



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

Issued by the Chief Inspector

Name of designated centre:	St Paul's Santry
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:	25 March 2025
Centre ID:	OSV-0003769
Fieldwork ID:	MON-0037676

About the designated centre

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

St. Paul's Santry is a designated centre located in North County Dublin. The designated centre provides a respite service for up to four children and adolescents 18 and younger. The composition of children's groups attending together for respite was influenced by age, peer suitability, dependency levels and gender mix. Each child has their own bedroom during their respite stay, with adequate storage facilities and there is adequate communal space in the centre which included a sensory room. There is garden to the rear of the centre with a seating area, swing, and other play equipment for children to play outside. The provider is a limited company with its own board which is closely associated with a large teaching hospital. The Chair of St. Paul's CFCC Board also sits on the parent company Board. The Board of St. Paul's CFCC also comprises of employee of MMUH Hospital, external Board members and past parents of the service. The hospital provides support services to the centre, such as human resources, risk management and payroll function. The centre is staffed by a person in charge, social child care workers and care assistants.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	3
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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 25 March 2025	11:00hrs to 17:30hrs	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, some improvements were required in relation to Regulation 31:notification of incidents. 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, 21 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 centre comprises a large, bright two-storey house located in North Dublin. It has a kitchen with a large dining room and living space, a purpose built sensory room, small sitting room, four respite bedrooms, one staff room, two bathrooms and large garden equipped with swing and built in trampoline. 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 completed a number of premises work including the redecoration of three of the respite bedrooms.

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. The inspector observed staff and respite users communication using these systems throughout the course of the inspection. Each respite user had a communication passport in place which had undergone regular review which was then communicated to the respite service and the child's school.

The inspector met one child on their arrival to respite from school. The inspector observed the child walking into the dining area of the respite centre and sitting in a large rocking chair. They proceeded to take out their electronic tablet device and go through pictures of the staff. The child showed the inspector which staff would be working in the centre that day and what the staff was helping them to make for their dinner. The child then demonstrated to the inspector through Lámh (a manual signing system) communication that they would be waiting on their food before they played with some toys. The inspector then observed the child to help support staff

in preparing their dinner. Support staff were using a variety of communication systems to help the child communicate their needs including pictures on their electronic tablet, Lámh and closely watching their body language.

The inspector spoke to one child as they were playing in the centre garden. They were spending time on the centre trampoline while being supported by staff. The child was observed to be laughing with staff, the inspector observed them using non-verbal communication with support staff to identify activities they wished to carry out. The child pointed the support staff in the direction of objects or toys that they wished to use and the support staff followed each action with a sign for the child to further enhance their interaction. The child brought staff and the inspector into the kitchen of the centre and communicated which snack they would like to have once they had finished playing in the garden. The inspector observed the staff to provide the child with sun protection and to redirect them at times from sitting in the direct sun-light while playing in the garden.

The inspector had the opportunity to speak to one family member during the course of the inspection. The family member said that they are very happy with the level of care that their loves one receives when attending respite. They discussed that the staff know their child extremely well and that they have been working with them for a long time. They felt that their child is very relaxed when they arrive at the centre. The family member stated that lack of transport to respite is a concern for them as a family. The family member said that not having transport has led to increased anxiety for their child as transitioning can be a difficult time for their child. They discussed that in order to attend respite their child must complete three separate transitions including from the school to their family car and then to respite. The family discussed that this can cause a delayed arrival to the respite centre as their child maybe upset or wish to return home prior to their overnight stay.

During their stay at the centre, respite users had the opportunity to engage in a diverse range of activities. These activities included centre based activities such as playing games, building Lego and jigsaws, spending time in the sensory room completing sensory activities, listening to music and watching movies. Respite users also enjoyed activities in the local community such as bowling, cinema, shopping, dinners out, walks in local parks and playgrounds.

Written feedback on the quality and safety of care in the centre was received from four children's families which was positive and complimentary. One family commented that their loved one feels safe and is well looked after while attending respite so this helps them to relax during this time. Another family discussed that the staff team are friendly, helpful and kind. The family noted that the staff team know their child very well and this is very important to them when attending a respite stay. Furthermore, the provider had completed an annual review for the service, all respite users and their representatives were invited to provide feedback on the service through questionnaires. The inspector found that the feedback received on the service was positive, with family expressing satisfaction with the service provided and the level of support from the person in charge and the staff team.

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 to grant 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 and a focus on a fun and enjoyable break for children and their families.

It was evident that both the person in charge and the person participating in management were utilising management systems to effectively monitor and oversee children's care and support. This was evidenced by high levels of compliance with the regulations on this inspection.

The education and training provided to staff enabled them to provide care that reflected up-to-date, evidence-based practice. The training needs of staff were regularly monitored and addressed to ensure the delivery of quality, safe and effective services for the respite users. Good quality supervision meetings to support staff performing their duties to the best of their ability took place as per the schedule in place.

On review of the referrals and admission procedure for new respite users admission to the service, the inspector found that it was determined on the basis of transparent criteria in accordance with the centre statement of purpose and took into account the needs of all respite users availing of the services. New respite users were afforded the opportunity to visit the centre with their family before attending on a respite break for evening tea or weekend lunch.

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 14: Persons in charge

The inspector reviewed the Schedule 2 information for the person in charge and found that they had the qualifications and experience to fulfill the requirements of the regulations. During the inspection the inspector reviewed the systems they had for oversight and monitoring and found that they were effective in identifying areas of good practice and areas where improvements were required.

Through interactions, the inspector found the person in charge to have good knowledge of each child availing of the respite service and an overview of each child's proposed plans for visits.

Judgment: Compliant

Regulation 15: Staffing

The registered provider had ensured the skill-mix and staffing levels allocated to the centre were in accordance with the children's current assessed needs. Staffing levels were in line with the centre's statement of purpose and the needs of the children availing of respite services. The inspector found that if staffing levels were deemed low at any time, for example if a staff was on unplanned leave or a vacancy was identified in the team, the provider would make the decision to reduce respite numbers for that period. This was not a regular occurrence, however, when required the provider put the additional control measure in place to enhance children's respite experience.

The inspector reviewed both the planned and actual rosters from December 2024 and January to March 2025 and found that these reflected the staffing arrangements in the centre, on duty during the day and for sleep-over periods.

Furthermore, the inspector observed staff engaging with children in a respectful and fun manner. It was clear that staff had a good understanding of the children availing of the respite stay and were promoting an environment of a fun, relaxed and welcoming break.

The inspector spoke to two staff during the course of the inspection and found that they were knowledgeable of each respite users individual needs. Staff spoke to the inspector about the transition of new respite users into the centre and adapting their skills to each child to ensure both the child and the parent felt safe during their respite stay.

Judgment: Compliant

Regulation 16: Training and staff development

The person in charge ensured that staff were supported and facilitated to access appropriate training including refresher training that was in line with children's assessed needs. The inspector reviewed a log of the staff training records maintained by the person in charge. Staff had completed training in areas such as neurodiversity training, autism awareness, alternative/augmentative communication training (ACC) and human rights-based training,

A staff training schedule was in place and the inspector found that person in charge and senior management had completed an annual staff training needs analysis which was incorporating the assessed needs of new admission to the respite centre. The provider had policies and procedures in place in terms of supervision of staff. This included one-to-one supervision sessions with the person in charge. The inspector reviewed the supervision records of four staff members and found they had a detailed overview of training, goals and support requirements for respite users.

The inspector reviewed team meetings in the centre from April 2024 until February 2025. The inspector found that these meetings were chaired by the person in charge and a member of the senior management team was in attendance at each team meeting. The meetings were found to be respite user focused and of a high quality. The meetings held standing agenda items such as respite users current overview, health and safety, medication management, learning from incident report management and fire safety.

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 residents' 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

There was a clearly defined governance structure which identified the lines of authority and accountability within the centre and ensured the delivery of good quality care and support that was routinely monitored and evaluated.

There was suitable local oversight and the centre was sufficiently resourced to meet the needs of all children availing of respite services. The designated centre was registered for a maximum of four children during each stay.

It was evident 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. As previously discussed members of the providers senior management team such as the director of service or the medical director regularly attended team meetings in the centre.

The person in charge had implemented an auditing system that ensured a suite of audits including fire, safety, infection prevention and control (IPC), health and safety and medicine management were regularly reviewed by the staff team to promote a culture of staff team to promote a culture of shared learning within the centre.

The inspector reviewed two six-monthly unannounced provider visit completed in May 2024 and October 2024 and found that recommendations actioned in the audit had been put in place with clear time frames for completion. An annual review was completed for the designated centre, the inspector found that the person in charge and the staff team had gathered views and opinions from children and families throughout the year and ensured that they formulated part of the care and support provided to respite users.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

The provider had systems in place for engaging with the children, families and relevant stakeholders prior to admission to the centre. Children and families were presented with opportunities to visit the centre before experiencing an overnight stay. For example, children came to the centre for short periods of the day with families either staying in the centre with children or collecting them after a short period. Each respite user had a transition plan in place. Prior to admission for a respite stay each family were issued with a welcome pack for the centre which included further information about the centre including the name and role of the keyworker. This was presented in an easy-to-read guide with pictures for the child to review. The inspector reviewed three recent admissions to the centre and found that the admission process was adhered to in line with the providers policy and procedure.

Compatibility reviews occurred in the centre to ensure that children were availing of respite breaks with other children of similar ages and where possible with similar

interests.
Judgment: Compliant
Regulation 3: Statement of purpose
<p>The registered provider had prepared a written statement of purpose containing the information set out in Schedule 1 of the regulations.</p> <p>The statement of purpose outlined sufficiently the services and facilities provided in the designated centre, its staffing complement and the organisational structure of the centre and clearly outlined information pertaining to the children's well-being and safety.</p> <p>A copy of the statement of purpose was readily available to the inspector on the day of inspection. It was also available to children and their representatives.</p>
Judgment: Compliant
Regulation 31: Notification of incidents
<p>Through a review of documentation the inspector found that not all incidents occurring in the centre had been submitted to the office of the Chief Inspector in line with the regulation. However, the inspector found that all other stakeholders had been notified in line with the providers policies and procedures. The provider submitted retrospective notifications in relation to one incident which had occurred in the centre. The concern had been reviewed and subsequently closed by the provider and external stakeholders. The person in charge added the concern arising from the inspection to the centres staff meeting agenda for future shared learning.</p>
Judgment: Not compliant
Quality and safety
<p>This inspection found high levels of compliance with the regulations and standards. The inspector found that the centre provided a homely, sociable and fun environment aimed at enhancing young respite users enjoyment. It was evident that the person in charge and support staff met with during the course of the inspection were aware of respite' users needs and had the skills and training to support</p>

practices required to meet those needs.

The provider had good risk management procedures in place in this centre. These included policies and procedures to guide staff practice. There was a risk register, and general and individual risk assessments were developed and reviewed as required. The provider also had systems to respond to emergencies and to monitor and respond to adverse events.

The provider had ensured that children's communication support needs had been comprehensively assessed by an appropriate healthcare professional. Each child was assisted and supported to communicate through clear guidance and support plans.

Overall, the inspector found that the day-to-day practice within this centre ensured that respite users were receiving a safe and quality service, delivered by a stable, consistent team of suitably qualified staff.

Regulation 10: Communication

The inspector saw that children in this designated centre were supported to communicate in line with their assessed needs and wishes.

Children's files contained communication support plans and a communication profile which detailed how best to support each child.

Staff were in receipt of communication training which supported and informed their communication practice and interactions with children availing of respite services and as observed by the inspector during the course of the inspection. The inspector observed the person in charge and staff team implementing a number of communication systems with the three children attending respite on the day of the inspection. For example, one child was being supported to communicate using both LÁMH and short sentences. A second child was observed communicating using sounds and a tablet device. The inspector observed children and staff communicating in a relaxed environment with staff patiently communicating if a child was struggling to communicate a topic.

Communication aids, including visual supports, had been implemented in line with children's assessed needs and were readily available in the centre. The inspector saw evidence of new communication plans for each child being implemented. For example, children were at different phases of PECs, with some children in phase one and other children at a more enhanced stage. A number of children were using multi-communication systems.

Judgment: Compliant

Regulation 17: Premises

The inspector found the atmosphere in the centre to be warm, cheerful and fun, with children arriving at respite after school and immediately greeting staff and identifying toys, gadgets that they would like to play with or going straight to a rocking chair while staff made them a snack.

The registered provider had ensured the premises were designed and laid out to meet the number and needs of children availing of respite at any one time. The inspector observed there were toys and recreational activities available throughout the common areas of the house. The centre had a sensory room for children to avail of. The sensory room was fully furnished with sensory tiles, bubble machine and a number of sensory toys.

The centre had a back garden with a large swing and an in ground trampoline.

Judgment: Compliant

Regulation 20: Information for residents

The provider had prepared a residents' guide for the centre which was reviewed by the inspector and found to be accessible and contained information relating to the service. This information included the facilities available in the centre, local community and information in relation to the care provided during a respite stay for children.

The provider and person in charge had also created a welcome pack for all respite users which is sent to children and their representatives prior to their first respite stay. This welcome pack is accessible for each child and also gives accessible information in relation to each child's identified keyworker in the centre during their stay.

Judgment: Compliant

Regulation 26: Risk management procedures

The provider had suitable systems in place for the assessment, management and ongoing review of risk including a system for responding to emergencies.

There was a risk register in place which was regularly reviewed. Respite users' had individual risk assessments in place. Adverse incidents were found to be documented and reported in a timely manner. Accidents and incidents were found to

be discussed at each staff meeting.

The inspector spoke to four staff members during the course of the inspection and found them to be knowledgeable and competent in detailing the risks identified within the designated centre. Staff spoken to discussed medication management, respite users assessed needs and compatibility of children during respite stays.

Judgment: 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 observed the admission process for medication with support staff for three children availing of respite services during the course of the inspection. 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 7: Positive behavioural support

The provider had ensured that where children required behaviour support, suitable arrangements were in place to provide them with this. At the time of the inspection there were no children availing of respite that required a positive behaviour support plan.

The inspector found that restrictive practices were regularly reviewed and those in place were as a safety mechanism due to the nature of the designated centre and the children availing of respite. The provider had restrictive practice and rights committee which met annually or sooner if required to discuss and review restrictive practices in place for this centre.

Staff had up-to-date knowledge and skills to respond to needs of children should a child transition to the centre that required positive behavioural support.

Judgment: Compliant

Regulation 8: Protection

The registered provider and person in charge had implemented systems to safeguard respite users from abuse. The systems were underpinned by comprehensive policies and procedures. Staff working in the centre completed safeguarding training to support them in the prevention, detection, and response to safeguarding concerns.

Staff spoken with were informed of the safeguarding procedure and were knowledgeable about their role and responsibilities.

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 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Not 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 29: Medicines and pharmaceutical services	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for St Paul's Santry OSV-0003769

Inspection ID: MON-0037676

Date of inspection: 25/03/2025

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 31: Notification of incidents	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 31: Notification of incidents:</p> <ul style="list-style-type: none">- PIC of St. Paul's Santry to submit an NF06 form retrospectively in relation to the incident in question. This notification is to be submitted by the 26th of April 2025.- The Director of Service is to email all PIC's in the service to update on the learning from this notification and ensure this is passed to all staff so they are aware of this requirement going forward.	

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 31(1)(f)	The person in charge shall give the chief inspector notice in writing within 3 working days of the following adverse incidents occurring in the designated centre: any allegation, suspected or confirmed, of abuse of any resident.	Not Compliant	Orange	26/04/2025