



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:	Unannounced
Date of inspection:	07 September 2021
Centre ID:	OSV-0003769
Fieldwork ID:	MON-0027551

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:	4
--	---

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 - 2015 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 7 September 2021	10:00hrs to 16:30hrs	Sarah Mockler	Lead

What residents told us and what inspectors observed

The inspector found evidence throughout this inspection that children and adolescents using this service for respite stays were supported to be safe, happy, and able to spend their time in the house in line with their own choices and preferences. In addition, the staff team had arrangements to ensure that the time spent was used to effectively support children and adolescents with appropriate goals while ensuring the respite stay was a positive and enjoyable experience.

Residential respite was provided on specific nights, with the majority of children availing of a respite stay once every fortnight. However, a small number of children were availing of more frequent respite stays in line with their specific needs. Usually, a maximum of two children availed of a respite stay together and this was in line with each person's specific compatibility needs.

On the day of inspection, a child was due to be admitted in the afternoon to avail of one night's respite stay. On arrival at the centre, the inspector was warmly welcomed by two staff members who were in the process of completing a deep clean of the centre following a respite stay. Later in the day, the inspector observed staff reviewing a child's personal file to ensure they were up-to-date on the child's interests, support requirements, communication methods, and preferred meals and activities. Staff were knowledgeable about the child's interests and spoke about the specific tv programs the child enjoyed. In addition, they were cognisant of the child's specific needs and gave some information on what the child liked to do when they were in the respite centre.

The inspector had the opportunity to briefly observe the child in the respite setting. The child choose not to engage with the inspector. The child was eating a preferred snack while a tv program was playing in the lounge area. The child was observed to freely move around the house and garden. They were supported to engage in some simple household chores. This activity was in line with their identified goals in their personal plan. The child frequently requested to go out, and staff patiently explained that they would be leaving soon. The child then left the centre with staff to go for a drive and then a walk.

The inspector completed a walk around the premises. The house was pleasant and bright, with a large central communal kitchen, dining, and living room. This area made use of simple language and pictorial signs and prompts to assist children to find their way around the kitchen and to make choices on activities and meals. Each child had a usual bedroom for when they stayed overnight and a preferred bathroom and shower. Each child had a single room and space to store their clothes and belongings. The house had a room set up as an indoor play area with sensory features, lights, mirrors, and foam mats. The garden also had a safe and secure play area with a swing set, sandpit, and appropriate outdoor activities.

Some children had measures in place to keep them safe, including secure seatbelts,

alarms on bedroom doors, and locked cabinets for hazardous items. Environmental measures in place were used for child safety, were kept under review, disengaged when the relevant children were not in the house, and consent for their use was obtained from children and their representatives.

Documentation review was also completed to gather a sense of the children's experiences during a respite stay. Person centred plans were reviewed, which captured important information that staff needed to know to support the child effectively during their stay. This information was documented in a communication and behaviour passport, which reflected the child's specific needs in these areas as well as preferences around routines and meals.

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

Capacity and capability

The inspector found the registered provider had robust arrangements in place to ensure governance and oversight of the service enabled the provision of a quality-driven service. Where the provider had self-identified areas of improvement and development, appropriate time-bound action plans were put in place. A high level of compliance was found across regulations reviewed on the inspection day. Some minor improvements were required in relation to staff accessing refresher training.

There was a suitably qualified full-time person in charge in place. They had been appointed in 2020. On discussions with the person in charge, it was evident that they had excellent knowledge and oversight of the service. They discussed each child's specific needs in detail. They were aware of their remit in relation to regulations. They were a key driver of quality within the service. The person in charge had a schedule of audits across a range of different aspects of service provision. Any areas of improvement identified were completed in a timely manner.

The provider had completed its annual review for 2020 in which they reflected on key achievements and projects in the designated centre and areas for attention in 2021. Their review collected feedback, suggestions, and commentary from children and their family members as part of their review. Overall commentary was highly positive, and the continued operation of this respite service through the COVID-19 pandemic was appreciated by children and families, for whom the service was a key part of their weekly plan and routine. In addition to this, the six monthly unannounced visits by the provider were completed. The audits, annual reviews, and six monthly unannounced visits were driving quality improvements across the service and resulting in positive outcomes for children and their families when they were accessing respite stays.

Staff were overall appropriately trained and experienced for their respective roles and had been supported to identify and attend specialised training sessions to effectively deliver support for the children's assessed needs, including epilepsy, the use of restrictive practices and specific training in relation to positive behaviour support plans. The inspector found that staff were familiar with children's goals and preferences and supported children in continuing plans and routines set out at home or school. The team was led by a person in charge who was based in the house, and arrangements were in place to cover the day-to-day operation of the centre in their absence. Staff spoken with commented that they felt well supported by their managers and colleagues. The inspector reviewed a sample of supervision and performance management sessions between staff and their respective line managers. These records indicated that staff had the opportunity to identify training and support needs, raise concerns, and pursue leadership and development opportunities and key working duties with specific children.

There was good evidence of an overall stable staff team that enabled continuity of care for children. There was one whole-time equivalent vacancy on the day of inspection, and this post was in the process of being recruited for. The provider had a panel of relief staff who could cover shifts in the event of medical and sick leave. They also had access to core staff team from two other designated centres, that on occasion, would cover staff vacancies. These staff were familiar with the specific needs of the children.

Regulation 14: Persons in charge

There was a full-time person in charge working in the designated centre. They had a clear understanding of their role in relation to driving quality improvement and were involved in the day-to-day running of the centre. There was clear evidence that the person in charge was competent, with appropriate qualifications and skills to oversee the designated centre and meet its stated purpose, aims, and objectives.

Judgment: Compliant

Regulation 15: Staffing

Staff were suitably experienced in their role and had a good knowledge of children's support needs, personalities and preferences. There was good evidence of continuity of care being provided by a stable core staff team. There was an actual and planned roster in place, which was well maintained.

Judgment: Compliant

Regulation 16: Training and staff development

Staff were supported to receive training, supervision, performance management, and career development opportunities to effectively fulfill their duties. There were some minor gaps in relation to staff completing refresher training in one area. Two staff required refresher training in managing behaviour that was challenging.

Judgment: Substantially compliant

Regulation 23: Governance and management

The provider had governance arrangements in place which ensured that children received a service that met their needs. In addition, all audits and reviews as required by the regulations had been completed, and the information gathered for these processes was used to improve the overall quality and safety of care.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

Children and their representatives were provided the opportunity to visit the designated centre for short periods before staying overnight. Children and their representative had a written agreement with the provider of the terms of the respite service provided.

Judgment: Compliant

Regulation 31: Notification of incidents

The provider had notified the chief inspector of incidents occurring in the designated centre as required by the regulations.

Judgment: Compliant

Regulation 34: Complaints procedure

The complaints process was user-friendly, available in a child-friendly accessible version, and displayed in the designated centre. There was a system in place for recording complaints and compliments.

Judgment: Compliant

Quality and safety

The inspector found that the children's wellbeing and welfare was supported and that children enjoyed their time in the house. They were facilitated to pursue their preferred routines and were provided with support and care as needed. Observations on the day of inspection indicated that children's goals were being facilitated and in line with their personal plans. One minor improvement was required in relation to emergency lighting on an egress route to ensure children could evacuate safely.

Personal care and support plans reviewed by the inspector were detailed, concise, and personalised to each child and adolescent using the service, written in a respectful manner, and, where required, included easy-read and pictorial supports for children to understand and consent to the plans. Regular review of the effectiveness of the support plans was conducted with the families and with the relevant health and social care professionals. Personal plans overall contained sufficient detail on supports such as personal hygiene, meal preferences, communication styles, recreational and educational activities, and how to effectively and safely support children with needs such as epilepsy. Each child was assigned a keyworker who ensured that plans were sufficient to guide the reader to most effectively support each person.

The provider prescribed and utilised some restrictive practices in the house and vehicles, the majority of which were to mitigate safety risks. The inspector found that where environmental measures such as locked doors or alarms were used, these were subject to regular review and oversight by a restrictive practices approval and review committee, to ensure they were the least restrictive measure to control the relevant risk, were done with the input and consent of the child or their representatives. Staff had received specific training on the use of restrictive practices. Restrictive reduction plans were in place for some children, which detailed specific observable criteria that needed to be met before the restriction was removed. Detailed information was kept on the usage of any restrictive practice, and all restrictions were notified to the chief inspector in line with regulations.

The house was suitable in design and decoration to provide a safe, homely living space for the children during their stay. The house was clean and in a good state of repair. All bedrooms and communal areas were equipped with doors that could contain smoke and flame in the event of a fire and were equipped to allow doors to be held open without compromising containment measures. The house was equipped with emergency lighting and fire extinguishing equipment which was

regularly serviced and tested. Routine fire drills took place in the house to assure the provider that all children and staff members could safely and quickly evacuate to a place of safety. One egress route required children and staff to exit through an attached garage. This route was only used if children and staff had to exit the house through the back door and then progress to the assembly point at the front of the house. There was no emergency lighting in place on this route.

Regulation 10: Communication

Children had communication plans which guided staff on the most effective verbal, pictorial and gestural means of communicating in line with children's assessed needs. In addition to this, visual supports were used within the house to help guide children through everyday routines. Communication supports were also in place during children's advocacy meetings to ensure the child had the opportunity to appropriately express their individual preferences.

Judgment: Compliant

Regulation 12: Personal possessions

There was more than adequate storage space available to store their possessions while availing of an overnight stay in the designated centre. In addition, each room was equipped with a wardrobe.

Judgment: Compliant

Regulation 17: Premises

The premises was safe and suitable in its design and features for the children and adolescents being accommodated.

Judgment: Compliant

Regulation 26: Risk management procedures

The provider maintained a risk register, which outlined hazards and risk controls relevant to the designated centre and its residents. Risk controls were informed by

detailed incident and accident records, and learning was taken from the same.

Judgment: Compliant

Regulation 27: Protection against infection

Measures were in effect to ensure that staff and children were safe and informed during the COVID-19 pandemic. The house was clean and suitably equipped with personal protective equipment and hand hygiene supplies.

Judgment: Compliant

Regulation 28: Fire precautions

The house was suitably equipped to detect, extinguish and contain fire. Staff and children practiced evacuation of the service to ensure an efficient exit. One egress route did not contain emergency lighting.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

Personal care and support plans were detailed and reviewed regularly with the children, their representatives, and the multidisciplinary team. They were sufficiently detailed to support the children in line with the frequency of their stay in the respite home.

Judgment: Compliant

Regulation 7: Positive behavioural support

There were guidelines in place to help support children as required. Plans were monitored on a frequent basis with data in place to inform the effectiveness of the plans. Rigorous guidelines and oversight was in place in relation to the use of restrictive practices with clear, objective restrictive reduction plans in place.

Judgment: Compliant

Regulation 8: Protection

The admission process and ongoing compatibility assessments ensured that children were safe and protected from all forms of abuse.

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 - 2015 as amended and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for St Paul's Santry OSV-0003769

Inspection ID: MON-0027551

Date of inspection: 07/09/2021

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 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: 1. All staff in Designated Centre OSV – 000 376 are now fully in date with their MAPA Training. Session took place on the 07/10/2021 2. Training Compliance Template being developed for Santry Designated Centre and will be used for all staff training in 2022 to ensure full compliance with training dates set.	
Regulation 28: Fire precautions	Substantially Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: 1. Emergency light fitted 11/10/2021 in garage to support safe evacuation from this point.	

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 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.	Substantially Compliant	Yellow	07/10/2021
Regulation 28(2)(c)	The registered provider shall provide adequate means of escape, including emergency lighting.	Substantially Compliant	Yellow	11/10/2021