



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:	10 May 2023
Centre ID:	OSV-0008094
Fieldwork ID:	MON-0039059

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 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 one assisted bathroom, one 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 10 May 2023	10:00hrs to 13:30hrs	Sarah Mockler	Lead

What residents told us and what inspectors observed

This unannounced inspection was carried out to assess the registered provider's compliance with Regulation 27 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the National Standards for Infection Prevention and Control in Community Services (HIQA, 2018).

This centre provided residential community services for three residents. Residents moved into this centre in the latter part of November 2021. The inspector had the opportunity to meet with one resident on the day of inspection. The other two residents attended day service and had left when the inspector arrived. In addition to meeting the resident, the inspector spent time with the staff team and reviewed documentation in relation to their care and support, to gather a sense of what it was like to live in the centre.

On arrival at the centre, the inspector noted some colourful planted flower beds and other garden ornaments present at the front entrance. The centre comprises a detached bungalow building located a short distance from a town in Co. Wexford. Inside, residents each had an individual bedroom, access to shared bathrooms, a kitchen, small laundry room and an open plan dining/sitting room. There was a small staff office and another room assigned for staff use. To the rear of the building was a large garden. There were plans to develop this area in the coming week, such as, adding planted flower beds and a patio for garden seating. The centre, was homely, clean and well presented.

The resident present was sitting at the table having their breakfast when the inspector arrived. There were three staff present and the person in charge. The resident was keen to meet with the inspector. They appeared very comfortable in their home. The resident indicated that they wanted to show the inspector their bedroom. Primarily the resident used gestures, adapted sign language, vocalisations and facial expressions to communicate. The inspector observed the resident using their adapted sign language and the staff readily interpreted the signs for the inspector.

The resident's bedroom had personal items on display and was decorated in line with the resident's wishes. The staff explained how the resident had requested that specific photographs were displayed in their room. The photographs of close family members were hanging over the resident's bed. The resident showed the inspector a bag which contained their favourite magazine. They had a monthly subscription and staff told the inspector they enjoyed receiving this item on a regular basis.

The resident was heading out to the cinema for the morning. Staff were seen to support the resident and encourage their independence when getting ready to go out. The resident readily responded to staff instructions and seemed very

comfortable in their presence.

On review of documentation in relation to the residents' weekly timetable and individual goals, residents had busy, active schedules. Each residents' individual preferences in relation to how their day should look was accommodated by the staff team. For example, two residents opted to spend five days a weeks at their day service while the third resident's preference was to attend their day service on a sessional basis. From a review of daily notes residents enjoyed bowling, swimming, exercise classes. baking, bingo, shopping, day trips and family visits.

The inspector observed a number of measures in place to promote a clean environment that minimised the risk of transmitting a healthcare-associated infections. These included pedal operated bins, access to personal protective equipment (PPE) and hand hygiene facilities. The premises was observed to be visibly very clean and cleaning schedules were in place. However, some improvements were needed to ensure best practice in relation to IPC measures were consistently adhered to. For the most part the provider had identified some of these actions. For example, storage of PPE however, some other items required addressing.

Overall, it was found that the residents were happy and comfortable living in their home on the day of inspection. Systems were in place to ensure that infection prevention and control measures were consistent and effectively monitored. However, some actions were required to ensure that the infection prevention and control measures implemented were consistent with the Regulation 27, the national standards and in line with the provider's own policy on infection prevention and control.

The next two sections of the report will discuss findings from the inspectors review of infection prevention and control measures in the centre. This will be presented under two headings: Capacity and capability and Quality and Safety, before a final overall judgment on compliance against regulation 27: Protection Against Infection.

Capacity and capability

Overall, the inspector found that the registered provider was demonstrating the capacity and capability to provide a safe service with appropriate and effective systems in place to reduce the risk of COVID-19 and healthcare-associated infection in the centre.

There were clear and effective management systems in place to ensure regular oversight of infection prevention and control (IPC) measures in the centre. The centre was managed by a full-time person in charge. The person in charge was responsible for the management of one other designated centre. At times, the person in charge delegated duties such as audits to the staff nurses. The person in charge reviewed this work on a continuous basis and this was evidenced by relevant

signatures and quality improvement initiatives occurring in a timely manner.

The provider had completed the annual review and six monthly unannounced audits as required. Elements of IPC were encompassed in both these reports. In addition, regular auditing of all aspects of IPC needs within the centre were completed. This included three monthly audits that reviewed elements such as mattress condition, cleaning of specialised equipment, premises condition, laundry facilities, and hand hygiene. In addition, a clinical nurse specialist (CNS) in IPC from the community healthcare team had completed a comprehensive overview of the IPC requirements within the centre. This had only recently occurred and the actions were in progress on the day of inspection.

There was an established staff team comprised of multi-task workers, staff nurses and clinical nurse managers. Staff were responsible for ensuring the providers systems and policies regarding infection control were implemented in the centre during their shift. The centre also had access to a regular relief panel of staff to fill shifts when required. There were some staff vacancies on the day of inspection, and for the most part regular agency staff were utilised to ensure sufficient staff were in place. It was found that staff resourcing within the centre was sufficient to meet the relevant IPC requirements Throughout the inspection, staff were observed treating and speaking with the resident in a dignified and caring manner.

In relation to COVID-19, the provider had developed a clear, centre specific COVID-19 contingency plan in the event of a suspected or confirmed case of COVID-19. Staff meetings were taking place regularly and the inspector reviewed a sample of staff meeting minutes and found that infection control and COVID-19 were regularly discussed. All information present was up-to-date and in line with current recommended practices.

There was a program of training and refresher training in place for all staff. The inspector reviewed the centre staff training records and found that with regards to infection control, some staff required up-to-date refresher training in areas including hand hygiene, infection control, the donning and doffing of PPE.

Quality and safety

With regards to infection prevention and control, the registered provider and management team were ensuring that the service provided was safe and overall in line with national guidance for residential care facilities. However, some minor improvements were required in some areas, such as storage of items in an appropriate manner, replacement of items when worn and stained, and painting in areas where chipped or flaking paint was evident. A number of these areas of improvement had been identified by the provider, however, on the day of inspection

they remained outstanding.

On the walk around of the premises, the majority of the home was very clean. Cleaning schedules were in place that were comprehensive and encompassed all areas of the home. There were schedules in place for cleaning to take place both at day and night, monthly cleaning schedules and equipment cleaning schedules. Through the providers own management systems, improvements in cleaning schedules had been identified as an area requiring improvement. Following this, weekly booklets of cleaning schedules were created and these were reviewed by the person in charge at the end of each week. This ensured timely action of improvements if they were required.

Storage had been identified as an area of ongoing quality improvement area in relation to IPC measures. The inspector observed the inappropriate storage of bedding, personal items and PPE on the day of inspection. A resident's duvet was being stored under a bed, personal items relating to residents were not stored in line with the manufacturers instructions and PPE was stored on the floor of the staff room. The lack of storage within the home was identified in the provider audit dated in October 2021 and there were ongoing plans to rectify this.

In addition, appropriate mattresses were not in place in line with residents' specific assessed needs. Staining was evident on a resident's mattress. Another residents' bed had pieces of double sided tape stuck to the end of the bed. Due to the presence of this material, effective cleaning could not take place.

The house was well maintained and had been recently renovated before the residents transitioned into the home. However, some rooms required repainting due to the presence of chipped or flaking paint.

It was evident that infection prevention and control and COVID-19 measures were discussed with the residents in a way that was accessible to them. Easy-to-read documentation was available for residents regarding infection control and COVID-19. These topics were also discussed at the resident meetings. For example a recent resident meeting discussed the recent change in mask wearing requirements in the centre.

Regulation 27: Protection against infection

Overall, the inspector found that the service provider was meeting the requirements of the national standards for infection prevention and control in community services, and was keeping the staff team and the residents safe. There were clear management and oversight systems in place and infection control measures were regularly audited and reviewed. The designated centre was for the most part visibly clean on the day of the inspection and cleaning schedules were in place.

However, some improvement was required in the following areas:

- Additional storage was required to ensure effective IPC measures could be adhered to at all times.
- Review of residents equipment was required to ensure it was replaced when it was damaged and worn this included items such as mattresses and shower mats.
- Painting was required in some areas of the home to ensure best practice in relation to IPC measures could be adhered too.
- Staff needed to complete refresher training in relation to IPC.

Judgment: Substantially 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	
Quality and safety	
Regulation 27: Protection against infection	Substantially compliant

Compliance Plan for Sao Paulo OSV-0008094

Inspection ID: MON-0039059

Date of inspection: 10/05/2023

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 27: Protection against infection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection:</p> <p>In response to the findings of this report the registered provider has assured that an outdoor insulated building has now been installed on the premises as of 29/05/23. This will allow for appropriate storage of items in the centre.</p> <p>A review of residents care equipment is carried out by the PIC through audit and an assurance that any equipment required OR equipment requiring replacement is addressed promptly.</p> <p>The PIC has assured that a small area of paintwork has been addressed and is now resolved.</p> <p>The PIC has assured that any outstanding staff refresher training in IPC is now completed as well as a full review of training requirements at each staff level, to include a review of frequency.</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 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	08/06/2023