



Report of an inspection of a Designated Centre for Disabilities (Children).

Issued by the Chief Inspector

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| Name of designated centre: | St Paul's Coolatree |
| Name of provider: | St. Paul's Child and Family Care Centre Designated Activity Company |
| Address of centre: | Dublin 9 |
| Type of inspection: | Announced |
| Date of inspection: | 13 May 2025 |
| Centre ID: | OSV-0003767 |
| Fieldwork ID: | MON-0038004 |

About the designated centre

The following information has been submitted by the registered provider and describes the service they provide.

The centre provides a respite service for children between the ages of 8 and 18 years with a diagnosis of autism and intellectual disabilities. The house is located in a north Dublin suburb and is close to amenities such as shops and parks. The house is a five bedroomed house which comprises of a sitting room, a large kitchen and dining area, a shower room and upstairs there are five bedrooms, one of which is used as staff office and sleepover room. Each of the children have an assigned bedroom for the duration of their stay. The centre has a small garden to the rear with some facilities for children to play. Children enjoy activities in the community such as going for walks, going swimming, going shopping and going out on day trips. The centre is staffed by child care workers and care assistants.

The following information outlines some additional data on this centre.

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| Number of residents on the date of inspection: | 2 |
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How we inspect

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

| Date | Times of Inspection | Inspector | Role |
|---------------------|----------------------|------------|------|
| Tuesday 13 May 2025 | 10:30hrs to 17:00hrs | Karen Leen | Lead |

What residents told us and what inspectors observed

From what respite users told us and what the inspector observed, it was evident that children availing of respite in this designated centre were receiving person centred care and support, and were supported to access activities of their choosing both within the designated centre and the local community. Overall, the inspection found high levels of compliance with the regulations and standards. However, improvements were required in relation to Regulation 28: Fire precautions. These are outlined in the body of the report.

This centre provides a respite service for children and is registered to accommodate up to four respite users at one time. At the time of inspection, 22 respite users were availing of the service. Respite users are supported by the service in attending their school placement if availing of respite services on a weekday.

The designated centre comprised of a two-storey house located in a suburb in north Dublin. The house comprises four respite bedrooms, one staff office and sleep-over room, a kitchen and dining room, utility room, two bathrooms and a sensory room. The centre also had access to a garden to the rear of the premises which was equipped with a swing and sand pit table. The inspector was facilitated to do a walk through of the centre by the person in charge. The inspector found the centre to be bright, child friendly with a number of activities available throughout the house for children to enjoy during their respite stay. The centre had recently refurbished a communal sitting room and created a large sensory room for children to avail of during their respite stay.

The inspector of social services used observations and discussions with children in addition to a review of documentation and conversations with key staff to form judgments on the children's quality of life. Children in the centre largely communicated using speech, body language, eye contact and behaviours. The centre utilised a number of communication systems to enhance each child's respite stay. For example, the centre had access to a number of easy-to-read accessible documents and communication tools such as social stories, Picture exchange communication system (PECs), Lámh signs, and tablet computers.

Written feedback on the quality and safety of care in the centre was received from one child and two children's families which was positive and complimentary. One respite user discussed that they are always happy when they come to respite which lets their mother know that they enjoy it and that they are looked after and happy. One family commented that "the staff are amazing and are so dedicated to the children". Another family discussed that the respite experience of their loved one has been very positive for the whole family and that the staff have a very positive attitude towards their loved one.

Staff spoke with the inspector regarding the assessed needs of respite users in the centre and the process that take place in relation to compatibility of respite users.

For example, support staff discussed how respite stays are designed to incorporate children of similar age, interests or common community goals to avail of services together in order to promote and encourage new friendships and an enjoyable stay. Staff discussed that some respite users may attend the same school or started their respite journey at the same time as a peer and have developed friendships. Staff discussed how a number of children in the past year had transitioned to adult services and outlined the support in place for children and families while they completed this transition.

The inspector had the opportunity to meet with two children who were availing of respite service on the day of the inspection. The inspector observed both children entering the centre on return from their school day. One child went to the back garden of the centre and sat on the swing. The inspector observed support staff assisting the child to have a cold drink. The support staff introduced the inspector to the child, who said a brief hello and indicated to the support staff they no longer wanted to talk to the inspector.

The inspector spoke to another child who was relaxing in the centre sensory room. The inspector observed the child relaxing on a couch with the curtains drawn with a sensory lights set operating. The child was enjoying an ice-cream while watching the lights and playing on their mobile phone. The inspector greeted the child, the child responded with a smile and returned to enjoying their chosen activity.

The inspector found that respite users had the opportunity to engage in a range of activities. These activities included community based activities such as visiting the zoo, musical plays, cinema, dinners out, bowling and local arcades. Respite users also had access to a number of centre-based activities including the use of the centre sensory room, jigsaws, sensory play, sand pit, building Lego and completing puzzles. Respite users also brought their own electronic devices such as mobile phones and tablets to use during their stay.

The next two sections of this report will present the findings of this inspection in relation to the governance and management arrangements in place in the centre, and how these arrangements impacted on the quality and safety of the service being provided.

Capacity and capability

The purpose of this inspection was to monitor and review arrangements the provider had in place to ensure compliance with the Care and Support Regulations (2013), and to inform a decision on an application to renew this centre's registration. The inspector found this service to be appropriately resourced, with suitable governance and oversight arrangements in place. Overall, the inspector found that there were effective leadership systems in place which ensured that respite users were in

receipt of good quality and safe care, which focused on a range of activities, relaxation and enjoyment.

The registered provider had implemented management systems to monitor the quality and safety of service provided to respite users including annual reviews and six-monthly reports, plus a suite of audits had been carried out in the centre.

From a review of the rosters there were sufficient staff with the required skills and experience to meet the assessed needs of respite users available. The inspector spoke with staff members on duty throughout the course of the inspection. The staff members were knowledgeable on the needs of each respite user, their individual communication needs and an understanding of compatibility of respite users during their stay in the centre. The provider had also increased the centres whole time staffing equivalence in order to support the transition of new respite users to the centre.

The provider had suitable arrangements in place for the management of complaints and an accessible complaints procedure was available for respite users and their representatives in a prominent place in the centre.

Registration Regulation 5: Application for registration or renewal of registration

The application for the renewal of registration of this centre was reviewed by the Office of the Chief Inspector and contained all of the information as required by the regulations.

Judgment: Compliant

Regulation 15: Staffing

The designated centre was staffed by suitably qualified and experienced staff to meet the assessed numbers and needs of the respite users. The provider had recently increased the centre's whole time staffing equivalence in order to met the needs of respite users as they transitioned to the designated centre. This staffing increase was implemented in the centre on days when identified children required the additional supports.

Planned and actual rosters were maintained in the centre which demonstrated that staffing levels were consistent with the statement of purpose. The inspector reviewed actual and planned rosters at the centre for February, March and April 2025. These reflected the names and grade of staff working in the centre during the

day, night and sleepover, rosters clearly identified the shift lead.

The registered provider had ensured that they had obtained, in respect of all staff, the information and documents specified on Schedule 2 of the Health Act 2007. Prior to the inspection on the 17 April 2025 the inspector had reviewed three staff files in the provider's human resources department and found them to be accurate and in order.

Judgment: Compliant

Regulation 16: Training and staff development

There was a system in place to evaluate staff training needs and to ensure that adequate training levels were maintained. The inspector found that the provider and person in charge completed an annual training needs analysis review for staff to identify areas of training which would benefit respite users in the centre.

Supervision records reviewed by the inspector were in line with organisation policy and the inspector found that staff were receiving regular supervision as appropriate to their role. The person in charge had developed a schedule of supervision for 2025 for all staff members.

All staff were up to date in training in required areas such as safeguarding vulnerable adults, Children First, infection prevention and control, manual handling and fire safety. Furthermore, staff were in receipt of risk assessment training and positive behaviour support.

The inspector found that staff meetings were occurring monthly in the centre with senior management present. The inspector reviewed the minutes of staff meetings from January to April 2025 and found them to be focused on the experience and needs of respite users and promoted a culture of shared learning from audits completed within the centre.

Judgment: Compliant

Regulation 21: Records

The provider had effective systems and processes in place, including relevant policies and procedures, for the creation, maintenance, storage and destruction of records which were in line with all relevant legislation.

The registered provider had ensured information and documentation on matters set

out in Schedule 2, Schedule 3 and Schedule 4 were maintained and were made available for the inspector to view.

Judgment: Compliant

Regulation 22: Insurance

The service was adequately insured in the event of an accident or incident. The required documentation in relation to insurance was submitted as part of the application to renew the registration of the centre.

The inspector reviewed the insurance and found that it ensured that the building and all contents, including children's property, were appropriately insured. In addition, the insurance in place also covered against risks in the centre, including injury to respite users.

Judgment: Compliant

Regulation 23: Governance and management

The provider had arrangements in place to ensure that a safe, high-quality service was being provided to respite users in the centre.

There was a clear management structure in place with clear lines of accountability. It was evidenced that there was regular oversight and monitoring of the care and support provided in the designated centre and there was regular management presence within the centre.

An annual review of the quality and safety of care had been completed for 2024, which consulted with respite users, their family, and staff. In addition to the annual review, a suite of audits were carried out in the centre including six-monthly unannounced visit reports, monthly data reports, incident and accident trackers, and health and safety, medication management, fire safety, and infection, prevention and control (IPC) audits. As part of the providers six-monthly unannounced visits to the centre, the provider had sought feedback from respite users and their families. Positive feedback from families included: "We were initially worried but the staff team handled everything with kindness, understanding and compassion" and "we are so grateful for the opportunity to have a break. The staff have a positive attitude towards our loved one".

Regular staff meetings were held, and a record was kept of the discussions and required actions. The presence of the person in charge in the centre provided all staff with opportunities for managerial supervision and support.

Judgment: Compliant

Regulation 3: Statement of purpose

The provider had submitted a statement of purpose which accurately outlined the service provided and met the requirements of the regulations.

The inspector reviewed the statement of purpose and found that it described the model of care and support delivered to respite users in the service and the day-to-day operation of the designated centre. The statement of purpose was available to respite users and their representatives in a format appropriate to their communication needs and preferences.

In addition, a walk around of the designated centre confirmed that the statement of purpose accurately described the facilities available including room size and function.

Judgment: Compliant

Regulation 31: Notification of incidents

The inspector reviewed all notifications submitted by the provider to the Chief Inspector of Social Services and found the provider had submitted notifications on practices and adverse events as per the requirements of this regulation.

Judgment: Compliant

Regulation 34: Complaints procedure

The provider had established and implemented effective complaint handling processes. For example, there was a complaints and compliments policy in place. In addition, staff were provided with the appropriate skills and resources to deal with a complaint and had a full understanding of the complaints policy.

The inspector observed that the complaints procedure was accessible to respite users and in a format that they could understand. The complaints procedure was available to families.

The inspector reviewed the complaints log and found that at the time of the inspection there were no complaints in relation to the centre. The inspector reviewed a number of compliments submitted by families following a respite stay for their loved one. One family noted that the staff in the centre are their loved ones

'absolute favourite people'.

Judgment: Compliant

Quality and safety

This section of the report details the quality and safety of service for the children availing of respite in the designated centre. The inspector found that the governance and management systems had ensured that care and support was delivered to children staying in respite in a safe manner and that the service was consistently and effectively monitored.

The inspector found that atmosphere in the centre to be warm, relaxed and fun and found children to be happy and relaxed in the presence of support staff.

There were appropriate fire safety measures in place, including fire and smoke detection systems and fire fighting equipment. The fire panel was addressable and there was guidance displayed beside it on the different fire zones in the centre. However, during a walk through of the centre the inspector found two fire doors were not being released from the magnetic holder during a fire alarm activation.

There were good arrangements, underpinned by robust policies and procedures, for the safeguarding of children from abuse. Staff working in the centre completed training to support them in preventing, detecting, and responding to safeguarding concerns. Staff spoken with were familiar with the procedure for reporting any concerns, and safeguarding plans had been prepared with measures to safeguard respite users.

Overall, the inspector found that the day-to-day practice within this centre ensured that children were receiving a safe and quality service in respite.

Regulation 10: Communication

The inspector saw that the respite users in this designated centre were supported to communicate in line with their assessed needs and wishes. Children's care plans contained communication support plans and a communication profile which detailed how best to support each child.

Communication aids, including visual supports, had been implemented in line with respite users needs and were readily available in the centre. The inspector observed that there was information available to each child to support their communication including visual activity boards, PECs, menu boards and staff planners. The inspector observed staff using alternative communication modes with respite users such as

Lámh, a manual signing system and picture formats on their electronic tablet devices.

The inspector spoke with staff during the course of the day and observed that staff were familiar with respite users communication needs and were guided by both verbal and non verbal cues including: body language and gestures. The inspector found that there was a consistent staff team in place which promoted each respite users communication style.

Judgment: Compliant

Regulation 17: Premises

The inspector found the atmosphere in the centre to be warm and cheerful, there were a number of activities available in the centre for respite users to avail of. The centre had recently been refurbished to include a purposeful sensory room for children. The inspector observed children relaxing in the sensory room while enjoying watching the lights from the sensory aquarium fill the room.

The registered provider had ensured that the premises was designed and laid out to meet the aims and objectives of the service and the number and needs of respite users. The centre was maintained in a good state of repair and was clean and suitably decorated.

The person in charge and support team had completed bi-monthly IPC audits in the centre, the most recent audit completed in April 2025 had identified the need for general repainting of identified areas in the centre. The provider had a plan in place for the completion of the paint work.

Judgment: Compliant

Regulation 20: Information for residents

The provider had prepared a residents' guide which had been made accessible and contained information relating to the service. This information included the facilities available in the centre, the terms and conditions of residency, information on the running of the centre and the complaints procedure.

Judgment: Compliant

Regulation 26: Risk management procedures

A comprehensive risk register was maintained for the designated centre. The risk register accurately reflected the risks in the centre and was updated and reviewed at regular intervals due to identified changing needs in the centre. The inspector found that the risk register in place identified high-risk areas in the centre, such as child protection, changing needs, emergency responses, fire safety and unexplained absence.

The person in charge regularly reviewed risks present in the centre and, in doing so, effectively identified and highlighted those risks and ensured control and mitigation arrangements were in place to manage the risks. The person in charge and senior management ensured that the identified risk had been escalated to the appropriate stakeholders and that control measures in place in the centre were the least restrictive for children. The inspector found that the person in charge was completing quarterly reviews and audits to key areas such as medication management, protection against infection, restrictive practices and accident and incident trending and was utilising this information to update risk assessments in the centre.

The inspector observed that staff were suitably informed of the risks presented in the centre and the control measures required to reduce and manage risk. The inspector observed that the provider and person in charge had responded to emergencies and accidents and incidents in the designated centre and had ensured that respite users were still promoted to engage in meaningful and positive experiences

Judgment: Compliant

Regulation 27: Protection against infection

There were procedures in place for the prevention and control of infection. All areas appeared clean and in a good state of repair. A cleaning schedule was in place and staff had attended appropriate training and were knowledgeable about infection control arrangements.

The designated centre had completed bi-monthly audits in relation to protection against infection and the inspector found that the findings of these audits were shared amongst the staff team through staff meetings.

Judgment: Compliant

Regulation 28: Fire precautions

The inspector reviewed fire risk assessments, records of practice evacuation drills, staff training records, personal evacuation plans, and equipment service records related to fire safety in this designated centre. The inspector also walked the premises and observed evacuation routes, door closure mechanisms and fire containment features.

The inspector completed a walk through of the designated centre and completed a manual check on each fire door. The inspector observed that two doors in the designated centre, one bedroom and the kitchen door were not releasing from the magnetic holder when the release button was pressed. The inspector requested for a test alarm to be activated to see if the door would automatically close in the event of the alarm being activated. This was completed by a member of the staff team. On activation of the fire alarm the inspector found that the doors were not released from the magnetic holder. The inspector completed a review of the fire faults check in the centre and found that this issue had occurred on the 09 March 2025 and 08 April 2025, during both dates the issue had been resolved but the provider had initiated a review of the batteries in use for the magnet hold. This was outstanding on the day of the inspection. The provider contacted the relevant fire department during the course of the inspection and a local response plan was implemented to ensure that the door would not be placed in the magnetic hold until the issue was rectified.

The inspector reviewed fire safety records, including fire drill details and the provider had demonstrated that they could safely evacuate respite users under day and night time circumstances. The inspector found that all 22 children using respite had individual emergency evacuation plans in place and fire drills had taken place on a routine basis in the designated centre.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

There were safe practices in relation to the ordering, receipt and storage of medicines. There was a system in place for the management of each child's medicines on admission and discharge from their respite stay. The inspector found that support staff were knowledgeable and could discuss control measures and how to report a medication incident through the providers systems.

The provider had appropriate lockable storage in place for medicinal products and a review of medication administration records indicated that medicines were administered as prescribed. Medication audits were being completed as per the providers policy and any recommendations or findings from audits were a topic

discussed within staff meetings.

Judgment: Compliant

Regulation 8: Protection

The registered provider and person in charge had implemented systems to safeguard respite users from abuse. For example, there was a clear policy in place with supporting procedures, which clearly directed staff on what to do in the event of a safeguarding concern. In addition, all staff had completed safeguarding training to support them in the prevention, detection, and response to safeguarding concerns. The inspector had the opportunity to speak to three staff during the course of the inspection and found that staff spoken with were knowledgeable about their safeguarding remit.

At the time of the inspection there was no open safeguarding concerns. The inspector found that the staff team, person in charge and provider were aware of possible compatibility issues that may arise with respite users and had suitable systems in place to ensure that respite users attended the centre at different intervals.

Intimate care plans had been developed to guide staff in supporting respite users in this area in a manner that respected their dignity and bodily integrity.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended) and the regulations considered on this inspection were:

| Regulation Title | Judgment |
|--|-------------------------|
| Capacity and capability | |
| Registration Regulation 5: Application for registration or renewal of registration | Compliant |
| Regulation 15: Staffing | Compliant |
| Regulation 16: Training and staff development | Compliant |
| Regulation 21: Records | Compliant |
| Regulation 22: Insurance | Compliant |
| Regulation 23: Governance and management | Compliant |
| Regulation 3: Statement of purpose | Compliant |
| Regulation 31: Notification of incidents | Compliant |
| Regulation 34: Complaints procedure | Compliant |
| Quality and safety | |
| Regulation 10: Communication | Compliant |
| Regulation 17: Premises | Compliant |
| Regulation 20: Information for residents | Compliant |
| Regulation 26: Risk management procedures | Compliant |
| Regulation 27: Protection against infection | Compliant |
| Regulation 28: Fire precautions | Substantially compliant |
| Regulation 29: Medicines and pharmaceutical services | Compliant |
| Regulation 8: Protection | Compliant |

Compliance Plan for St Paul's Coolatree OSV-0003767

Inspection ID: MON-0038004

Date of inspection: 13/05/2025

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

| Regulation Heading | Judgment |
|---|-------------------------|
| Regulation 28: Fire precautions | Substantially Compliant |
| Outline how you are going to come into compliance with Regulation 28: Fire precautions: The provider commissioned a fire equipment contractor to come to the respite service to review the issue occurring with the automatic holders. This was complete on the 03/06/2025 and all issues were corrected with the use of industrial batteries. | |

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

| Regulation | Regulatory requirement | Judgment | Risk rating | Date to be complied with |
|---------------------|---|-------------------------|-------------|--------------------------|
| Regulation 28(3)(a) | The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires. | Substantially Compliant | Yellow | 03/06/2025 |