Annual Review Report

Assessing performance against the national standards for residential services for children and adults with disabilities

About the centre

Centre name: St Paul's Santry

Centre ID: OSV-0003769

Registered Provider: St Paul's Child and Family Care Centre

Person in charge: Mr Joe Langtry

Report Completed: November 2025

Reported Compiled by:

Ms Niamh Salter (Director of Service)

Mr Joe Langtry(Person in Charge)

Section 1 Quality and Safety		
Theme 1: Individualised Supports and Care		**Quality**
Standard 1:1	The rights and diversity of each person are respected and promoted.	N
Standard 1.2	The privacy and dignity of each person are respected.	N
Standard 1.3	Each person exercises choice and control in their daily life in accordance with their preferences.	N
Standard 1.3	Each child exercises choice and experiences care and support in everyday life.	N
Standard 1.4	Each person develops and maintains personal relationships and links with the community in accordance with their wishes.	N
Standard 1.4	Each child develops and maintains relationships and links with family and the community.	N
Standard 1.5	Each person has access to information, provided in a format appropriate to their communication needs.	N
Standard 1.6	Each person makes decisions and, has access to an advocate and consent is obtained in accordance with legislation and current best practice guidelines.	N
Standard 1.7	Each person's complaints and concerns are listened to and acted upon in a timely, supportive and effective manner.	N

Your findings:

The service provides support/care through a Person Centred Planning (PCP) approach. PCP is a 'way of discovering how a person wants to live their life and ways to make that happen' (National Disability Association 2005). Each child's PCP is tailored to support their individual needs, whereby enabling them to develop to their full potential and lead a full life, according to their wishes.

Ethnic, cultural needs, and religious background of the children, are affirmed, protected, and promoted by the service. The centre's Statement of Purpose commits to respect the rights of each child, irrespective of religion, race, nationality, sex or age, to be treated without discrimination, with staff provided with training on cultural awareness. All staff completed this training.

Children are encouraged to be involved in the development and maintenance of their PCPs, and where possible, children attend their PCP review meetings. Each child's PCP contains a child friendly "Charter of Rights for Children with Autism" which details how the individual is supported to experience and understand their rights.

A Rights Committee was active within the service. The Committee was put on pause in 2025 while the service reviewed the Committee terms of reference and overall purpose. It is due to begin again in 2026 with a new purpose. Going forward this Committee will report to the Quality and Safety Committee and any Issues of immediate concern or require action are brought to the attention of the Director of Service / Administration and Medical Director.

Following this training in 2024 on neurodiversity and strengths based approaches, and in line with our increased commitment to greener environmental goals and data protection practices, we have commenced the implementation of a new online, integrated person centred planning model using Aspirco system, known as I planit. This cloud-based platform provides a fully integrated approach to person-centred planning. Ultimately, it will enhance communication pathways increase service user and family engagement, and enable real time oversight of PCP's by all stakeholder, including MDT, care staff, families and service users.

The privacy and dignity of each child is promoted through the assignment of individual bedrooms during the child's stay, individual Intimate Care Plans, basic rights and data

protection awareness. All staff received instruction from the PIC in regard to respect, privacy and dignity in caring for the child and this is represented within each child's Intimate Care Plans.

All staff in the service also will complete training on the FREDA Principles. The aim is for this training to help inform the practice we employ when working with children and being conscious of respecting their rights, privacy and dignity.

Each child has a Communication Profile which helps to develop and maintain interaction and relationships with the child. The Communication Profile of each child is updated annually as per regulation or more frequently based on changing needs. A review of the Communication Profiles showed that they were all reviewed in a timely manner. Some updates were made for some children to reflect changes in their development in the area of communication and to further support them with changes in routine and when transitioning from one place to another. The Communication Audit took place in February 2025. The audits were previously given percentages but this was changed in 2024 in order to help form collaborative and positive working relationships between staff and SLT. The next audit will take place in early 2026.

The SLT Department meet with each child's key worker annually to discuss the information outlined in the communication profile and support staff to implement the communication support strategies. The SLT's are available to visit the respite houses and model use of the supports (e.g. Lamh signs, communication devices, Core Boards) in real time if requested by staff. A new system was set up in 2025 where the SLT department send all PIC's a monthly You Tube video of Lamh signs to help staff to practice in real time along with the visual aids.

Each child is supported to communicate their needs and choices in a format tailored to their ability and preference .i.e. iPhone, pictures, social stories, photos, and objects of reference.

Each child is encouraged to make choices throughout the day in regard to their activities, daily routines and food preferences. Children with verbal ability are asked their opinions on toys, equipment for the house, bed linen, and all children are encouraged to bring their own personal favourite items from home. The children are supported to maintain contact with family during their respite stay as evident through phone-calls to and from parents. When competent, children are encouraged to phone home themselves. Some children like to bring their own communication devices with them when they come for their respite stay. Communication between parents and the service is also maintained through a Communication Diary, emails and written correspondence (as relevant) in line with the service's Communication Plan.

Choices and Experiences

PCP goals and daily activity schedules (timetables) all promote active participation in the community. Community participation by the children has involved being out in ordinary places i.e. beach, bowling, playgrounds, restaurants, coffee shops, public parks and activity centres. Some children use words or pictures to communicate to staff where they would like to go and how they would like to spend their time.

Children also enjoyed some events throughout the year:

- 10 family passes (50 tickets) were donated to facilitate children, staff, parents, carers and families attend the Wonderlights Christmas in Malahide Castle. Great response from families and the support is greatly appreciated.

- Santry staff and children enjoyed outings to historical parks such as Fore Abbey, Trim Castle and Lullymore Heritage & Discovery Park.

- Santry staff and children enjoyed outings to local parks and playgrounds.

- Staff and children visited shops for treats and pet shops.

Some children were also provided with a place on a Summer Camp in 2025 which was funded by the HSE. St Paul's CFCC Social Worker planned and oversaw a summer camp which resulted in 12 families accessing this one week support camp. The main benefits of the programme reported by most families were:

- Time to do some errands, chores and look after siblings
- Children were more emotionally regulated on the days coming up to attending summer camp and for a time after attending camp
- Establishment of a routine for their child
- Familiar staff and location

The main benefits of the programme for each participating child were:

- Access to a familiar location and familiar staff
- Establishment of a routine
- Access to activities (listed above)

- Preparation for their return to school

Family Participation

Interventions with families include the Parents Group which is overseen by St. Paul's CFCC Senior Social Worker, one to one supports from Multi-Disciplinary Team Members in relation to their child's needs, and advocating to the Health Service Executive (HSE) for further supports if needed. Over the past three years we have started to celebrate Autism Awareness Month as a service. We held an event in April 2025 where all families accessing the service were invited to attend an "Autism Celebration" in the grounds of our main site. The service facilitated a child friendly event with therapy ponies, ice – cream van, soft room and garden activities. A great number of families came to this event and we plan for this celebration to continue on an annual basis.

As noted above, the service supported families over the summer holidays by giving access to the grounds and providing a Summer Camp which were well received by parents.

We were delighted that we were in a position to plan our Winter Wonderland event again in December 2025. This saw children, families and siblings being invited to our main site where we will have a Santa, food and some activities planned to celebrate together. The service once again supported service users, their families, and staff to attend of "Winter Wonderland Lights" event in Malahide Castle to celebrate the Christmas period in a safe way.

Rights and Advocacy

St Paul's Santry values the feedback it receives from parents. In October 2025 we issued our annual parent's feedback questionnaire using an electronic system

There were 21 children attending St Paul's Santry at the time of the questionnaire being issued and seven families completed and returned the questionnaire. The feedback / responses provided in the questionnaire was extremely positive. When asked what parents valued most about the service, parents expressed things such as:

"The ease at which I can approach the staff, they are always very kind and welcoming".

"It gives me a break which is so good for me".

"All staff are great".

"My daughter coming home happy the next day".

"It provides our family a much needed break".

"The team in Santry are all wonderful people and I feel safe leaving my child with them".

"I am very happy with the service".

"Peace of mind that my son is well cared for while I get a much needed break".

When asked if there is any area of the service which parents feel need improvement, three parents responded "If there is transport for collection and dropping to home that will be great!", "Communication photos of children in end of Year Scrap book. Visuals in the service" and "Communication as child is non verbal and notice about integration of new staff".

St Paul's Santry enables children to understand the processes and policies in place through the use of child friendly documentation e.g. a complaints brochure and poster, an illustrated Charter of Rights for Children with Autism, and a Resident's Guide. The service has a child friendly Statement of Purpose in place for each Designated Centre and this continues to be reviewed annually and circulated to children and their parents. St. Paul's CFCC also has an Easy to Read Version of the Annual Report available for the service users accessing respite.

The service operates Children's Advocacy Sessions twice per year with each service user. The aim of the sessions is to afford the children of the service an opportunity to have their voices heard on matters that affect their experience in respite (and any other matters that are important to them) and have these responded to. In this way children are supported to define the service of St. Paul's CFCC, and make requests as part of the normal running of the service. In addition, children are afforded opportunity and choice in their everyday routine, e.g. food choice and activities, amongst others.

Some children can self-advocate, and some children may require the support of respite staff and the people closest to them to communicate their views. For this reason, respite staff ensure that the (variety of) communication mode(s) that is made available to each child is in line with their communication profiles.

Staff utilise preferred / most effective mode of communication as a basis for successful advocacy daily (e.g. communication devices, PECS, Photos, use of Lámh, Objects of Reference, body language). Staff, particularly key workers, link regularly with parents and share information, by way of keeping up to date on the child's current interests, preferences and needs.. Advocacy Sessions also allowed staff and the Person in Charge to identify ways of tailoring each Advocacy Session to meet communication needs of each child.

Complaints

A child-friendly Complaints Brochure is in place with visuals of who the child can contact if they feel unhappy. A child-friendly complaints form is also available to children who attend Santry. The service Complaints Policy is available to parents through the Parent Resource Folder which is accessible in the Designated Centre. During November 2024 to end of October 2025, St Paul's Santry received no complaints.

Theme 2: Effective services		**Quality improvement required? Y/N** Where yes complete improvement plan
Standard 2.1	Each person has a personal plan which details their needs and outlines the supports required to maximise their personal development and quality of life, in accordance with their wishes.	N
Standard 2.2	The residential service is homely and accessible and pro- motes the privacy, dignity and welfare of each person.	N
Standard 2.3	Each person's access to services is determined on the basis of fair and transparent criteria.	N
Standard 2.4 **Adults**	Young adults are supported throughout the transition from children's services to adults' services.	N
Standard 2.4 **Children**	Children are actively supported in the transition from childhood to adulthood and are sufficiently prepared for and involved in the transfer to adult services or independent living.	N

Your findings:

St Paul's Santry is designed to replicate a home from home environment that promotes a good quality of life and ensures privacy and dignity in safe and secure premises. The children/ adolescents bedrooms are painted in various colours and personalised for their overnight stay with favourite items from home if they wish. The garden contains playground equipment including a swing, trampoline, an old garden shed that most of the children love to play in and there is a 'Snoozelen' Room for relaxation and sensory input.

In 2024 Santry received DAA funding which was used to upgrade 2 children's bedrooms. This funding enabled the service to create an updated space for the children to sleep with new floor coverings, curtains and the removal of large wardrobes which took up a large amount of space. In 2025, Santry received further funding from the DAA which will be used in early 2026 to upgrade the third children's bedroom, a staff bedroom and the larger children's front bedroom with storage space.

Admissions and Discharges

The service operates admissions under a defined Admissions policy. The policy was reviewed in May 2024 and a full review of all section was complete.

When referrals are made to the service, the child's name is put on a waiting list. The list is determined by date of referral. A diagnosis of Autism is an essential criterion for admission, sourced from a variety of relevant clinical reports. The care needs of the child are with the family, in order to make a well informed decision as to appropriateness of the proposed admission. St Paul's Santry addresses each child's placements based on appropriate peer group in order to enable each child to engage in their areas of interest and ability, whereby maximising potential to develop socially and emotionally.

From November 2024 to October 2025, St Paul's Santry had:

- Admissions: 3
- Transitions out: 1 (to Coolatree Respite)
- Transitions in: 0
- Discharges: 1
- Transitions to Emergency Medical Care: 0
- Transition to Residential Care : 0
- Deaths: 0

Table 1

Dependency Level	1 (Independent)	2 (Requires Support)	3 (Requires more Support)	4 (Fully dependent)	Total
April 2025	0	15	4	1	**20**
October 2025	0	15	5	1	**21**

Transition Plans

Transition planning for all adolescents begins the year the person turns 16 in line with the service's Transition Policy. A Transition Plan is completed for each adolescent, which involves key strategies, supports and communicated wishes by the adolescent on how best to move on and settle into an adult service. The Transition Plan also contains key information from the adolescent's PCP which supports consistency between services. Transition Plans involve preparation with both the child and family. The Transition Policy for the service was reviewed in 2025 in line with service procedures.

Transition Planning also takes place for children who transition internally i.e. from one St Paul's Designated Centre to another. Transition planning was completed for all transitions that took place during November 2024 to October 2025. For example, this year one child transitioned out of this Respite House to another Respite House and transition arrangements were put in place by way of:

- Completing a Transition Plan
- Linking directly with the Respite House at Coolatree
- Visiting residential service with the child.

Child Numbers and Dependency Levels

From November 2024, a total of 21 Children have attended Santry Respite. One child transferred from the Santry Respite House to the Coolatree Respite House. An additional three children took up respite from November 2024.
At the time this report was written there were 21 Children receiving Respite in Santry, as detailed in Table 1. Dependency Levels were measured in April and October 2025.

Service Activity

During November 2024 to October end 2025, an average respite service of 97% was delivered not including planned closures which were put in place to address staffing issues. The reduction in respite given was as a result of sick leave, annual leave combined with staffing levels due to internal vacancies and back filling internal promotions.

Person Centred Planning

Each child that attends the Centre has a PCP which details their needs and outlines the supports required to maximise their personal development and quality of life, in accordance with their wishes. The Person Centred Plan is based on input from the child (where possible), clinicians, staff and the child's parent(s). The PCP is subject to review every 6 months and updated where required. Over the past year, non-compliances were predominantly in the areas of:

- Difficulty obtaining IEP(s)from parent(s) of children not attending St Paul's Special School
- Review PCP with parent(s) in a timely manner
- Complete Annual Comprehensive Assessment Form with parent in timely manner
- Fire Evacuation Drill overdue

Each child has one PCP goal which staff work with the child to achieve during their time in the service. Examples of some goals that children achieved over the past 12 months are as follows:

- Accessing the community
- Making beds
- Independent daily living skills; household chores, use of cutlery
- Independent use of communication aids

Two person centred plans are audited on a monthly basis and high audit scores have consistently been achieved over the past 12 months i.e. 97%.

At the start of 2025 the service started the process of moving all children information to an online system called I Planit. The move from a paper based system to an online system is hoped to produce greater efficiency and collaboration when supporting the children in our care. There is an option on this system to also create a child/family view which would be very person centred allowing an easy to read interface which will allow the child/family to engage in their plan easily. St. Paul's CFCC fully launched in it in quarter 4 2025 and expect to be fully implemented by the second quarter of 2026. The Phase 1 format was completed in the second quarter of 2025 with phase 2 launching in September 2025.

Theme 3: Safe services		Quality improvement required? Y/N Where yes complete improvement plan
Standard 3.1	Each person is protected from abuse and neglect and their safety and welfare is promoted.	N
Standard 3.2	Each person experiences care that supports positive behaviour and emotional wellbeing.	Y
Standard 3.3	People living in the residential service are not subjected to a restrictive procedure unless there is evidence that it has been assessed as being required due to a serious risk to their safety and welfare.	N
Standard 3.4	Adverse events and incidents are managed and reviewed in a timely manner and outcomes inform practice at all levels.	N

Your findings:

St Paul's CFCC aims to have in place best practice & policies to deal with clinical and operational matters and update service policies on an on-going basis. St Paul's Board oversee and assists St Paul's Executive Committee in directing and monitoring progress on the implementation of key service strategies for quality and safety.

The quality and safety of the service continues to be overseen by a 'Quality and Safety Committee'. The results of scheduled quality and safety audits are reviewed and discussed at this Committee. The service recognises that quality and safety is a continuous cycle and that vigilance in this area is on-going.

In 2025, two Quality and Safety Visits took place for St Paul's Santry. Those reports are available for viewing. The main themes identified for follow up action were relating to environmental upgrades in the house and recruitment of staff.

Child Protection

In terms of child protection, steps are taken to protect each child from abuse and neglect and their safety and welfare is promoted. All staff have completed Children's First Training. The Service Snr Social Worker has been appointed as the 'Relevant Person' for the

service and has devised Child Protection Risk Assessments for the service and an updated Safeguarding Statement.
In each Centre there are named Mandated Persons and the Persons in Charge maintains an up to date list of same on record. Mandated Persons include all Social Care Workers and Person's In Charge Working in the Designated Centre.

There is a Child Protection and Welfare Committee in the service comprised of the Director of Service, Medical Director, Snr Social Worker, Principal of St Paul's Special School and Persons in Charge. Persons in Charge attend the Committee when a child whom attends their Centre will be discussed at the Committee Meeting.

Safeguarding Vulnerable Adults Training

In 2024/2025, St. Paul's Santry staff ensured compliance with the online 'Safeguarding Adults at Risk of Abuse' Training on HSEland. Staff also took part in internal Child First Briefing sessions with the Snr Social Worker.

PCP Audit Outcomes

Monthly audit of two PCP's showed evidence of good compliance by staff in most aspects but particularly:
- Goal setting, implementation of goals, communication and behaviour passports, fire evacuation procedures, keyworker information and reporting, communication profiles and recording information appropriately.
Non-compliances were predominantly in the areas of:
Obtaining IEPs (particularly from external children not attending St Pauls special school), PCP review meeting not undertaken in timely manner, delay undertaking fire evacuation drill and completing Annual Comprehensive Assessment.

Health & Safety Outcomes

Health and Safety Audit scores were consistently high (average score: 97%, with maximum scores: 100%). The risks identified throughout the year were of a low rating. A three monthly Datix Risk Register and a three monthly Risk Assessment is completed by the Person In Charge and this is populated by the incident reports, health and safety, fire risk, etc. Each Designated Centre's Risk Register informs the Corporate Risk Register.

Health and Safety is discussed at the Board, Executive Management Committee, Quality and Safety Committee and the Health & Safety Committee meetings. A nominated staff member from each Designated Centre continues to attend the Health and Safety Committee on a rotational basis. Frontline staff are recognised as providing relevant health and safety information and have a positive impact on the health and safety of the service. St Paul's CFCC sourced specific training for those in the role of Health & Safety

Representatives, given updates in Health and Safety officers, a new training date is scheduled.

St. Paul's CFCC implement an annual Health and Safety Walk around for the service. This is completed by the Mater Health and Safety Officer. Action plans can be viewed on request. There were no high-risk actions identified during this walk around.

Annual Health & Safety Questionnaires were circulated to staff for completion in October 2025. For Santry seven questionnaires were completed and returned.

Fire Safety Regulations

Fire Safety awareness remains paramount in the service with all quality checks maintained as per fire regulations. Involvement of fire wardens is recognised as central to promoting safe practice in regards to the risk of fire. Quarterly quality assurance fire register checks for 2025 demonstrated 100% compliance. Works on moving the Door Release Panel was undertaken and a magnetic fire door holder needs to be installed in one area (not manufactured anymore and seeking to replace whole system).

Hygiene and Environmental Audit

The centre is homely and clean. Each child has their own bedroom. There is play equipment in the garden which the children appear to really enjoy. There are three bathrooms. There is adequate space for all persons in the Centre and the Centre's size and layout promotes the privacy, dignity and welfare of each child.

The Hygiene and Environmental Audit scores have been consistently high over the past 12 months (98% bi-monthly average audit score). Some areas were found to require improvement and actions were taken. Further actions await funding and ongoing maintenance is carried out successfully as required.

Incident Analysis

The service acknowledges the high level of commitment by staff in relation to incident reporting. Incident analysis provided the service with invaluable information which informed positive behaviour support plans, risk assessments, staff needs, follow-up safety measures and quality improvement plans both locally and throughout the service.

- In St Paul's Santry, there was a total of 4 incidents in the 12 month period. The majority of incidents related to challenging behaviour that presented low/ medium risk. Others related to property damage, damage to service bus The learning outcomes from these incidents identified the need;

- Effective management of challenging behaviours when managing in different environments (e.g. house or bus).
- Risk Assessment and Management Plan completed.
- Driver caution on service transport.

Overall recommendations and learning generated from incidents are shared with all staff in the service.

Restrictive Practices

The service places a strong emphasis on proactively managing a child's behaviour through Positive Behaviour Support Plans and strategies. Therefore, restrictive practices are only implemented as a last resort to safeguard a child who is assessed to be at risk.

There is a Restrictive Practices Policy in place. The service developed its own Restrictive Practice Training with the aim of developing training that is specific to the service and therefore provides staff with a clear understanding of the area of restrictive practices, their application in the service, and responsibilities on the part of staff and management. All staff mush complete the training every two years.

There is an ARC Committee in place for the formal oversight, review and approval of restrictive practices. Alongside a formal restrictive practices approval committee, parental involvement & consent are recognised as pivotal to the restrictive practice approval process.

Restrictive practices used for some children during 2025 included:
- Safety Devices on service transport
- Bedroom Door Alarms
- PJ's worn front to back
- Motion Senor

Over the past 12 months, there has been an increase in the amount of Restrictive Practices used as new children began to attend the Respite House. Each year a Restrictive Practice Audit is undertaken by the service Psychologist and more recently with the addition of the service Behaviour Specialist. The audit took place in September 2025. The documentation pertaining to one Restrictive Practices was audited and an Observational Audit was also undertaken. The following was found to be in place and good practice:

- Risk Assessment and Management Plans were completed and reviewed. A review of the original defined risks being presented by children was recommended to take place.
- Applications for approval for the use of planned RP were made by PIC to ARC as per policy.

- Use of RP are monitored and recorded. A recommendation was added to include an additional column in the Door Alarm form to capture children's sleep.
- Reducing the use of an RP. Reassessing the risks presented and to trial discontinuation.
- Reviews are timely as per the Restrictive Practice policy.
- Frequency of ARC review meetings.
- Parent involvement in decisions to seek approval to use restrictive practices.

Areas to be focussed on and addressed following the audit included:

- More exploration of the use of play and capable environments and a greater degree of staff initiated interactions including invitations to engage. For an Invitation to play staff will encourage through the use of preferred items/activities to encourage children to interact
- Greater focus on daily schedules being in place, a wide variety of visuals representing activities for use, choice board's promoting children's decision-making.

Each child that attends the Centre experiences care that supports positive behaviour and emotional wellbeing. There is a Clinical Team on site that provide support and training to staff in the area of Positive Behaviour Support. There are currently no Positive Behaviour Support Plans (PBSP) required to be in place for the 21 children that attend the Centre. The Behaviour Specialist in the service also conducts a yearly review of Positive Behaviour Support Plans.

Positive Behaviour and Emotional well-being are a focus of discussion at Monthly Meetings which staff and the clinical team attend; each child who attends the Centre is discussed at every meeting. Training in the area of capable environments was provided to all care staff in 2025. This training aims to support staff to ensure all of the environmental supports are in place proactively for all children accessing the service in a person centred way. Further training in the area of supporting children with anxiety behaviours is planned for 2026.

Theme 4: Health and development	**Quality improvement required? Y/N** Where yes complete improvement plan

Standard 4.1	The health and development of each person is promoted.	N
Standard 4.2	Each person receives a health assessment and is given appropriate support to meet any identified need.	N
Standard 4.3	Each person's health and wellbeing is supported by the residential service's policies and procedures for medication management.	N
Standard 4.4 **Adults**	Educational, training and employment opportunities are made available to each person that promotes their strengths, abilities and individual preferences.	N
Standard 4.4 **Children**	Education opportunities are provided to each child to maximise their individual strengths and abilities.	N

Your findings:

Pre-admission Assessment

St. Paul's CFCC conducts an initial pre-admission assessment, in partnership with the parent(s) or guardian, to determine the care needs and the wishes of the child and family. This assessment of the child's social, care, health, communication and educational needs, as well as cultural, religious and ethnicity preferences, is to ensure that service provision remains tailored to each child's on-going development and changing needs. Updates were made to the template document used for this process so it would mirror what is required for the new child's PCP on I Planit.

As the children stay in the service for several years, and in line with HIQA regulation, an 'Annual Assessment' is completed (which is used in conjunction with the initial Pre-admission Assessment of personal and social care needs) which provides more updated information regarding each child. Information contained within formal clinical reports and that gleaned from disciplines and parent(s) are all used to help determine the child's annual assessment and PCP.

Health Plan

Each child has a detailed Health Plan in their PCP which is reviewed and updated annually with the parent, or more frequently where warranted. Parents are advised that information pertaining to their child's immunisation and allergy status is required by the

service with the aim of ensuring the safety and welfare of each child.

Where a child has a medical condition, a medical plan will be devised, and where appropriate, an emergency response plan for staff to implement e.g. asthmatic routine care and/or asthma acute attack, epilepsy seizure plan, diabetes plan, and Anapen procedure. These plans are review annually by the Medical Director. There are currently three children with an emergency care plan for seizure/epilepsy in their medication folders who attend the Centre. Updates were made to the service Intimate Care Policy with a service Person In Charge delivering a presentation to all staff in this area by way of update.

Medication Management

All staff in St. Paul's Santry are trained in the Safe Administration of Medication. Staff undertake three competency assessments following training to ensure safe administration of medication. A revised competency assessment template is now in use across all care settings. The new template provides clear direction for both the assessor and person being assessed on the specific expectations that are due during the assessment.

There is a monthly Medication Process Audit in place. The average audit score from November 2024 to October 2025 was 100%. This is an increase from 98% to 100% in comparison to the previous year.

The total number of medication variances over the last 12 months was two. A Review of the Medication Variances found that the majority were of low risk.
The variances alerted the need for:

⇒ Largely due to issues around labelling from pharmacy and/or reminder of parents for the need for new/updated labels.

⇒ On-going guidance for parents as to their role in compliance with the Safe Administration of Medication Policy.

There is a procedure in place for regarding the formal handover of medication to ensure all medications are accounted for. Two medication files are audited monthly to ensure medications are administered safely.

Staff Health Training

All staff in St. Paul's Santry are up to date with the requirements for Cardio Pulmonary Resuscitation Training (CPR). There are First aid kits available for staff, contained in the Designated Centre and on service transport. The first aid kit contents are audited, and a

first aid audit also takes place. First aid audit result for Santry over the last 12 months has consistently been 100%.

Basic First Aid training took place in May 2025 for some staff and further training is scheduled for 2026.

Training in the administration of emergency medication such as Midazolam occurs every 2 years to ensure competency in this area.

Healthy Eating

The service has a Food and Nutrition Policy in place which promotes healthy eating and lifestyle. The children are provided with nutritious meals according to personal preference and are encouraged to participate in writing shopping lists and in food preparation. Communication supports (i.e. visuals) are made available to enable the children to communicate their needs and food choices. Food diaries are maintained to ensure a varied diet. Staff are vigilant around specific diets and allergies which children who attend the service have.

Physical and Emotional Wellbeing

The service is committed to enhancing quality of life for the children, with emphasis on physical and emotional well-being. St Paul's CFCC places emphasis on appropriate peer groupings to enhance emotional well-being. Healthy living including exercise, social activities and diet all aid to the physical and emotional well-being of the child.

Education

Children access school through their pre-determined education placement. The service Education Policy details the service's commitment to meeting requirements of the Health Act 2007 and Health Information and Quality Authority regulations. Information gleamed from each child's Individual Education Plan (IEP) is requested from the child's school and/or the child's parent. In the absence of being able to secure a written IEP, information is sourced from parent(s) in relation to their child's IEP. The service advocates for all children to attend full school hours.

Social Engagement

The children avail of many leisure activities in the wider community i.e. cafes, local parks, pet shops, toy shops, beaches, allotments, sensory gardens, Ice cream shops. Children attending respite have the opportunity to socialise with peer in their respite peer group and to go on community outings in line with their individual risk assessments. An

information session was provided to all care staff in September 2025 which included information on goal setting and the importance of setting realistic goals in a person centred framework.

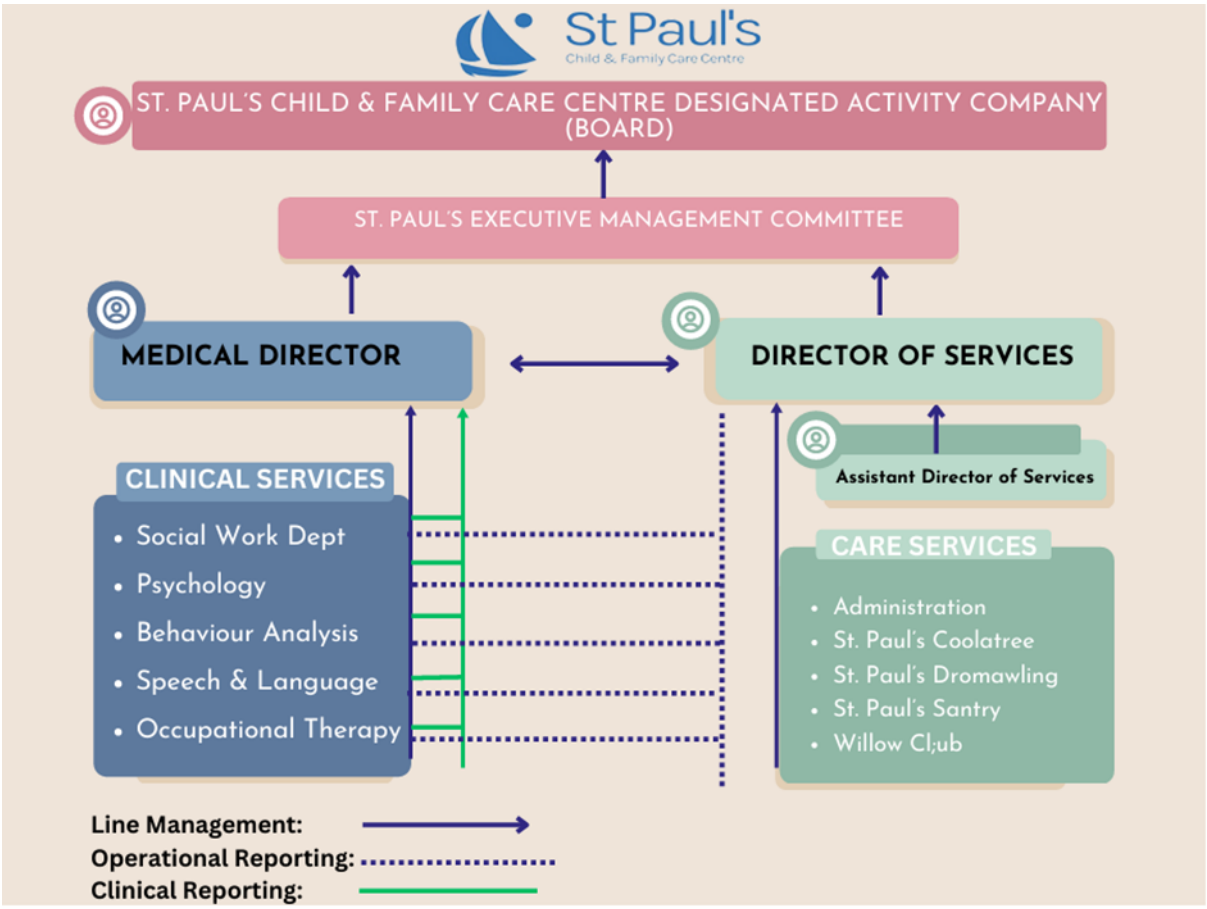
Goals Undertaken:

- Community outings
- Communication (progress using LAMH signs, objects of reference),
- Brushing teeth
- Household chores (dishwasher, cleaning and setting tables)
- Table top and turn taking activities

Section 2 **Capacity and Capability**		
Theme 5: Leadership governance and management		**Quality improvement required? Y/N** Where yes complete
Standard 5.1	The residential service performs its functions as outlined in relevant legislation, regulations, national policies, and standards to protect each person and promote their welfare.	N
Standard 5.2	The residential service has effective leadership, governance and management arrangements in place and clear lines of accountability.	N
Standard 5.3	The residential service has a publicly available statement of purpose that accurately and clearly describes the services provided.	N
Standard 5.4	The residential service has appropriate service level agreements, contracts and/or other similar arrangements in place with the funding body or bodies.	N

Your findings:

The governance responsibility of the service is managed by St Paul's Child and Family Care Centre Designated Activity Company, hereafter referred to as the Board. The Board oversees primary areas of organisational governance, including mission and identity, policy and strategy development, staff appointment and development, financial control and public accountability. The Board is comprised of both executive and non-executive directors. In 2025 the Board had two new members join with great experience in the area of children's mental health and estates and facilities.



St Paul's CFCC has an Executive Management Committee which is responsible for overseeing the effective operation, delivery, and management of the respite services. The organisations structure is as detailed above.

The introduction of the National Standards for Children and Young Adults in Residential Service regulated by Health Information and Quality Authority (HIQA) is fully endorsed by the Board. These well-constructed, person-centred standards are recognised to benefit the children and families who access the service. The Board continues to work closely with St Paul's Santry.

St Paul's CFCC faces on-going challenges to meet HSE Policy Directives. In addressing these challenges St Paul's CFCC is continuously seeking to develop more efficient and effective models of services and are currently planning for service expansion. It is important that St Paul's CFCC continues to advocate for the needs of the children awaiting services and the associated funding necessary. At time of writing, there are 14 children / families on the overnight Respite Waiting List.

Director of Service/Administration

The Director of Service, hereafter referred to as Director, has the principal responsibility for providing support and advice to the Service and, under the auspices of the Board, and is charged with development and implementation of governance systems in the Service.

In addition, the Director has responsibility for the overall management of the Service in ensuring that compliance is achieved with Regulations/Standards as set out by the Health Information Quality Authority (HIQA).

The Director also provides strategic, professional and operational leadership for all aspects of the service whilst, simultaneously, adhering to the principles and values of the service in developing and delivering support. The Director advocates for the children and provides support for their families within a changing and evolving organisation.

The focus of the Director's role is on improving the children's experience and the quality and safety of the service they receive, whilst delivering agreed Key Performance Indicators and establishing a performance culture, including planning and implementing recommendations of National Policies.

The Director has a key role in creating an atmosphere and culture where excellence can flourish with strong multidisciplinary collaboration across the service and with external services.

It is again very appropriate to acknowledge, with huge gratitude, the immense contribution made by the multidisciplinary team that consists of Childcare Leaders (PICs,) Nursing, Childcare Workers and Care Assistants, Administration staff, Service Care Taker and the Clinical team as detailed below. It is recognised that staff continue to provide an exceptional level of service and care to the children in sometimes challenging circumstances especially in the current year. Staff must also be thanked and complimented for their ever willingness to proactively engage with continuous developments in the service.

The Assistant Director of Service is responsible for the oversight of service rosters, coordinating staff training and the line management of Childcare Leaders. The Assistant Director of Service has a vast amount of experience working at Senior Management Level within St Paul's CFCC and assists the Director with ensuring a quality, safe and expanding service is delivered.

Medical Director

Psychiatry in St Paul's CFCC carries three main roles spanning clinical, management and academic. Psychiatry as a medical specialty is provided by the Medical Director and mental health intervention of children attending school and respite and is provided on-site with emphasis on the co-morbidity of mental health diagnoses in children with Autism. This situation arises more frequently in this cohort of paediatrics as children with Autism and Intellectual Disability are at increased risk of Mental Health difficulties. Joint clinical and school multidisciplinary work facilitates timely intervention and monitoring.

The Medical Director takes the lead role in service development and working closely with clinical team, school and respite service, identifies additional programmes that would provide further therapeutic input for children and families. Proposals of service development are presented to the Board of St Paul's CFCC and with approval are initially explored at local level and in negotiation with our funders.

Statement of Purpose

St Paul's Santry has ensured the Statement of Purpose is up to date and that it accurately and clearly describes the services provided. The service also developed an Easy to Read Statement of Purpose and both documents are available for viewing.

Service Level Agreement

The service has appropriate service level agreements in place with the Health Service Executive. The agreement for 2025 has been agreed and closed out for the annual running of the service.

Theme 6: Use of resources		Quality improvement required? Y/N Where yes complete improvement plan
Standard 6.1 **Adults**	The use of available resources is planned and managed to provide person-centred effective and safe residential services and supports to people living in the residential service.	N
Standard 6.1 **Children**	The use of available resources is planned and managed to provide child-centred, effective residential services and supports to children.	N

Your findings: Use of Resources

The service has managed to deliver 97% service delivery for residential respite during this period November 2024 – October 2025. We continue to review our use of resources to ensure a safe and quality service is provided. Recruitment was challenging in 2025 and the service have adapted its services to match this challenge. Recruitment campaigns have progressed during this year and a new review of recruitment plan will be devised for 2026.

Multi-Disciplinary Team Input

Members of St Paul's Clinical Team provide support to St Paul's Santry Designated Centre through attendance at its Monthly Meeting and provide training, quality practices through audits, and individual supports as required for those children who attend St Paul's Special School. Members of the clinical team provide a support role, through the Person in Charge, for children in the service with an external service provider. The types of supports provided by different clinical disciplines within St Paul's CFCC are outlined as follows and also see Theme 5 above for information regarding the Medical Directors role.

Psychology

The Psychologist provides a psychological service to children and families who attend the service to enable them to develop to their full potential and lead a good quality of life. The Psychologist provide a range of psychological services to service users and their families, together with in-service training and supports for staff. Inputs include psycho-educational assessments, diagnostic and developmental reviews, transition assessments, curricular and

methodological advice to teachers, therapeutic interventions where appropriate and participation in a range of multi- disciplinary supports including positive behaviour support across settings and the delivery of parent information sessions/training for parents of children attending the St. Paul's Special School.

The Psychologist contributes to a range of regular meetings including: weekly case conferences and monthly team, respite house and restrictive practice committee meetings where children's progress and parental priorities are considered. They provide supervision and practice placements for trainee psychologists and to the collaborative process of advising on policy development.

Behaviour Specialist

The Behaviour Specialist is responsible for the provision of evidence-based behaviour support services throughout the service. Behaviour Support Services are involved in the development and implementation of service-wide Positive Behaviour Interventions and Supports (PBIS), targeted PBIS supports, and/or comprehensive behaviour intervention plans for children in the service.

The Behaviour Specialist offers advice and assistance on the implementation of Positive Behaviour Support Plans (PBSPs) that aim to understand why a child exhibits behaviours of concern, as well as supporting them to acquire new skills and improve quality of life. PBSP's are developed in collaboration with caregivers, school and respite staff and other multidisciplinary team members

Behaviour support services also provide needs-led training workshops for families and staff on a variety of evidence-based positive behaviour support approaches. Topics include; Functions of Behaviour, Toilet Training, Positive Behaviour Support Strategies and The A,B,C's of Behaviour.

Individualised PBS coaching sessions may also be delivered to caregivers where appropriate. Support and advice is also offered to staff via attendance at monthly respite house meetings. The Behaviour Specialist will also link with PICs, key-workers and staff about specific issues on a needs led basis.

Speech and Language Therapy (SLT)

The Speech and Language Therapists (SLT's) deliver an evidenced-based Communication and Feeding, Eating, Drinking, Swallowing (FEDS) service. The SLT's are responsible for the provision of assessment and therapeutic intervention which aligns with a family centred approach. Interventions may often include staff, parent/carer training as well as information sharing and education with other professionals.

The SLT's aim to identify and support the implementation of appropriate communication and/or FEDS strategies while also focusing on managing environmental opportunities and barriers. The SLT dept. adopt an individualised family-centred, strengths based approach, advocating for unrestricted access to robust Total Communication, promoting meaningful, functional communication.

This is achieved through a triad system:

· Universal: The SLT's provide proactive supports to every student, this ensures that environments (classrooms and respite services) work in line with a Total Communication approach and that all children have unrestricted access to communication within their environment.

· Targeted: The SLT's provide individualised supports to some students where necessary and appropriate, this may focus on lite tech, mid tech, or high tech augmentative alternative communication (AAC) inputs and is person centred based on individualistic needs, desires, and abilities.

· Specialised: The SLT's provide multidisciplinary led supports to few students to address more complicated speech language and communication needs. This level may not be needed all of the time.

The SLT Department support the school staff with implementing Attention Autism group activities as well as a weekly aversive feeding group.

The SLT's can provide training on many aspects of communication to parents, respite and school staff. These are provided in-person or online. In 2023 the SLT's Department began offering a monthly 'AAC Drop in Session' for parents which provided the opportunity for parents to learn more about Alternative Augmentative Communication, ask questions and share their experiences with other parents.

Communication audits are conducted annually in the respite settings. Following this the SLT's form a communication action plan outlining ways to further promote communication support strategies for children during their stay in respite. The SLT's are also responsible for writing an individualised Communication Profile for each child attending respite and meets their key worker annually to support staff to implement the recommended communication strategies.

SLT is also involved in Person Centred Plans, Individual Education Plans, Case Conferences and also supports the integration of communication skills development into the child's day. The SLT Department are committed to supporting SLT's in training and offer student placements annually as well as regularly engaging in CPD.

Occupational Therapy

The aim of the Occupational Therapy (OT) is to support children to participate in everyday activities which are meaningful to them and which are important for their future development. As the service currently does not have an Occupational Therapist in the service a contractor is currently in place to help advise on the area of OT for children and staff in St. Paul's CFCC. Recruitment continues in this area.

Social Work

The role of the Social Worker in St Paul's CFCC is to link in with all families of children that attend St Paul's CFCC's Respite Service and St Paul's Special School. The role of Social Work has changed over recent years due to the service changing from a residential service to delivering a respite service in the local community, a different service user group and the enacting of the Children's First Act 2015.

Social Work currently provides a number of supports to families and children. These currently include but are not limited to: advocating on a families behalf, support with securing entitlements or grants, supporting families in crisis, supporting families with practical tasks, an emotional support and outlet for some families and working with St Paul's Special School. The Social Worker chairs both the Parents Senior and Junior Groups monthly. These meetings provide information and a social opportunity to meet other parents in a similar situation.

Child protection is a major component of the Social Work role. The Social Worker takes the lead on Child Protection issues in St Paul's CFCC. In addition to the mandatory training of Children's First, the Social Worker provides an annual Child Protection Awareness Talk to all staff in the service. The Social Worker is a Designated Person in the service with whom other staff can link in with if needed for assistance on Child Protection concerns and assistance with reporting their concerns to TUSLA. The Social Worker is also the Relevant Person in the service who is responsible to ensure the service is complying with child safeguarding procedures outlined in the Child Safeguarding Statement and for other requirements outlined in the Children's First Act 2015.

Your findings:

The service recognises that in order to provide effective support to a child with Autism it is essential that staff are competent and caring in the role they hold. The service commits to having an appropriate skill mix on each shift. The Shift Leader is that of a Childcare Worker or Nursing qualification. St Paul's CFCC complies fully with its service recruitment and induction policy and ensures staff compliance with National Garda Vetting Bureau.

Formal dependency levels are established on each child, assessed six monthly or more frequently as required, and overseen by the Person in Charge. A summary of the levels can be found under Theme 2 of this report. This assessment helps inform the staffing levels required. Some children will have a higher dependency level of need than others and in such cases staffing requirements are adjusted accordingly. St Paul's Santry staff comprises of 1wte Child Care Leader (PIC), 1 wte Staff Nurse, 2 wte Child Care Workers & 3 wte Direct Support Workers.

Recruitment

There are safe and effective recruitment practices are in place to recruit staff. A Direct Support Worker transferred to Santry from another Respite House and a Social Care Worker transferred to another Respite House. The service has a team of hours as required staff that are covering any gaps in the roster to ensure service delivery to the children that are attending St. Paul's Santry.

Support and Supervision

Staff are supported and supervised to carry out their duties to protect and promote the care and welfare of children attending the service. There is full time Persons in Charge in place and staff receive both informal and formal supervision. Staff also receive an annual 'Performance Achievement'.

Sick Leave

Average absenteeism for the period November 2024 to October 2025 was 4.2%.

Staff Training

The service commits to supporting the continuous professional development of its entire workforce. Staff competencies are maintained through regular mandatory training and continuous professional development. In 2024/2025, Santry staff completed additional training and educational courses such as Clinical Hand Hygiene, CPR, Fire Safety, Safe Administration of Medication and Safety Intervention to name a few. Staff have the required competencies to manage and deliver person-centred, effective, and safe services to children attending the service. Staff do online training via HSEland and HIQA websites.

Theme 8: Use of information		Quality improvement required? Y/ N Where yes complete improvement plan
Standard 8.1	Information is used to plan and deliver person-centred, safe and effective residential services and support.	N
Standard 8.2	Information governance arrangements ensure secure record-keeping and file-management systems are in place to deliver a person-centred, safe and effective service.	N

Your findings:

St. Paul's Santry fully implements its organisational Communication Plan which outlines defined communication systems with all stakeholders of the service and most importantly with parents and children. The service website is completed with service policies and associated information documents along with images of our respite services for a more child friendly feel. The service completed a full re design of the service website in 2025 to give a fresh look and feel. It now also includes additional information that could be useful for children and families accessing the service to easily access.

Parents receive real time emails and correspondence, revised statement of purpose and residents guide. Families are formally notified by emails of the availability of the Annual Quality and Safety Report. Parents have also been issued with the updated Contract of Service regarding any temporary changes to service delivery due to the pandemic.

St. Paul's Coolatree ensures safe keeping of all records and confidential material. A standalone confidentiality Policy is being developed. The Data Protection and Access to Information Policy were amalgamated this year and the Healthcare Records Management Policy was fully reviewed in line with HSE guide to the standards of practice required in the management of healthcare records. The service is developing a Healthcare Record Audit Tool and were successful in applying for funding for an IT package from HSE.

Summary

St Paul's Santry is dedicated to providing a high-quality, safe, and inclusive environment for children, their families, and the staff who support them. The continued partnership and engagement of parents and staff are deeply valued, as their contributions play an essential role in the ongoing growth and development of the service.