



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:	Announced
Date of inspection:	28 May 2024
Centre ID:	OSV-0008094
Fieldwork ID:	MON-0034864

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
Tuesday 28 May 2024	09:20hrs to 17:10hrs	Sarah Mockler	Lead

What residents told us and what inspectors observed

This announced inspection was completed over one day, following an application by the provider to renew the registration of this designated centre. Overall the findings of this inspection were that residents were encouraged to engage in a range of activities in their community and were actively consulted around aspects of their care and support. However, improvements were required in relation to managing residents' healthcare needs, ensuring residents' had access and control to their finances and staff training.

In order to gain a sense of what it was like to live in the centre, the inspector spent some time with residents observing their care and support, spoke with the staff team and reviewed documentation in relation to their specific assessed needs. On the day of inspection all residents appeared content in their home and readily approached staff if they needed help or support.

The designated centre comprises a detached bungalow building on the outskirts of a town in Co. Wexford. The inspector commenced the inspection with a walk around of the centre. The immediate impression of the centre was that it was warm, clean, homely and overall well maintained. The three residents that lived in the centre each had their own individual bedrooms, access to a main bathroom, a kitchen, and dining/living area. Additionally there was a small laundry room, a staff break room, a staff office and a small bathroom with a toilet and sink. Pictures, paintings, soft furnishing and other decorative items were on display throughout the home. In one resident's room they had art pictures framed and hung on the wall. The resident had painted these pictures and they had been sold to members of the public. A family member had bought one of these pictures to give to the resident to display. Outside was a garden area to the rear of the property. There were plans to develop this area over the coming weeks with funding secured to install a patio area.

The designated centre had capacity to accommodate three residents. The inspector had the opportunity to meet with all three residents throughout the day of the inspection. Residents in the home had differing needs in terms of their communication style. Some residents' used some verbal language, while other residents used adapted sign language, gestures and facial expressions to communicate. All residents in the home were observed to communicate with the staff team, in an effective manner, with staff understanding all adapted signs, gestures and non-verbal cues.

On the walk around of the centre the inspector met with one resident. They were sitting on the couch and watching television. They told the inspector about the new pet dog that was in the process of transitioning into the centre. They seemed excited about this. The resident had plans for the day and were in the process of deciding to go swimming or bowling. They seemed very content and were seen to use gestures to call for staff attention. Staff were seen to respond to the resident in

a timely, kind and caring manner.

Later in the morning the second resident came up to the dining area. They were up and ready for the day and heading off to their day service. Staff supported them to put on their smart watch and charge their mobile phone. There was a communication board on the kitchen door with activity pictures. The resident indicated they wanted to go for a drink in their local pub and was seen laughing with staff when they told them it was a bit early and they could go later in the day if they so wished.

The inspector met the third resident later in the day of the inspection. They attended a day service and had left the home by the time the inspector arrived. When they returned home they came into the room the inspector was in for a very brief period of time. The resident did not engage with the inspector but seemed happy to come into the room for a brief time. The resident had specific routines that they liked to engage in and were seen to be supported to do this. Later the resident left the home to go for an ice-cream. The resident was observed to freely move around the home and staff were heard to offer support as needed.

Residents in the home had very busy active lives. Residents' self directed their activities. For example, the activity board was a recent introduction whereby residents' could chose what they would like to do on a daily basis. On the day of inspection one resident had initially chosen to go swimming but when they arrived at the swimming pool they changed their mind and asked to go bowling. This was respected by the staff team. When the resident arrived home they showed the inspector their phone with pictures of them bowling. The inspector reviewed a four week period of resident meeting notes. A variety of activities and events had taken place for the residents including going to Dublin for a shopping trip, attending matches, going to places of interest, attending a car racing track and attending a movie night at a local library. Residents were in the process of planning a holiday in Ireland later in the year.

The next two sections of the report present the findings of this inspection in relation to the the overall management of the centre and how the arrangements in place impacted on the quality and safety of the service being delivered.

Capacity and capability

In terms of oversight and management of the centre there was a number of elements in place to ensure that the service strived for quality improvement. The provider had recently enhanced some of their systems of oversight to ensure that the systems were effective in identifying and rectifying issues in a timely manner. Improvements were required in relation to staff training which is discussed under the relevant regulation.

There was a defined governance and management structure in place. The centre

was managed by a suitably qualified and experienced person in charge. There was evidence of quality assurance audits in place including the annual review and a recent six monthly unannounced provider visit carried out in May 2024. In addition, there was a suite of audits in place at local level to ensure aspects of care were monitored on a frequent basis.

There were systems in place to ensure staff had received training in relevant areas of care and support. The person in charge had ensured that all staff had up-to-date training in relevant areas. However, the systems in place did not require certain staff to be trained in medicine management. This was impacting on residents choice and control and did not ensure that appropriate medicine management practices were implemented at all times.

Registration Regulation 5: Application for registration or renewal of registration

The inspector completed a desktop review of all the information submitted in relation to the application to renew the registration of this designated centre. It was found that all required information was submitted and in line with the relevant requirements.

Judgment: Compliant

Regulation 15: Staffing

The person in charge maintained a planned and actual staffing roster. The centre was staffed with staff nurses and multi-task workers. There was one vacancy on the day of inspection and this was staffed with a regular agency staff. Overall there was a consistent staff team in place that were familiar with residents' specific needs and preferences. This was evidenced on the day of inspection by staff readily interpreting residents' specific communication styles. To cover sick and annual leave agency staff were utilised. From a review of a four week period of rosters 19 shifts were covered by agency. To ensure consistency of care agency staff for the most part were working alongside regular staff.

The inspector reviewed four staff personnel files and found that they were well maintained and contained all information as required by the Regulation and Schedule 2. For example, all staff reviewed had up-to-date evidence that checks had been completed with the National Vetting Bureau.

Judgment: Compliant

Regulation 16: Training and staff development

The systems in place to ensure all staff training needs were in line with the assessed needs of residents required review. In the centre, any staff which were at multi-task worker grade had no training in medicine management and therefore were not permitted to administer medication to residents. When residents were at home, staff nurses were available to administer medications. However, when residents were out and about in the community they were, at times, supported by multi-task workers. On the day of inspection, a multi-task worker was assigned to bring a resident out. As they were not trained in medicine management they did not bring some of the resident's prescribed as necessary (PRN) medications. The medications remained in the centre. Both of these medicines were to be given in the event of an emergency therefore it was not appropriate to leave them in the centre. Although these medications were due to be reviewed, this process had not occurred and were prescribed for the resident. This was not in line with best practice and could have posed a risk to the resident.

Staff meetings were occurring regularly and staff were in receipt of regular formal supervision. The person in charge had developed a schedule of supervision and since they commenced in the post they had completed one formal supervision with each member of staff. The inspector reviewed three supervision notes and found that a variety of topics specific to each persons role was discussed. For example, training needs were discussed.

Judgment: Not compliant

Regulation 23: Governance and management

There was a clearly defined management structure which identified the lines of authority and accountability. The centre was managed by a person in charge who was familiar with the care and support needs of the residents. The person in charge facilitated the inspection and was familiar with the systems and processes in place to ensure sufficient oversight of the service.

At local level, there was a suite of audits in place. These included audits of medication, finance, health and safety, risk assessments and fire safety. There was a specific schedule in place to ensure the audits occurred at regular intervals. In order to ensure actions were followed through and audits were completed as necessary the management team completed an overarching audit review on a quarterly basis. This was a new system implemented by the management team to ensure that relevant areas of improvement were occurring as required. In addition, an audit action plan was in place for each audit. The inspector reviewed the audit action plan from a recently completed finance audit and found that suitable actions had been identified.

The provider completed audits of the quality of care and support provided to residents as required by the Regulation. The inspector reviewed the two most recent six monthly audits that had occurred within the centre. The first audit completed in January 2024 did not detail any actions, however the more recent audit completed in May 2024 identified a number of areas of quality improvement. For example, the audit identified the need for sensory reviews of two residents. These reviews had occurred the week prior to the inspection. This demonstrated that the provider was enhancing their oversight of the service.

Judgment: Compliant

Regulation 3: Statement of purpose

This is an important governance document that outlines the model of care and support to be delivered to residents within the service. The inspector reviewed the statement of purpose that was submitted in line with the renewal of registration requirements. The statement of purpose was found to reflect the facilities and service provided. For example, a detailed description of the premises and location and function of rooms was present in this document.

Judgment: Compliant

Regulation 31: Notification of incidents

Documentation in relation to notifications which the provider must submit to Office of the Chief Inspector under the regulations were reviewed during this inspection. Such notifications are important in order to provide information around the running of a designated centre and matters which could impact residents. It was found that all required notifications had been submitted. For example, the person in charge had submitted notifications in relation to restrictive practices for each quarter of the year.

Judgment: Compliant

Quality and safety

Overall, the inspector found that the centre presented as a comfortable home and strived to provide person centred care to the residents. A number of key areas were reviewed to determine if the care and support provided to residents was safe and

effective. These included meeting residents and staff, a review of personal healthcare plans, risk documentation, fire safety documentation, and documentation in relation to residents' finances. The inspector found evidence of residents being well supported in many areas; such as managing areas of risk and general welfare and development. However, improvements were required in managing residents' healthcare needs and residents' access and control over their own' finances.

There were established systems in place in terms of how residents' finances were managed. Although these systems ensured that residents' finances were kept safe the systems were inflexible and did not allow residents have access and control on a continuous basis. There was limited information in the designated centre on residents' finances as it was managed from a centralised location.

On review of residents healthcare needs it was found that although residents had been referred to relevant health and social care professionals the systems to follow up on refusal for treatments or onward referrals were not comprehensive. Overall, the gaps in documentation related to residents' healthcare needs posed a risk as information was not up-to-date or readily accessible.

Regulation 12: Personal possessions

The management of residents' monies required improvement to ensure that money was always accessible and residents retained an element of control. All residents' income was deposited into a central fund which was managed by an administrative function of the organisation. Staff requested a specific sum of money each week which was kept in the residents' wallet. If larger sums of money were required a specific request form had to be filled in, approved by the person in charge and submitted to the centralised office. These applications were made on an individual basis, and there were several days before the money was made available to residents. It was evident that the person in charge and staff team ensured that there was no shortage of spending money available to them by forward planning. It is acknowledged that the provider had commenced discussions to increase the amount of money residents could access on a weekly basis. On the day of inspection this action remained outstanding.

In addition, in the designated centre, there was no information on residents' finances other than what was in their wallet. Although the person in charge could ring the administrative office and request balances it was unclear what systems were in place to ensure that activities and purchases were planned in line with residents' specific financial means. There were no discussions with residents in relation to the amounts in their accounts, in line with their specific needs, and they had limited access to this information. Improvements were needed in relation to information available to both residents and staff to ensure appropriate financial planning and budgeting was occurring. The current systems in place were not in line with the rights' of residents to have access and control over their own finances.

Judgment: Not compliant

Regulation 13: General welfare and development

This was an area of good practice within the centre. Residents were afforded the opportunity to engage in activities both in the home, and in the wider community, on a frequent basis. Residents were consulted on a weekly basis in terms of places they wanted to go to, people they wanted to visit or events they wanted to attend. In the sitting room the inspector observed the activity board with a wide selection of activities available to residents. In addition, there was a poster printed with upcoming local events that residents could choose to attend in the coming weeks. Residents were observed to use the activity board on the day of inspection and leave the centre to engage in activities of their choosing. Residents were in the process of planning a holiday in the coming months. Some residents had never been on a holiday and as part of this process they were involved in all aspects of the planning process including going shopping to buy a suitcase.

Judgment: Compliant

Regulation 17: Premises

As stated previously, this was a detached bungalow building with three individual bedrooms. Residents had access to communal spaces to relax in. All parts of the home were tastefully decorated and maintained. Residents were involved in choosing all furniture for their home. Recently residents had bought two recliner chairs and another resident had been involved in getting their bedroom redecorated.

The layout was suitable for the needs of the residents and laid out so residents could access all parts of the property. Photographs and pictures were displayed throughout the home.

Outside the provider had identified the need for a patio area to ensure resident could access all parts of the garden. The funding had been secured for this works and they were due to start in the coming weeks.

Judgment: Compliant

Regulation 20: Information for residents

The inspector reviewed the residents guide that was submitted as part of the renewal of registration process. It contained all information as set out in the

regulations.

Judgment: Compliant

Regulation 26: Risk management procedures

The provider had risk assessments and management plans in place which promoted safety of residents and were subject to regular review. There was an up to date risk register for the centre and individualised risk assessments in place which were also updated regularly to ensure risks were identified and assessed. Recently a resident had expressed a wish to sit in a certain seat in the vehicle. This request was listened to, appropriately risk assessed, and the resident could now sit in this place on a regular basis. The control measures in place enabled the resident and staff to remain safe while promoting the residents' right to choose. This was a very positive development in the provider's risk management processes.

There was a system in place for recording adverse incidents and accidents. The inspector reviewed incident and accident forms from January 2024 to May 2024. It was found that incidents were managed in a suitable manner and line with relevant control measures in risk assessments. For example, a resident engaged in self-injurious behaviour and a control measure was to ensure suitable supervision was in place at time where this behaviour was more likely to occur. This allowed staff to re-direct the resident and reduce the likelihood of the behaviour occurring to a significant degree.

The centre had up-to-date risk management policy in place which was also subject to regular review and contained all the information as required by the regulations

Judgment: Compliant

Regulation 27: Protection against infection

The inspector reviewed the systems in place to ensure that residents' were adequately protected from the risk of infection. The provider had a range of measures in place such as appropriate hand washing facilities, access to personal protective equipment (PPE), staff training, infection prevention and control audits and regular cleaning of the centre. On the day of inspection all areas of the home were visibly clean and well maintained. Staff were observed to use PPE as needed and engage in appropriate hand hygiene routines.

Judgment: Compliant

Regulation 28: Fire precautions

There were systems in place for fire safety management. The inspector reviewed the documentation in place to monitor the fire system safety and observed a number of safety measures in place. The centre had suitable fire safety equipment in place, including emergency lighting, a fire alarm and fire extinguishers which were serviced as required. Each resident had Personal Emergency Evacuation Plans (PEEPs) in place which appropriately guided staff in supporting residents to evacuate. There was evidence of regular fire drills taking place including a night-time evacuation with the lowest complement of staffing. The fire drills were very detailed and practised different scenarios such as detailing different parts of the building where a fire could potentially occur. If learning was identified actions were taken following this. For example, it was identified that the location of a wheelchair needed to be improved upon. On the day of inspection this chair was now stored in the hallway for easy access.

Judgment: Compliant

Regulation 6: Health care

From a review of two residents health-related files it was found that residents were afforded the right to attend a range of health and social care related appointments, such as General Practitioners (GP), dentists and opticians. It was found that follow-up in relation to referrals was not sufficient. For example, a resident had been referred to a dietician and a letter had been received in November 2022 stating that the referral was not considered by the relevant team due to waiting lists. There had been no follow up or exploration of alternatives following this. The resident had mobility issues and other health-related issues that were impacted by diet and weight so therefore it was very important that referrals were followed up in an appropriate manner.

In addition, both residents had refused a number of recommended medical treatments and appointments. Although their right to refuse had been respected there was limited evidence and documentation in place to indicate if this had been followed up appropriately with their GP as required by the regulations. For example, a resident had refused to attend a national screening program and a letter was received from the national screening program to state the resident "upon their request" had been suspended from the program. There was no evidence that this had been discussed with the resident's GP, or how the decision was made to suspend the resident from the program. Risk factors in terms of opting out had not been considered. Insufficient follow-up had occurred in relation to this decision.

Judgment: Not compliant

Regulation 8: Protection

The provider and person in charge had ensured that residents were protected by the policies, procedures and practices relating to safeguarding and protection in place. Staff had completed training in relation to safeguarding and protection, and those who spoke with the inspector were knowledgeable in relation to their roles and responsibilities. At the time of inspection there were no open safeguarding concerns.

The inspector reviewed two residents' intimate care plans and found they were detailed, attached to an appropriate personal care plan and guiding staff practice in supporting residents.

Safeguarding was discussed both at team meetings and in staff supervisions.

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	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Not compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 12: Personal possessions	Not compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 6: Health care	Not compliant
Regulation 8: Protection	Compliant

Compliance Plan for Sao Paulo OSV-0008094

Inspection ID: MON-0034864

Date of inspection: 28/05/2024

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	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>All residents are scheduled for reviews with relevant members of their MDT and their plans of care / risk assessments will be reviewed based on recommendations following same.</p> <p>In the interim all residents Pro Active Risk Assessments have been reviewed to ensure all necessary controls are in place.</p>	
Regulation 12: Personal possessions	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 12: Personal possessions:</p> <ul style="list-style-type: none"> • SOP has been reviewed to account for flexibility and changing needs of the residents. • All residents have a financial capacity assessment completed. • The service adheres to the HSE Patients Private Property guidelines and The National Financial Regulations. • A copy of the residents monthly financial statements are available and can be utilised by residents and keyworkers to ensure appropriate financial planning and budgeting. • A section for budgeting has been added to the annual review template. 	

Regulation 6: Health care	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 6: Health care:</p> <ul style="list-style-type: none">• ANP in chronic disease management will review all resident's medical files and any amendments / referrals identified to their plan of care will be actioned in conjunction with their keyworker.	

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 12(1)	The person in charge shall ensure that, as far as reasonably practicable, each resident has access to and retains control of personal property and possessions and, where necessary, support is provided to manage their financial affairs.	Not Compliant	Orange	20/06/2024
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.	Not Compliant	Orange	30/11/2024
Regulation 06(1)	The registered provider shall provide appropriate health care for each	Not Compliant	Orange	25/06/2024

	resident, having regard to that resident's personal plan.			
Regulation 06(2)(c)	The person in charge shall ensure that the resident's right to refuse medical treatment shall be respected. Such refusal shall be documented and the matter brought to the attention of the resident's medical practitioner.	Not Compliant	Orange	25/06/2024