



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:	23 February 2022
Centre ID:	OSV-0003769
Fieldwork ID:	MON-0027549

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 between the ages of nine and 18 years. 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 chief executive officer of the hospital chairs the board of the service, which in turn reports into the board of the hospital. 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:	2
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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
Wednesday 23 February 2022	09:00hrs to 13:00hrs	Sarah Cronin	Lead

What residents told us and what inspectors observed

This was an announced inspection which took place to inform a decision about the renewal of registration of the centre. The centre is a respite centre for children between the ages of seven and 18. It is a four bedroomed house in the suburbs of north Dublin. Downstairs had two sitting areas and a large kitchen. Parents and families had completed a fundraiser in 2021 which had enabled the provider to purchase lava tiles, a massage chair, sensory lights and other equipment to create a calm space for children to spend time in the sensory room. There were visual supports on the walls to facilitate children to understand their schedules, make choices and understand information about which staff members would be on duty. Each child availing of respite had their own room, with adequate storage facilities. There was a good sized back garden with a seating area and a swing for the children to use. This was a very positive inspection which found that the children were found to be in receipt of good quality care which was centred around their assessed needs and interests.

On the day of the inspection, the inspector briefly met with two of the young people using the service. On arrival, one of the residents was observed to be relaxing on a chair. They briefly engaged with the inspector and acknowledged questions by glancing upward and repeating some words. Staff told the inspector that the resident had chosen to go out for two drives the previous evening which they had enjoyed. The resident was collected by a family member a short time later. The inspector had the opportunity to speak with this family member who was very complimentary of the service and the support received from the centre. They reported that they would feel comfortable in raising any concerns to staff. They told the inspector that the resident referred to the respite house as their 'hotel' and they were always content to come into respite. The inspector observed another resident who was coming into respite later that morning. Prior to their arrival, the inspector was shown how staff review of each child's personal plans prior to each stay. This ensured that any changes in the child's health and well being was communicated in addition to each child's preferred activities and interests. Staff were observed to check in the child's medication and receive a clear handover on how the child was. A short time later the resident was seated at the kitchen table eating popcorn. When the inspector spoke with them they turned to a staff member and leaned into them and smiled. The staff member responded in a kind and supportive way. It was evident that the resident was content and comfortable in the presence of staff.

A review of documentation indicated that the service endeavoured to take a collaborative approach to supporting each child. They were noted to seek input from each child's circle of support such as their family members, members of the multidisciplinary team and where appropriate, members of the school team working with the child. The children's choices were sought throughout their stays in respite in relation to their activities and their meals. The provider also sought feedback from children annually using a questionnaire. Advocacy sessions took place twice a year with children in the house. These sessions focussed on different aspects of service

delivery for example the childrens' preferred night time routines. Rights were promoted with the children, with each child being informed using a child friendly charter of rights for children with autism.

Parental involvement was noted to be a key feature of the service. There was a parents council and a parents junior group which fed back to the executive management team. Parents had access to advocacy training and advocacy briefing sessions. They inputted into their child's personal plans and were invited to attend an annual respite update meeting. Two parents sat on the provider's Rights Committee. The provider supported parents to run summer camps and mid-term camps for the children. Families were also invited to attend festive events such as a summer barbeque and a winter wonderland. The provider sought information on each familys' views and beliefs to ensure their care was informed by each childs' cultural background.

The inspector received four questionnaires from family members which had been sent to the person in charge prior to the inspection. The questionnaires look at quality dimensions such as staff support, complaints, the centre itself, the bedroom, food and drink and rights. Feedback was very positive, with family members reporting that their children enjoyed activities such as playing on the swings, visiting the parks and going shopping for food. Other activities provided for were bowling, baking, equine therapy cycling, messy play, shopping and in house activities such as helping with food preparation and doing basic chores. Family members described staff as "loving, caring, patient kind" while another saying that the staff were "excellent" and another stating they were "supportive during a challenging period".

In summary , from reviewing documentation, speaking with staff , residents and family and observing practices, it was evident to the inspector that this service was striving to provide a good quality service which was child-led in collaboration with their families. The next two sections of this report present the inspection findings in relation to the governance and management of the centre and how governance and management arrangements affected the quality and safety of the service being delivered.

Capacity and capability

The provider was found to have strong governance and management arrangements in place to ensure that children attending the service were in receipt of good quality care. There was a clear management structure in place, with the person in charge reporting to the assistant director of the service. The provider had a number of committees in place to oversee particular aspects of the children's care such as a rights committee, a quality and safety committee and a family supports and child protection awareness committee. The provider had carried out an annual review of the quality and safety of supports and this included consultation with families and children. The feedback from family members was very positive, with one family

reporting that they "are confident that my child is safe, secure and happy and being looked after by competent and professional people" while another described the service as a "home away from home".

The inspector found that the governance systems in place ensured that service delivery was safe and effective through the ongoing auditing and monitoring of its performance resulting in a thorough and effective QA system. Six monthly unannounced visits were also carried out by the provider in line with regulatory requirements. Where the provider self-identified areas of improvement and development, appropriate time-bound action plans were put in place. There was a clear audit schedule in place which identified persons responsible for doing each audit and where this information was presented to (for example to the executive management team or the health and safety committee). Bi-monthly audits of health and safety, person centred plans, fire, incidents and medication took place. Clinical oversight of the service was achieved by health and social care professionals in their relevant areas of work. For example, the psychology service did an annual audit on positive behaviour support plans, restrictive practice and observations of staff in their use of visual supports and managing behaviours. The Speech and language therapy department also carried out an annual audit which observed staff using communication supports appropriately. These audits were fed back to staff, the person in charge, the Executive Management Committee and the Board of Management.

The person in charge maintained oversight of the day to day running of the centre through audits, on-site presence and clear systems for staff to follow each day in relation to their duties and ensuring that key information relating to each child was shared prior to their stay. The person in charge attended management meetings every two weeks. They had systems in place to ensure that staff reviewed minutes from these meetings and other relevant meetings from committees within the organisation to ensure that they were informed about service developments or areas requiring attention. The provider prepared a Statement of Purpose which met regulatory requirements.

The centre was well resourced, with staffing levels determined by the childrens' assessed needs. Formal dependency levels were assessed every six months and where required, the provider adjusted the staffing levels to meet these needs. The planned and actual rosters were well maintained and identified shift leaders. While there was a vacancy on the day of the inspection, there were relief staff who had worked in the centre for over two years who were familiar with the routines in the centre. A review of staff files indicated that the provider had all of the information required by the regulations in relation to their staff members.

The inspector found a proactive approach was taken to staff training. The person in charge and the assistant director of care undertook a training needs analysis each year to identify any gaps or requests for training. A training calendar was in place. On review of the staff training matrix, the inspector found that staff had completed mandatory training in a number of areas such as fire safety, safeguarding, positive behaviour support, food safety, restrictive practice, first aid and the safe administration of medication. Staff had completed additional training in infection

prevention and control such as hand hygiene, respiratory etiquette and use of personal protective equipment (PPE). Staff supervision occurred with the person in charge every eight weeks and was structured.

The provider had an admissions, discharge and transfer policy. The process for admission was clearly outlined and there was a respite admission team in place with input from health and social care professionals. Children and their representatives were provided with an opportunity to visit the designated centre for short periods before they did an overnight stay. There were written contracts of care in place outlining the terms of the respite service for the children availing of the service on the day of the inspection. Transition planning was done in a gradual and timely way once the young person turned 16 in order to have clear plans in place for when they left the service at 18.

A review of incidents and accidents and of the provider's notifications indicated that the provider notified the chief inspector of incidents occurring in the designated centre as required in the regulations. There was a complaints policy in place and the process of making a complaint was communicated in a child-friendly manner. The inspector reviewed the compliments and complaints log and found that there was a clear record of any complaints and complaints were swiftly responded to. Learning / action plans were identified from these plans. A quarterly complaints register was furnished to the person in charge by the complaints officer. Informal complaints were recorded and managed by the team locally.

Regulation 15: Staffing

The provider had resourced the centre with staff who had the appropriate skills and qualifications to support the children during their respite stays. Dependency levels were assessed twice a year and this informed staffing levels suitable for each child. Where relief staff were required, the provider had a small group of staff who had worked in the house for up to a year prior to the inspection.

Judgment: Compliant

Regulation 16: Training and staff development

On review of the staff training matrix, the inspector found that staff had completed mandatory training in a number of areas such as fire safety, safeguarding, positive behaviour support, food safety, restrictive practice, first aid and the safe administration of medication. Staff had completed additional training in infection prevention and control such as hand hygiene, respiratory etiquette and use of personal protective equipment (PPE). Staff supervision occurred with the person in charge every eight weeks and was structured.

Judgment: Compliant

Regulation 23: Governance and management

The provider was found to have strong governance and management arrangements in place to ensure that children attending the service were in receipt of good quality care. There was a clear management structure in place, with the person in charge reporting to the assistant director of the service. The provider had a number of committees in place to oversee particular aspects of the children's care such as a rights committee, a quality and safety committee and a family supports and child protection awareness committee. Annual reviews and six monthly unannounced inspections took place in line with regulatory requirements. The provider had good governance systems in place which ensured that the service was safe and effective through the use of ongoing auditing and performance management. This resulted in an effective quality assurance system to allow the service to continually develop.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

The provider had an admissions, discharge and transfer policy. The process for admission was clearly outlined and there was a respite admission team in place with input from health and social care professionals. Children and their representatives were provided with an opportunity to visit the designated centre for short periods before they did an overnight stay. There were written contracts of care in place outlining the terms of the respite service for the children availing of the service on the day of the inspection. Transition planning was done in a gradual and timely way for children reaching sixteen to ensure that the young person was supported in their transition to adult services by the time they turned 18.

Judgment: Compliant

Regulation 3: Statement of purpose

The provider had prepared a Statement of Purpose which was regularly reviewed and contained information required in the regulations.

Judgment: Compliant

Regulation 31: Notification of incidents

The provider had notified the office of the Chief inspector of incidents in the designated centre in line with regulatory requirements.

Judgment: Compliant

Regulation 34: Complaints procedure

There was a complaints policy in place and the process of making a complaint was communicated in a child-friendly manner. The inspector reviewed the compliments and complaints log and found that there was a clear record of any complaints and complaints were swiftly responded to. Learning / action plans were identified from these plans. A quarterly complaints register was furnished to the person in charge by the complaints officer. Informal complaints were recorded and managed by the team locally.

Judgment: Compliant

Quality and safety

The inspector found that the children accessing respite in this designated centre were receiving a service that was safe, child-centred and of good quality. Children's choices were accommodated and they were supported to develop life skills such as helping out with household chores, helping with grocery shopping and meal preparation. Each child had an annual assessment completed of their personal and social care needs. This assessment was informed by formal clinical reports and parental reports. Plans were found to be realistic and concise and reflective of what would be achievable in short respite stays. The plans were informed and developed with multidisciplinary team members, the child and family members. The plans were updated every six months and regularly audited by the person in charge to ensure they remained up to date. Children were supported to maintain good health while in respite through the use of health and medical plans if they required them. The centre received input from health and social care professionals such as psychology, speech and language therapy, occupational therapy and social work. Monthly multidisciplinary meetings took place in relation to the children attending respite.

Children who required positive behaviour support plans had those in place and these were regularly reviewed by the psychologist. There were a small number of restrictive practices in place in the centre which were largely in place as a safety measure such as window restrictors or locked doors to some cupboards. The

provider had a Restrictive Practices Approval and Review Committee which had oversight of restrictive practices. The provider developed its own Restrictive practices training to ensure that staff had a clear understanding of restrictive practices, their application within the service and responsibilities of staff and management. This was in the process of being rolled out to staff. The psychology team carried out an annual audit of restrictive practices in addition to observing staff practices in supporting children with behaviours of concern.

The inspector found there to be good systems in place to ensure that children were protected from all forms of abuse. All of the staff had completed mandatory training and had been given additional training by a social worker within the service. The provider had a child protection and welfare committee in place. There were monitoring and reporting systems in place to ensure any safeguarding concerns were identified and risk assessments put in place where required. Intimate care plans were developed for each child in partnership with their parents or guardians. Staff members received training on respecting each child's privacy and dignity in line with their assessed needs. Parental consent sought for proactive risk assessments, intimate care plans, health plans and any restrictive practices.

The children attending the service had regular input from Speech and Language Therapy (SLT) . Each child had a communication profile and these were found to be succinct and regularly reviewed. The Speech and Language Therapy department educated staff and children on Lámh signs each month. There were visual supports used throughout the centre such as schedules and first / then boards. As an additional quality improvement measure, the SLT department did annual audits of the communication environment in the centre. The provider had endeavoured to create child-friendly documents such as the residents guide, a charter of rights and the complaints policy to share information with them.

The provider had a quality and safety framework in place which outlined responsibilities and reporting structures for the management of risk and health and safety in the organisation. The risk management policy met the requirements of Schedule 5 of the regulations. There were good systems in place for the identification, assessment and management of risks, both at centre and individual levels. The risk register was up to date and reviewed every two weeks by the person in charge. This in turn populated the corporate risk register to ensure provider level oversight of known risks. Adverse incidents were analysed and used to inform care plans where appropriate. Learning was shared with staff members and other staff within the organisation. Regular health and safety audits were carried out in addition to the provider engaging a representative from an affiliated hospital to carry out an annual review of health and safety. Staff were also invited to complete a health and safety questionnaire annually to identify any improvements they felt were required.

The inspector found the premises to be in a good state of repair and well suited to the needs of the children accessing respite. Each child had ample space to spend alone or with others downstairs and upstairs they had their own bedroom. The inspector found the centre to have appropriate fire detection and containment measures in place. Since the last inspection, an emergency light had been installed on an evacuation route. There were regular checks carried out on lights, alarms, fire

doors and fire fighting equipment. The inspector viewed documentation which indicated that these were maintained and serviced by an external company on a regular basis. Each child had a personal emergency evacuation plan (PEEP) developed and regularly reviewed. There was a fire drill schedule in place for the year and a record was kept of staff and children who had completed drills. This ensured that all staff and children had ample opportunities to take part in a drill. The documentation of drills was in the process of changing to enable a more detailed description of each drill to include things such as the scenario used and identified learning.

The inspector found good practices relating to infection prevention and control in the centre. There were cleaning schedules in place and hygiene and environmental audits were carried out twice a month. The Health Information and Quality Authority (HIQA) preparedness and contingency planning and self-assessment for COVID-19 tool had been completed. This was to ensure that appropriate systems, processes, behaviours and referral pathways were in place to support staff to manage the service in the event of an outbreak of COVID-19. There were a number of procedures in place to guide staff practice such as infection control measures, managing household waste and laundry, hand hygiene and use of personal protective equipment (PPE). Procedures were in place for the safe transition of children into school settings in relation to COVID-19. Water checks were carried out by an external company on an annual basis.

Regulation 10: Communication

Each child had a communication profile and these were found to be succinct and regularly reviewed. The Speech and Language Therapy department educated staff and children on Lámh signs each month. There were visual supports used throughout the centre such as schedules and first / then boards. As an additional quality improvement measure, the SLT department did annual audits of the communication environment in the centre. The provider had endeavoured to create child-friendly documents such as the residents guide, a charter of rights and the complaints policy to share information with them.

Judgment: Compliant

Regulation 17: Premises

The premises was found to be homely and in a good state of repair internally and externally. It was well suited to the children's needs and had ample space for children to use for recreation and relaxation.

Judgment: Compliant

Regulation 26: Risk management procedures

The inspector found there to be robust risk management systems in place. Risks were assessed, identified and managed within the centre. The risk register was well maintained and regularly reviewed to ensure continued oversight of risk. Adverse events were documented, reported and responded to. Learning from each incident was identified and shared with relevant staff in the organisation.

Judgment: Compliant

Regulation 27: Protection against infection

The inspector found good practices in relation to infection prevention and control in the centre. Staff practice was guided by a number of policies and procedures and there were clear schedules in place for cleaning the centre. Up to date information on the management of COVID-19 was shared with parents and staff by email on a regular basis. There were clear protocols in place to support the safe transition of children to and from school, home and respite.

Judgment: Compliant

Regulation 28: Fire precautions

The provider had good fire safety management systems in place. Detection and containment measures were present and found to be in good working order. There was emergency lighting and fire fighting equipment in place. Each child had a personal emergency evacuation plan in place. Fire drills were taking place regularly and each child and staff member were scheduled to take part to ensure they could safely evacuate in the event of a fire.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Each child had an annual assessment completed of their personal and social care needs. This assessment was informed by formal clinical reports and parental

reports. Children accessed school through their predetermined educational placement. Plans were found to be realistic and concise and reflective of what would be achievable in short respite stays. These plans were informed and developed with multidisciplinary team members, the child and the parent. The plans were updated every six months. These plans were regularly audited by the person in charge.

Judgment: Compliant

Regulation 7: Positive behavioural support

Children who required positive behaviour support plans had those in place and these were regularly reviewed by the psychologist. There were a small number of restrictive practices in place in the centre which were largely in place as a safety measure such as window restrictors or locked doors to some cupboards. The provider had a Practices Approval and Review Committee which had oversight of restrictive practices. The psychology team carried out an audit of restrictive practices in addition to observing staff practices.

Judgment: Compliant

Regulation 8: Protection

The inspector found there to be good systems in place to ensure that children were protected from all forms of abuse. All of the staff had completed mandatory training and had been given additional training by a social worker. The provider had a child protection and welfare committee in place. There were monitoring and reporting systems in place to ensure any safeguarding concerns were identified and risk assessments put in place where required. Intimate care plans were developed for each child in partnership with their parents or guardians. Staff members received training on respecting each child's privacy and dignity in line with their assessed needs. Parental consent sought for proactive risk assessments, intimate care plans, health plans and any restrictive practices.

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	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	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	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant