



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

Issued by the Chief Inspector

Name of designated centre:	Sao Paulo
Name of provider:	Health Service Executive
Address of centre:	Wexford
Type of inspection:	Unannounced
Date of inspection:	13 April 2022
Centre ID:	OSV-0008094
Fieldwork ID:	MON-0034863

About the designated centre

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

Sao Paulo is a residential designated centre for three female adults with intellectual disabilities located in a town in Co.Wexford. Sao Paulo supports people with high support needs in activities of daily living, intimate care, health and wellbeing and accessing the community. Staff care and support residents in line with their individual care plans. Sao Paulo provides nursing care for residents in their home at all times. Nursing staff are the primary providers of care to the residents and are supported by Multi-task attendants. The premises is three bedroom bungalow. The home has a fully fitted kitchen to the rear of the house overlooking the back garden. There is a large bright and comfortable lounge / dining area with large windows looking out over the front garden, which is very homely and has plenty of comfortable seating and a television. The home also has 1 assisted bathroom, 1 assisted toilet, a utility room, office, staff bathroom and staff room / visitor room. The facility is wheelchair accessible. Local amenities include pubs, restaurants, cafes and local walks.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	3
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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 13 April 2022	10:00hrs to 16:30hrs	Sinead Whitely	Lead

What residents told us and what inspectors observed

There were three residents living in the centre on the day of inspection and the inspector had the opportunity to meet with all three resident on the day of inspection. Residents used both verbal and non verbal methods to communicate and the inspector endeavoured to understand the residents experience living in their new home through speaking with them, observing their daily living activities, reviewing documentation pertinent to the resident care and through speaking with the staff supporting residents. The residents appeared happy and content in their home and with the staff supporting them.

The inspector walked around the centre at the beginning of the day and found the premises to be warm, homely and tastefully decorated. The premises was newly renovated and in a very good state of repair. This was a new designated centre and the residents had been involved in picking decor and colours for their new rooms. The walls in the centre had been freshly painted in recent months. Pictures of the residents and their families were noted around the centre. The inspection took place close to Easter and Easter decorations were noted around the centre including a sign advertising an Easter bake off and Easter bingo which would soon be taking place.

The premises is a three bedroom bungalow. The home had a fitted kitchen to the rear of the house overlooking the back garden. The centre also had a comfortable lounge / dining area with large windows looking out over the front garden, with comfortable seating and a television. The home also had one assisted bathroom, one assisted toilet, a utility room, an office, staff bathroom and a staff room / visitor room.

This was the centres first inspection since registration in November 2021. The COVID-19 pandemic was ongoing on the day of inspection and therefore, measures were taken by both the inspector and staff during the inspection to reduce the risk of COVID-19 in the centre. This included regular hand hygiene and wearing face masks.

The staff team comprised of nursing staff and multi-task workers. The house was supported by a full time person in charge who was responsible for two centres and divided their time evenly between the two centres. There was a regular management presence in the centre and the staff team appeared consistent and familiar with the residents needs. High levels of staff support were in place throughout the inspection day.

Residents appeared to enjoy regular individualised activation. All residents had individualised daily planners in place with choices regarding daily activities. Some residents had resumed attending regular day services. The inspector observed all residents heading out to go swimming on the day of inspection. Daily activation progress noted were maintained by staff and these detailed residents engaging in a

range of activities including artwork, walks, sensory activities, cooking, games, shopping, meals out and improving independent living skills.

Overall, there were positive findings on the inspection day. The residents appeared to enjoy living in their home. The residents were experiencing consistent staff, a homely environment and regular activation. Residents were regularly consulted regarding their views on the service provided. There was a clear complaints procedure in place and the procedure was available to residents in an accessible version.

The following sections of the report detail the inspectors findings regarding the levels of compliance with the regulations and the providers capacity and capability to provide a safe and effective service

Capacity and capability

The inspections purpose was to review the centres levels of compliance with the regulations. The provider had proceeded to operate Sao Paulo for nine days prior to its registration on 12th November 202 and this had subsequently been a breach of the Health Act. This was the centres first inspection since this had occurred. Inspection findings indicated that the registered provider was demonstrating the capacity and capability to provide a safe and appropriate service to the residents living in Sao Paulo The registered provider had ensured the designated centre and provision of care and support was in line with residents' needs and individual preferences. Residents appeared content living in their new home.

There was a clearly defined management structure in place. The provider appointed a full time, suitably qualified and experienced person in charge who had regular oversight of the centre. The person in charge was regularly present in the centre and provided regular supervision of the care and support. There was an effective governance system in place and evidence of regular oversight of the quality of care provided in the centre. Regular audits and reviews of the service being provided were taking place. An annual review or a six monthly had not yet taken place as the centre was not yet opened six months. However the person in charge and other members of the management team were completing regular thematic audits and checks in the centre since its registration.

There was a clear staff rota in place that accurately reflected staff on duty. There were appropriate skill mixes and staff numbers in place to meet the assessed needs of the residents. All staff had access to appropriate training, including refresher training, as part of a continuous professional development program. However, three staff members were noted as requiring refresher training in two areas.

Regulation 15: Staffing

High levels of staff support were noted in the designated centre. Appropriate staffing levels and skill mixes were in place to meet the assessed needs of the residents. The staff team were a mix of nursing support and multi-task workers. There was a staff rota in place that was well maintained. Staff had regular team meetings together.

Judgment: Compliant

Regulation 16: Training and staff development

Staff training and refresher training was provided in line with the assessed needs of the residents. Staff training records were well maintained and regularly reviewed by the centres management team. If training needs were identified, further training and refresher training was scheduled. Training was provided in areas including fire safety, trust in care, behaviour management, safeguarding, food safety, infection control, childrens first, CPR, manual handling and hand hygiene. Further staff training on cleaning disinfection procedures was in the process of being delivered to all staff in the service. Following a review of training records it was found that one staff member was outstanding in refresher safeguarding training and two staff were outstanding in food safety training.

Judgment: Substantially compliant

Regulation 23: Governance and management

There was a clearly defined management structure in place. The provider appointed a full time, suitably qualified and experienced person in charge who had regular oversight of the designated centre. The person in charge shared their role with one other centre and was supported in Sao Paulo by a senior staff nurse.

There were systems in place to ensure that the service provided was regularly audited and reviewed. Monthly unannounced inspections were completed by a person in charge from one of the providers other designated centre. These audits included a review of areas including fire safety, residents activation, residents social goals, health and safety, team meetings and restrictive practices. Audits such as the provider annual review and unannounced six monthly had not yet taken place as the centre was not yet open six months.

Judgment: Compliant

Regulation 34: Complaints procedure

The complaints procedure was available to residents in an accessible version and contained details of advocacy services. A log was in place to record any complaints received and there was a designated person in the service who was responsible for the management of complaints. No complaints had been received to date in Sao Paulo.

The residents were regularly consulted regarding their views on the service provided. There were regular resident meetings with staff and this was an opportunity for the resident to discuss their preferences and plans for the coming days

Judgment: Compliant

Quality and safety

The inspector reviewed a number of key areas to determine if the care and support provided was safe and effective to the residents at all times. This included conducting a review of risk documentation, fire safety documentation, residents personal care plans and cleaning schedules. Overall, the inspector found that the centre provided a comfortable home and person centred care to the residents. The management systems in place ensured the service provided appropriate care and support to the residents. Oversight systems were in place to regularly review the quality and safety of care and support in the service.

The centre had suitable fire safety equipment in place, including emergency lighting, detection systems and fire extinguishers which were serviced as required. Staff training was up to date and there was evidence of regular fire evacuation drills taking place in the centre. The service had access to a fire specialist who regularly attended the centre and serviced any fire safety equipment.

The house was suitably designed and equipped to support the residents and their needs. The premises was clean, in a good state of repair both internally and externally. Risks relating to the current COVID-19 pandemic had also been carefully considered, with appropriate control measures in place. Staff had received appropriate training in relation to safeguarding residents and the prevention, detection and response to abuse. Residents presented as safe and well cared for, based on the inspection findings.

Regulation 17: Premises

The premises was maintained in a suitable state of repair internally and externally. The premises had been recently renovated. All residents had individual bedrooms and had been involved in picking their preferred colours and decor for their new bedrooms. The premises was a three bedroom bungalow. The home had a kitchen, lounge / dining area, one assisted bathroom, one assisted toilet, a utility room, an office, staff bathroom and a staff room / visitor room. Overall, the house appeared warm and homely and residents appeared comfortable living there. The provider had ensured the provision of all items set out in Schedule 6, including adequate dining, cooking and laundry facilities.

Judgment: Compliant

Regulation 26: Risk management procedures

The provider had detailed risk assessments and management plans in place which promoted the safety of the residents and were subject to regular review. There was also individualised risk management plans in place and these were updated regularly to ensure potential risks were identified and assessed.

Regular health and safety checks were being completed in the centre and these involved a review of areas including food safety, risk documentation, the environment, manual handling procedures, staff safety and water safety. The person in charge also completed a monthly walk through health and safety inspection in the centre. Any maintenance issues were highlighted with the service maintenance team. The maintenance team were present on the day of inspection, addressing an issue that had been highlighted to them by the person in charge. Health and safety was a standing agenda item on staff meetings.

A recording system was in place for all accidents and incidents in the centre. All accidents and incidents were regularly reviewed during the service management meetings. Service contingency plans were in place for in the event of adverse incidents including loss of heating, fires and electrical failures.

Judgment: Compliant

Regulation 27: Protection against infection

The centre was visibly clean on the day of inspection and there were schedules and task allocations in place to ensure all areas of the designated centre were cleaned regularly. However, an issue was observed in relation to the storage and

management of mops in the centre. Colour coding systems were in place for cleaning separate areas of the centre such as bathrooms and the kitchen. Storage systems did not ensure that mops would fully dry between uses and posed a risk of cross contamination between different coloured mops.

The centre was well ventilated on the day of inspection and staff were observed wearing face masks in line with national guidance for residential care facilities. Risks associated with COVID19 were being continually considered, assessed and managed. All staff had completed training in infection control, hand hygiene and the donning and doffing of personal protective equipment (PPE). Regular COVID-19 symptom checks were also being completed by staff. The service had developed a contingency plan for in the event of an outbreak of COVID-19, however this was in draft format on the day of inspection but had not yet been fully completed for Sao Paulo.

Staff meeting minutes evidenced that infection prevention and control and COVID-19 was regularly discussed in the service. There was a COVID-19 folder in place available to staff. Hand washing facilities and alcohol gels were noted around the centre and easy read guidance regarding hand washing was noted in the residents bathroom.

Judgment: Substantially compliant

Regulation 28: Fire precautions

There was a fire detection and alarm system in the designated centre, along with fire fighting equipment, emergency lighting and fire containment measures. All equipment in place was checked and serviced by a relevant fire professional on a routine basis, and records of this were maintained along with certification. Staff had received training in fire safety, and this training was refreshed routinely. Daily, weekly and monthly fire safety checks were completed by staff and recorded. These included checks of exit routes, lighting, equipment and detection systems. Full health and safety audits were completed on a quarterly basis.

Simulated fire evacuation drills were completed regularly by staff and the residents regularly and these demonstrated that the residents could be safely evacuated from the centre in an efficient manner in the event of a fire during the day and night. The residents had a personal emergency evacuation plans (PEEPs) in place. These details of supports requirements and actions to take in the event of a fire.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Residents all had personalised assessments of need and personal plans in place. These were subject to regular review and guided staff on how best to support residents in their daily lives.

Residents all had an assigned key worker. Residents all had personal goals in place that they were working towards and staff were supporting them to achieve these. One residents goals included hosting a barbeque with their friends, when the weather allowed this, and attending upcoming concerts and sporting events. Some residents goals also included activities which worked towards improving and maintaining independent living skills. Goals included action plans, clear time-lines and persons responsible.

Residents appeared to enjoy regular individualised activation. All residents had individualised daily planners in place with choices regarding daily activities

Judgment: Compliant

Regulation 7: Positive behavioural support

Residents were supported to manage their behaviours. The use of restrictive practices was minimal in the centre and rationale for their use was clear in corresponding risk management documentation. A range of therapeutic strategies were available to support residents. A register of all restrictive practices was maintained and regularly reviewed.

All residents had positive behavioural support plans in place which were subject to regular review with a behavioural nurse specialist. Staff had all completed training in managing and responding to behaviours that challenge. Behaviour monitoring charts were in use when required, which detailed possible triggers for behaviours that challenge and actions taken by staff following an incident.

Judgment: Compliant

Regulation 8: Protection

There were systems in place to ensure that residents were safeguarded from abuse in the centre. Staff had completed training in relation to safeguarding and protection of vulnerable adults. One staff member required refresher training as detailed under regulation 16. There was a designated officer in the service to manage any safeguarding concerns and there was an up to date safeguarding policy in place that provided clear guidelines for staff should a concern arise. Any safeguarding concerns were treated in a serious manner and screened in line with national policy.

Safeguarding plans were implemented when required. All residents had individualised plans in place for intimate and personal care.

Effective systems were in place to safeguard residents finances. Residents finances were regularly audited and reviewed by staff and the management team. A capacity assessment to make financial decisions had been completed with all residents. an inventory of belongings was maintained for all residents in the centre to promote the protection of their personal possessions.

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	Substantially compliant
Regulation 23: Governance and management	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Sao Paulo OSV-0008094

Inspection ID: MON-0034863

Date of inspection: 13/04/2022

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
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development: One staff who was outstanding for Safeguarding training has completed same.</p> <p>The two staff members who are awaiting food hygiene training have been scheduled to attend 08/06/2022.</p>	
Regulation 27: Protection against infection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection: Maintenance have installed a hook system in the storage area which ensures that mops can fully dry between uses and eliminates the risk of cross contamination between different coloured mops.</p> <p>The Covid-19 specific contingency plan for Sao Paulo has been completed and is present in the centre.</p>	

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	08/06/2022
Regulation 27	The registered provider shall ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.	Substantially Compliant	Yellow	18/05/2022