officers and the foster care committees. These notifications were recorded on a separate log but there was no cross referencing with the child protection notifications, which meant that it was a painstaking process to check if notifications were made in a timely manner. Some comments on the child protection log, such as references to phone calls to or from social workers, were not immediately visible and were difficult to access. One of the main difficulties with the child protection log was that it only recorded child protection notifications since the beginning of 2018. Since there were no adequate records of child protection notifications prior to this and there were no chronologies of significant events, including notifications, on the files of either foster carers or children, it was impossible to know whether or not there had been previous child protection notifications regarding a child without undertaking a full review of all files.

The team leader developed a new complaints policy and procedures in May 2018 and also set up a new electronic complaints log. Two complaints by foster carers were recorded on the log. Records showed that, in one case, the foster carer expressed satisfaction with the response. In the other, there was evidence that the communication between the service and the foster carers was fraught with difficulties which were in the process of being addressed. However, the log did not contain records of complaints that had not been formally made. For example, one child had expressed dissatisfaction with the care they received. However, while the child, who had moved to another placement, was offered the opportunity to make a formal complaint but declined, the child's complaint was not recorded on the

complaints log. Records indicated that the issues were addressed with the foster carers and actions, including further training agreed.

Safety planning in the context of child protection concerns was not robust. Inspectors reviewed safety plans in the cases of three children about whom child protection concerns had been made. Two of these were outlined in the link worker's case notes and one was contained in a letter from a child's social worker to the link worker. In each case, the safety plan was inadequate. There was no evidence that the safety plans had been agreed by the relevant professionals, the foster carers and the children, where appropriate. The risks involved were not clearly addressed. None of the safety plans reviewed contained any arrangements for ongoing monitoring and review.

There was a lack of communication and cooperation between the service and Tusla social workers in some cases. In the case of one child, a special circumstances child in care review in March 2018 recommended that the child should be moved to another placement. The child remained in the placement six months later and it was not clear when the child would be moved or whether the current safety plan was maintaining the child's and other children's safety. The link worker told inspectors that another child in care review was arranged to take place on the week of the inspection and that, while the link worker, the guardian ad litem and the foster carer attended at Tusla offices on the day, the review did not go ahead. In the case of another child, about whom child protection concerns had been made, the team leader told inspectors that a child in care review had been held in April 2018 but that the link worker was not invited to attend and no minutes of the review were received. While the management of child in care reviews was the responsibility of Tusla, there was no escalation policy and procedures within the service to ensure that, when difficulties such as these presented, they could be raised and addressed between the two services at a managerial level.

The previous inspection identified that the system in place to track Garda vetting of other adults in the foster care households was not robust and the provider, in their action plan to HIQA, committed to ensuring that the Garda vetting spreadsheet would be reviewed monthly and that link workers would review any changes in family members or other adults in the household in supervision. On this inspection, inspectors found that the Garda vetting spreadsheet was not in good order and was not fit for purpose. For example, the spreadsheet contained the names of several people, against whose names there were no entries and, therefore, it was not clear whether or not Garda vetting had been sought for them. The spreadsheet did not contain the dates on which Garda vetting was originally received for foster carers and other adults and, in the cases of some foster carers, this made it difficult to

know when updated Garda vetting should be sought again. Inspectors identified two cases where foster carers' files did not contain evidence of Garda vetting for all family members aged 16 years and over who were living in the home and one of these names was not on the Garda vetting spreadsheet. There was no evidence of any management oversight of the Garda vetting spreadsheet.

Inspectors also reviewed the Garda vetting for staff members and found that there was no Garda vetting for one member of staff. The administrator told inspectors that Garda vetting had been sought for this staff member but that, since the staff member did not have direct contact with children on a regular basis, the Garda vetting application was not processed. However, there was no evidence that failure to secure Garda vetting for this staff member had been escalated to the managing director in order to ensure that it was addressed.

In the action plan following the previous inspection the provider stated that all foster carers had been fully trained in Children First (2017) via the Tusla on-line training portal and that certificates had been recorded on file. However, inspectors found that not all foster carers had completed the online training in Children First (2017). Inspectors viewed the hard copies of training certificates and found that no certificates were on file for eight foster carers. Furthermore, there was no evidence that foster carers had received training on their role as mandated person under the Children Act 2015. The team leader told inspectors that the service was considering the possibility of joint training for staff and foster carers on child protection.

Poor oversight of the management of allegations, coupled with the lack of experience of link workers was escalated to the managing director of the service following the previous HIQA inspection in January 2018, and assurances were provided that actions were taken and further actions would be taken to address this major non-compliance. However, inspectors found on this inspection that there remained poor oversight of allegations, and, despite the major non-compliance, the provider had not taken adequate steps to address the risks. In addition he had not demonstrated accountability for the completion of the actions in order to address the major non compliance. For example, despite providing HIQA with assurances in July that a full review of a file identified during the January 2018 inspection had been completed, he subsequently informed inspectors that it had not been completed, and that he had not known this, as he had been misled.

Following the inspection, inspectors escalated a number of the issues outlined above to the provider. The response from the provider was unsatisfactory. While he committed to address some of the issues in a satisfactory manner, some of the information returned to HIQA was incorrect and the provider did not indicate how he would assure himself that the actions he proposed would be completed.

Judgment: Non-Compliant Major

Standard 14a: Assessment and approval of non-relative foster carers

Foster care applicants participate in a comprehensive assessment of their ability to carry out the fostering task and are formally approved by the health board* prior to any child or young person being placed with them.

Summary of inspection findings under Standard 14

At the time of the previous inspection Oak Lodge was found to be substantially compliant with the Standard.

There was a written policy on the assessment and approval of foster carers. Assessments were submitted to the foster care committee in the Child and Family Agency office area in which the prospective foster carers resided and, if satisfied with the assessment report and the suitability of the prospective foster carers to foster, the foster care committee recommended approval for inclusion on its foster care panel.

Information provided by the service showed that two foster care households had been approved since the previous inspection, two were awaiting consideration by the foster care committee, and two were completed but had not yet been submitted to the foster care committee (FCC) for approval. Three foster care households were undergoing assessments at the time of inspection, and there were no applicants waiting for assessment.

Inspectors reviewed two assessments of foster carers assessed and approved since the previous inspection and found them to be of good quality. The assessments were comprehensive, but they were not carried out in a timely manner.

One assessment was carried out in 2017 and submitted to the foster care committee in January 2018. The foster care committee requested further information, an addendum was added to the assessment report, and the foster carers were subsequently approved. The assessment process was carried out within 16 weeks from commencement but the application had been received four months prior to this. The second assessment began five weeks after the application was received and once it commenced, the assessment process took seven months to complete.

* These services were provided by former health boards at the time the standards were produced. These services are now provided by the Child and Family Agency (Tusla).

This meant that, in both cases, there was a period of eight months from the receipt of the application to the completion of the assessment.

The manager of the service did not ensure that all assessments had the oversight of a manager. The report of the assessment that was carried out in 2017 contained evidence of a second opinion visit to the foster carers by a link worker but no evidence of oversight by a manager. The assessment that was carried out following the previous inspection had the oversight of the team leader. He also carried out the second opinion visit and set out his findings in detail.

The prospective foster carers were provided with information prior to the assessment process and there was evidence that foster carers completed foundational training prior to approval. In both cases reviewed, Garda vetting was carried out of the prospective foster carers and those over the age of 16 years in the households. All other relevant checks were also carried out. Both assessments were completed by qualified social workers. The assessment process consisted of a sufficient number of home visits and interviews with the applicants and any birth children of the applicants.

At the time of the previous inspection, inspectors found that a number of assessments had been completed by link social workers with no previous experience of carrying out assessments. One of these link workers had since left the service and the team leader told inspectors that he had identified suitable training in undertaking assessments for the remaining link worker.

The team leader told inspectors that the service had advertised for external independent assessing social workers to carry out assessments and that there was a large number of applicants with a potential for approximately 20 assessors. The team leader was in the process of ensuring that all the candidates were registered social workers and experienced assessors, and he told the inspectors of how he would supervise them during the assessment process. However, there was no evidence of planning to ensure that the service could cope with a potential large increase in the number of assessments undertaken. This issue is addressed under Standard 19.

According to information supplied by the service there were no foster carers transferred into the service since the previous inspection. Following the previous inspection, the service developed a policy on the transfer of foster carers from other agencies. According to the inspection report of the previous inspection, the policy was not adequate as it did not include all the information as required in the national policy on foster care committees, such as the process in place when a foster carer wants to change their approval status or when a review of the transferred foster carers will be carried out. There was no evidence that the policy was reviewed or

updated in the meantime to address these deficits, despite the provider indicating in his action plan update to HIQA in July 2018 that this had been completed.

There was no formal written contract with foster carers in respect of each child placed with them on foster carers files as required by standards and regulations on two of the five files reviewed by inspectors. The contracts seen by inspectors were signed by the foster carers, the children's social workers and the link workers and, while they contained the names of the children being placed, they did not contain the dates on which the children were placed.

Judgment: Non-Compliant Moderate

Standard 15: Support and Supervision

Approved foster carers are supervised by a professionally qualified social worker. This person, known as the link worker, ensures that foster carers have access to the information, advice and professional support necessary to enable them to provide high-quality care.

Summary of inspection findings under Standard 15:

At the time of the previous inspection, inspectors found that Oak Lodge was in major non-compliance with the Standard for the following reasons:

- The supervision of foster carers required improvement and the recording of support and supervision on the foster carer's files varied
- There was no formal matching process in place for respite and there were no risk assessments carried out in order to see the impact of the placement on the other children in the household.
- The systems in place for provision and oversight of respite were inadequate.

Oak Lodge fostering service provided support and supervision to 14 foster care households across a wide geographical area. All foster carers had an allocated link worker. The service had written policies and procedures in place on the supervision and support of foster carers.

The service employed one link worker, who provided support and supervision to 13 foster carers and the team leader was the allocated link worker for one foster carer. There were two link workers at the time of the previous inspection and they were allocated approximately six foster carer households each. One link worker had left the service since the previous inspection. The link worker told inspectors that being the link worker for 13 foster carer households would be a challenge, particularly because of the geographical spread of foster carers around the country. The service also employed two placement support workers on a part time basis. Their main role was to provide support and training to foster carers and to carry out specific pieces of work with children when this was requested and agreed with the children's social workers. The team leader told inspectors that he had reorganised the schedules of the link worker and the placement support workers to ensure that the foster carers received visits twice monthly. While the records in some foster carer files stated that the managing director provided therapy to foster carers, the managing director told inspectors that he did not provide therapy but provided one-off consultations.

The service had a policy which stated that foster carers were to be supervised monthly. Inspectors reviewed the files of five foster carers. Three foster carers received monthly visits and one had been visited three times since the previous inspection. One foster carer had received one visit since the previous inspection but there were difficulties between the foster carer and the service, which meant that more frequent visits were not possible, and these issues were being addressed by the service.

Since the previous inspection, the team leader had introduced a new template for recording support and supervision visits and the use of these templates had improved the recording of visits. Three of the files reviewed by inspectors reflected good quality and detailed supervision for these foster carers. However, the supervision of one foster carer household was of poor quality. There was no supervision taking place for one foster carer household. The file contained evidence that the link worker had made attempts to engage the foster carers and action had been taken to address the lack of engagement.

The supervision notes of the link worker showed that discussion of particular cases took place and that there was good quality direction and guidance provided by the team leader. However, there were no records of case management on the foster carer's files, therefore there was no record on the file of any key decisions made during supervision.

Data provided by the service showed that there was one unplanned placement ending since the previous inspection. Records showed that the link worker visited monthly and that a placement support worker provided support to the children on a weekly basis. The child complained about not getting the care they needed from the foster carer. Inspectors reviewed a disruption report, which did not focus sufficiently on the specific needs of the child and therefore was not child-centred. Although the report made specific recommendations that the foster carers attend training and counselling, the report was defending the approach of the foster carers, rather than focussed on the needs of the child.

The previous inspection found that Oak Lodge fostering service did not provide adequate oversight of respite arrangements, there was no matching process in place for respite placements and no formal notification system in place to inform the placing social worker of the respite arrangements.

On the inspection, inspectors found that these issues had been addressed. The team leader maintained oversight of the respite service. Foster carers were required to apply for respite using a standard template. The form was sent to the child in care social worker and returned to the service before being signed off by the link worker.

A matching tool had been introduced to ensure that children were matched with suitable foster carers and a risk assessment was carried out in order to see the impact of the placement on the other children in the household. Inspectors reviewed a completed matching tool and risk assessment which were adequate.

Information provided by the service showed that, since the previous inspection, there was no occasion when children from different placements availed of respite with the same foster carer at the same time.

The service provided monthly support groups for foster carers and foster carers were encouraged to attend. Training was also provided on these occasions. Two locations were used in order to facilitate attendance by foster carers. There were no overall figures for attendance at support groups but individual records viewed by inspectors showed that the attendance was small. The service also provided an annual Christmas lunch for foster carers and children.

There was an out of hours service available to foster carers.

Judgment: Non-Compliant Moderate

Standard 16: Training

Foster carers participate in the training necessary to equip them with the skills and knowledge required to provide high-quality care.

Summary of inspection findings under Standard 16

At the time of the previous inspection, inspectors found that the service was in major non-compliance with the Standard for the following reasons:

- The service struggled to ensure ongoing attendance at training after foster carers were approved.
- The quality of training records on foster carers' files was poor.
- The foundational training provided to foster carers was not adequate. There was no module in the training course covering child protection and welfare concerns.

There was evidence that, subsequent to the previous inspection, the service wrote to foster carers setting out their responsibility to attend training. A copy of the training schedule was also sent to foster carers. There was also evidence that, where foster carers did not attend training, some individual training was carried out with them by staff in order to address the training deficit. Inspectors found that the training record and training needs of foster carers were considered in recent foster carer reviews and that recommendations on training were made and implemented. When the service was unable to provide specific training, foster carers were informed that, if they could source this training themselves, the service would pay for it.

There was some improvement in the training records on foster carers' files since the previous inspection. Inspectors reviewed the files of five foster carers and found that there was a training log on each. However, further improvement in the training records was required as, in cases where there were two foster carers in a household, it was not clear from the training records whether one or both foster carers attended the training. There was no overall record of training to assist managers in their oversight of training. This meant that, without going through the individual records of each foster carer and collating the results, it was not possible to easily see whether all foster carers had attended a particular training or whether attempts by the service to increase overall attendance at training was proving successful. Inspectors found that, in the absence of an overall training record, accurate figures for attendance at training were difficult to access. For example, inspectors asked whether, as the managing director had indicated in his update to inspectors in July 2018, all foster carers had completed on-line training in Children First (2017) and

they were informed that they had. When inspectors viewed copies of the individual certificates for this training, they found that eight foster carers had no such certificates on file.

Staff told inspectors that the foundational training for foster carers had been reviewed and developed so as to include a module on child protection and welfare concerns. Training on this subject was reflected in the training material for foundational training. However, since staff themselves were, until recently, unaware of how child protection and welfare concerns should be correctly reported, inspectors were not assured that foster carers were given the correct information on their responsibilities as mandated persons under the legislation. In his update to inspectors in July 2018, the managing director indicated that Oak Lodge were developing new child protection training, incorporating training on the Children First Act (2015) and that this would be implemented during a training day with carers. Inspectors found that this new training had not yet been developed and there was no indication when this would happen.

Judgment: Non-Compliant Moderate

Standard 17: Reviews of foster carers

Foster carers participate in regular reviews of their continuing capacity to provide high-quality care and to assist with the identification of gaps in the fostering service.

Summary of inspection findings under Standard 17

At the time of the previous inspection, inspectors found that the service was in major non-compliance with the Standard for the following reasons:

- there was no management overview of the review process
- the quality of foster carers reviews varied and the quality of one particular review was poor
- the reviews did not always contain all the required information on foster carers
- the reviews were sometimes chaired by a link worker and not by a manager as required by the standards
- reviews did not make any specific recommendations such as further training required, level of support required or any other needs identified
- there was no evidence that foster carers were required to undertake training to meet the needs of the young people in their care.

According to the Standards, the first review should take place one year after the first placement and subsequent reviews should take place at three-yearly intervals. All foster carers that required a review had one carried out in line with regulations and standards and reviews were carried out following adverse events. Data provided by the service showed that seven foster carer reviews had been carried out since the previous inspection, one of these following a placement disruption. The reports of all seven had been submitted to the relevant foster care committees.

Inspectors found that there was an improvement in the review process although some issues identified at the time of the previous inspection had not been fully addressed.

Since coming into post, the team leader maintained oversight of the review process. He had mapped the review process in order to provide the staff members involved in the review process with a clear outline of their respective roles and the steps to be followed in the process. He monitored the tracker for reviews and informed the link worker and the administration worker when a review was due. The link worker booked a date for the review and the administration worker sent out the relevant paperwork to the foster carers and tracked these on the review log. The link worker

carried out the review in the foster carers' home and this was chaired by the team leader or the managing director. The team leader signed off on the review reports. Copies were then sent to the relevant foster care committee.

Inspectors reviewed the reports and documentation for four reviews carried out since the previous inspection.

The quality of the review reports was mixed. Two reports were of good quality. Two reports lacked objectivity, were not child centred, and read as a defence of the behaviour of the foster carers being reviewed. This was not appropriate as the issue was that the foster carers were not managing the placements well due to training deficits and a lack of understanding of the needs of the children.

All the relevant documents associated with the review were in place. However, there was no consistency in relation to where the documents were filed.

One of these four reviews was arranged before the previous inspection but was not carried out until immediately after that inspection. This review was not chaired by a social work manager but by a link worker. Of the remaining three reviews, two were chaired by the team leader and one by the managing director.

In the three most recent reviews, there was evidence that the voice of the child was included in the review reports. Similarly, foster carers' training needs were addressed and recommendations, including recommendations on training were made. There was also evidence that these recommendations were followed up and that training was provided for these foster carers.

Of the reports reviewed by inspectors there was only evidence on one that a copy of the review report was given to the foster carers.

Judgment: Non-Compliant- Moderate

Theme 4: Leadership, Governance and Management

Effective governance is achieved by planning and directing activities, using good business practices, accountability and integrity. In an effective governance structure, there are clear lines of accountability at individual, team and service levels, and all staff working in the service are aware of their responsibilities. Risks to the service as well as to individuals are well managed and the system is subject to a rigorous quality assurance system. Services provided on behalf of the area are robustly monitored. The Foster Care Committee is a robust mechanism for approving both placements and foster care applications.

Standard 19: Management and monitoring of foster care agency

Health boards have effective structures in place for the management and monitoring of foster care services.

Summary of inspection findings under Standard 19

At the time of the previous inspection, inspectors found that Oak Lodge was in major non-compliance with the Standard for the following reasons:

- the management and governance structures and systems in place were ineffective
- there were inadequate arrangements for the management of the service in the absence of the managing director
- there was a lack of monitoring and oversight of the service and supervision arrangements were not adequate
- auditing, risk management and notification systems required improvement and there were no formal reporting systems to provide the managing director with assurance that the service was effective or safe.

At the time of this inspection, arrangements to manage the service in the absence of the managing director remained unsatisfactory. In July 2018, the managing director informed inspectors that, in his absence the team leader would cover the absence. Since the previous inspection in January 2018, the managing director employed a social worker at senior social work practitioner grade and subsequently upgraded him to team leader. Inspectors found that the team leader had no management experience or management training when he joined the service but had since

undertaken a short course in management. While he was committed to the development of the service and had made improvements, including the regular supervision of staff, the development of policies and procedures, the chairing of foster carer reviews, and the mapping of systems for dealing with enquiries from prospective foster carers and for the matching of foster carers with children, he did not have a contract for the role of team leader and there was no formal delegation of responsibilities to the team leader by the managing director. Neither did the team leader receive any clinical supervision.

Inspectors also found that the governance arrangements were inadequate. The managing director allocated responsibility to the team leader without maintaining adequate oversight. At the time of this inspection, the managing director was out of the country on business and, in a phone call to inspectors, told inspectors that he planned to be out of the country at least 50% of the time for the next six months and that the team leader had responsibility for running the service. In an update to inspectors in July 2018, the managing director had told inspectors that he would meet monthly with the quality assurance manager, the team leader and finance manager to ensure there was a robust quality assurance system in place. Inspectors reviewed the records of management meetings and found that there was only one record of a management meeting in the eight months since the previous inspection. Similarly, there was only one record of a report from the team leader to the managing director on the activities of the service. Inspectors could find no record of audits by the managing director during that time. There were three records of supervision of the team leader by the managing director. The minutes indicated that the supervision took the form of updates from the team leader and they were signed by the team leader but not by the managing director. When asked, the team leader told inspectors that some of these meetings took place over the phone as the managing director was not present.

Risk was poorly managed. There was no risk register in place and the risks that were outlined in the previous inspection report and in the report of the independent review of the files were not addressed in a thorough and systematic manner. When asked, the managing director told inspectors that there was no overall record of the implementation of recommendations of either report. Instead, the recommendations were discussed by the team and individual team members undertook to address specific recommendations. The managing director said that there was no process in place for verifying that recommendations had been implemented and that, if a staff member said that they had implemented a recommendation, he presumed that it had been done.

There was no contingency planning in place. The service was small and heavily reliant on the work carried out by the team leader and each staff member. There

were no arrangements in place to ensure that a consistent service could be provided in the event that a staff member left the service or went on extended leave. Furthermore, the team leader told inspectors that, following a campaign to recruit more external assessors, there was the potential for more assessments of prospective foster carers to be undertaken and more foster carers to be approved for the service, thereby increasing its capacity to provide placements. However, there was no indication that consideration had been given to the implications of this for the service, such as increasing the staff cohort and a more robust system of governance.

Inspectors found that the IT system was not fit for purpose. Since the previous inspection, the service had changed from using a paper-based system of recording to an electronic system. Information was not easily and readily accessible in a timely manner. Records were difficult to access. For example, there were no chronologies on foster carers' files or on children's files. Case notes for each month were maintained in separate folders, and multiple folders may need to be checked to access the relevant case notes, if they existed. Some records, such as the tracker for Garda vetting, were not complete. For example, the original dates of Garda vetting were not on the tracker and the names of some foster carers and their family members were also not on the tracker. Similar records were housed in different locations. For example, not all foster carer review reports for foster carers were located in the review folders, and associated documents such as health and safety checklists were located in different folders in foster carers' files. The managing director was not aware of the specifications given to the IT providers when the system was being designed.

Individual staff members told inspectors that the team leader had brought about more structure to the management of the service since he came into post. There was evidence that the team leader provided supervision to staff each month and that he had reviewed and changed the scheduling of home visits by the link worker and the support workers to ensure that foster carer households received a support visit approximately every two weeks at a minimum. He had introduced a new template for the supervision of foster carers and he had also ensured that arrangements for respite were more robust than at the time of the previous inspection.

The team leader had also reviewed and developed a number of policies and procedures since the previous inspection. These included policies on complaints, child protection, transfer of foster carers from other agencies and procedures on placement requests and point of transfer of children arrangements. While the content of the policies were generally of good quality, they were not dated and not signed off by the managing director. The policy on child protection was not fully in

line with Children First and the policy was not implemented correctly as the majority of child protection and welfare notifications were not made to the Tusla social work departments in the areas in which the children lived.

Inspectors found that the managing director did not demonstrate sufficient commitment to addressing the deficits in how child protection concerns were managed by the service, or in addressing the major non-compliances identified in the previous HIQA inspection. Furthermore, information provided by the managing director to HIQA in July 2018 was inaccurate, as he had indicated that several actions had been completed, when they had not. The report of the independent review of the service's management of complaints, allegations and serious concerns recommended that the service conduct a training needs analysis of all staff at an individual level and the organisation at a collective level. It also stated that an implementation plan arising from this would be required, as well as management commitment to identify and resource identified training provision. While there was evidence that the team leader had begun the task of identifying training needs of staff at an individual level in supervision and that some training was provided to individuals, this did not constitute a training needs analysis for staff. Similarly, while the administrator had made preliminary enquiries about sourcing training in child protection for the entire team in conjunction with the foster carers, there was no evidence that a training needs analysis of the organisation at a collective level was undertaken and there was no schedule of training to ensure that the team as a whole had the required knowledge and skills to provide a service of an acceptable standard.

The service had a quality assurance manager who worked one day per week. Among her duties, she had responsibility of carrying out audits of the files and the activity of the service. Her monthly reports contained data on staff supervision, supervision of foster carers, children's child in care reviews and care plans, significant events, admissions and discharges, weekly foster carer reports, clinical support groups and foster carer reviews. The data was quantitative rather than qualitative. At the end of each report she identified some areas of concern or risk and the action that was required to address these. However, while there was evidence the audits informed the team leader's supervision of individual staff, there was no evidence of managerial oversight of the audits with a view to identifying trends or deficits in the service and there was no service improvement plan in place.

Inspectors spoke to a Tusla monitoring officer from the registration and inspection section. She told inspectors that she had a meeting with the private foster care providers in July 2018 and outlined the requirements of Tusla in relation to reports and notifications that were to be provided by the private providers. Monitoring officers undertook a monitoring audit visit over three days in September 2018, and

the report of this visit was being compiled at the time of this inspection. The monitoring officer told inspectors that their audit visit gave rise to concerns about the way in which child protection and welfare notifications were managed and concerns about the governance and management of the service. The monitoring manager told inspectors that these concerns were being escalated to the appropriate manager of operations within Tusla.

Following the previous inspection, the Chief Operations Officer (COO) of Tusla provided a written response to HIQA outlining the arrangements he had put in place to ensure appropriate oversight of private foster care services. These included a meeting between the area manager for the local administrative office with the managing director. The area manager subsequently informed HIQA that an initial meeting took place in May 2018 to discuss the HIQA report and action plan and that meetings with the service would take place on a quarterly basis. Subsequent to the inspection the area manager told inspectors that, at that initial meeting, Oak Lodge had outlined what they would be doing to ensure that the action plan following the previous HIQA inspection would be completed in full. He told inspectors that, following concerns expressed by the monitoring officers arising from their September 2018 audit visit that Oak Lodge had not made sufficient progress in this regard, and a decision was taken by the COO that Tusla would not place any more children with the service for the time being. The area manager told inspectors that he was due to have a meeting with the managing director and team leader of the service on the week following the inspection but that the managing director was out of the country and that he decided that the meeting therefore should not go ahead. He told inspectors that he expected a re-arranged meeting to take place within two weeks and told inspectors that the issues of concern would be reviewed at a senior level within Tusla.

Judgment: Non-Compliant Major

Theme 5: Use of Resources

Services recruit sufficient foster carers to meet the needs of children in the area. Foster carers stay with the service and continue to offer placements to children.

Standard 21: Recruitment and retention of an appropriate range of foster carers

Health boards[†] are actively involved in recruiting and retaining an appropriate range of foster carers to meet the diverse needs of the children and young people in their care.

At the time of the previous inspection, Oak Lodge were found to be compliant with this Standard. They had a recruitment strategy in place, which involved using a range of recruitment methods to attract foster carers. Initial foster care enquiries were followed up within four days which was in line with the national standards, and there were sufficient resources in place to recruit foster carers.

Since the previous inspection, the team leader had created an electronic log to track the progress of enquiries to the service and to assist in ensuring that they were followed up appropriately in a timely manner. He had also mapped the process from first enquiry to allocation for assessment to ensure that each staff member was clear about their role in the process. The team leader told inspectors that he reviews the records of all contacts with prospective foster carers, that he updates the enquiries log himself, and that he allocates cases for screening interviews and for assessments.

Data provided by the team leader showed that, from January 1 2018, 46 enquiries were received. Of these, two were proceeding to the assessment stage and completed applications were awaited from a further four enquirers.

Information provided by the service showed that no foster carers had left the service voluntarily since the previous inspection. It also showed that there was a sufficient

[†] These services were provided by former health boards at the time the standards were produced. These services are now provided by the Child and Family Agency (Tusla).

number of foster carers to meet the needs of the service as there were five available foster care placements at the time of inspection.

Judgment: Compliant