



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

Issued by the Chief Inspector

Name of designated centre:	Ocean Wave Services
Name of provider:	Ability West
Address of centre:	Galway
Type of inspection:	Unannounced
Date of inspection:	04 July 2023
Centre ID:	OSV-0001495
Fieldwork ID:	MON-0035667

About the designated centre

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

Ocean Wave Services is a designated centre run by Ability West. The centre is located on the outskirts of Galway city and can provide residential care for up to five male and female residents, who are over the age of 18 years with an intellectual disability. The centre comprises of one two-storey house, where residents have their own bedroom, some en-suites, bathroom facilities, kitchen and dining area, utility, sitting rooms, staff office and garden area. Staff are on duty both day and night to support the residents who live here.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:

4

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (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 4 July 2023	11:30hrs to 16:30hrs	Anne Marie Byrne	Lead

What residents told us and what inspectors observed

This was an unannounced inspection and was facilitated by the person in charge. Over the course of the day, the inspector also had the opportunity to meet with two staff members and with all four residents who live in this centre.

These residents had lived together for a number of years and got on well together. Some were of an aging profile and in more recent times had experienced changing needs, with some now requiring more assistance with regards to falls management and support with their cognitive care needs. Since the last inspection in January 2023, these residents' assessed needs were unchanged and continued to be subject to regular review, both by staff and various multi-disciplinary professionals. Although this centre had capacity to cater for up to five residents, since the last inspection, the provider made the decision not to operate this centre at maximum capacity.

Upon the inspector's arrival, they were greeted by a staff member and person in charge, who were in the middle of completing staff supervision. All four residents had gone out for the day and later returned, where, the inspector had the chance to meet briefly with each of them. One resident had returned from their day service, and informed the inspector of how they were looking forward to celebrating their milestone birthday in the coming weeks. They told of how they hoped to have a party in a local hotel with their friends and family, and spoke openly with staff about the planning of these arrangements. They also told of how they had recently gone on a day trip to Dublin to an arts exhibition, and on the way home, went shopping in a home ware store, which they had really enjoyed. Another resident, was getting ready to head out again that evening to a hairdressing appointment. The third resident, who just returned home from their place of work, greeted the inspector and sat in her company, while they made enquires with staff about an upcoming eye appointment. The fourth resident, who had limited verbal skills, shook the inspector's hand, while the person in charge told the resident who the inspector was, and the reason for their visit to their home. Overall, there was a very relaxed and pleasant atmosphere in this centre, where residents casually engaged with staff about various topics. Staff interactions were friendly and respectful towards residents, and residents appeared very comfortable in the company of the staff on duty, and in the surroundings of their home.

Each resident liked to remain active each day, with some attending active-aging groups, some attended day services, while others held employment in a local coffee shop. Home visits were encouraged, with many residents visiting family on a very regular basis. Adequate staff and transport arrangements were in place to ensure these residents remained as active in their local community as they wished, and as the centre was located in an area close to a range of services and amenities, these residents had regular opportunities to avail of these. Staff were very aware of the individual interests of each resident and endeavoured to ensure residents chose how they wished to spend their time. This aspect of social care was often overseen by the person in charge, who placed a significant emphasis on ensuring each resident

had the support and means to maintain very meaningful and active lifestyles.

There was one vacancy in this centre and as previously mentioned, the provider had made the decision not to admit any further resident to this centre. This had an overall positive impact for residents as it provided them with more space to manoeuvre around their home, and the person in charge told the inspector that this new arrangement had also been positive for the general day-to-day operations of the service. This premises was a two-storey house, with three out of the four residents residing in upstairs accommodation. As most of these residents were identified at risk of falls, each resident was subject to a recent allied health care professional assessment, to ensure their safety when independently using the stairs to go to their bedroom. However, this inspection found that other hazards to those at risk of falls, which the provider had previously identified for themselves, were still not addressed. This will be discussed in more detail further on in this report.

As earlier stated, residents' needs were maintained under regular review and as part of this provider's quality improvement for the organisation, they were in the process of implementing a new resident assessment framework into this centre. This wasn't currently operational at the time of this inspection; however, this inspection did identify where there was some confusion among staff around aspects of its intended use. Feedback received by the inspector over the course of the day, highlighted the need for further review by the provider, to ensure this new assessment framework would be effective in comprehensively assessing these four resident's changing needs, once rolled out in this centre.

Despite many positive practices observed as part of this inspection, the provider had still not addressed on-going issues with this premises, relating to falls hazards, that were known to them for quite some time, to ensure it was made safer for residents. Furthermore, there were still on-going failings found in certain areas of risk management, and this inspection also highlighted other areas of improvement required, in relation to aspects of this centre's staffing arrangements.

The specific findings of this inspection will now be discussed in the next two sections of this report.

Capacity and capability

This centre was previously inspected in January 2023. Following the outcome of that inspection, the provider was issued with a compliance plan to assure the Chief Inspector as to how they planned to come back into compliance with the regulations, particularly with regards to risk management, governance and management and premises. However, the response received to this compliance plan did not adequately assure the Chief Inspector, that the actions outlined by the provider, would result in compliance with the regulations. Since that inspection, the Chief Inspector has undertaken a targeted inspection programme with this provider across all their designated centres, specifically focusing on five regulations, to

include, person in charge, staffing, governance and management, residents' assessment and personal planning and risk management. In response to this, the provider submitted an action plan to the Chief Inspector, outlining the steps they will take to improve compliance across all designated centres. This was the first inspection of this centre, since this programme commenced. While, following the outcome of the last inspection, the provider had ceased any new admissions to this service, overall, this inspection identified continued deficits in the provider's ability to robustly respond to the improvements required within this centre, and to appropriately mitigate against on-going risks, until such a time as these improvements were addressed.

The person in charge held the overall responsibility for this centre and was supported in their role by their staff team and line manager. They were regularly present at the centre and had strong knowledge of the needs of the residents and of the operational needs of the service delivered to them. They maintained oversight of all aspects of residents' care and held regular meetings with their staff team to ensure that key aspects of residents' care were discussed with all staff. They were proactive in escalating to senior management, any concerns that they had regarding the quality and safety of this service, to include, on-going issues with this premises, which had not yet been addressed by this provider.

There was good consistency of staff maintained in this centre, with many having supported these residents for quite some time. Although the staffing arrangement for this centre was subject to regular review, where minimum staffing levels were in place, the provider had not ensured that this was in accordance with residents' assessed needs. For instance, this centre operated with two staff members up until 10pm at night and then reduced to one staff member. However, should a resident with assessed mobility needs require assistance with transfer after 10pm, the provider had not ensured that the current staffing levels after this time, would be adequate to meet the assessed mobility and manual handling needs of these residents.

Since the last inspection, the provider had not addressed specific issues relating to this premises, that were impacting the safety of residents who were at risk of falls. For example, the outdoor patio area which required works to make it safer for residents to use, had not been addressed, resulting in residents not being able to use this garden space for quite a long time. Even though a recent trend of falls which had occurred for a resident while they were out in the community, highlighted the main cause for these falls to be due to uneven surfaces, this still had not prompted the provider to address significant uneven surfaces in the patio area of this premises. Upgrade works required to the front and back door of the centre, to make them safer for residents to use and wheelchair accessible, had also not been completed. This resulted in residents, who used a wheelchair to enter and exit the premises, to continue to have to use an exit that was not made more accessible to meet their assessed mobility needs. Although there were many action plans and risk assessments in this centre, along with repeated escalations, indicating the urgent need for these upgrade works, this had not resulted in the provider taking the action required to address these issues. Furthermore, there was a continued lack of oversight on the part of the provider to monitor for specific risks relating to this

premises, while these works remained outstanding. For example, the outcome of an allied health care professional assessment which was completed in March 2023, identified additional falls hazards to a resident's en-suite and other potential safety concerns to staff supporting this resident. Although the provider had a quality improvement plan in place for this centre, it failed to consider these issues as part of this overall action plan, resulting in no mitigation of these risks at the time of this inspection. In addition, as part of the action plan arising from the provider's most recent six monthly-provider led audit, they had identified where improvement was required to their own action plans for this centre, to make them more specific to the works that were required, and in the progress made towards rectification. However, the provider had failed to effectively do so, whereby, many of the action plans reviewed by the inspector as part of these inspection, lacked clarity on the specific action being taken by the provider and overall status made towards completion.

While the reduced bed capacity in this centre had a positive impact for this service, the continued failings of the provider to action the upgrade works required to this centre, and put interim safety arrangements in place until these works were completed, continued to impact the safety of service delivered to these residents.

Regulation 14: Persons in charge

The person in charge held a full-time position and was regularly present at the centre to meet with residents and with staff. They were very familiar with the assessed needs of residents and of the operational needs of the service delivered to them. They held responsibility for another designated centre operated by this provider, and current support arrangements gave them the capacity to fulfill the duties associated with their role, to ensure this centre was effectively managed.

Judgment: Compliant

Regulation 15: Staffing

The person in charge ensured that this centre's staffing arrangement was subject to regular review. Where additional staff resources were required from time to time, the provider had arrangements in place for this. However, a review of this centre's staffing levels was required to assure the Chief Inspector, that current minimum staffing levels were in accordance the assessed needs of residents, particularly with regards to those requiring manual handling support.

For example, although a resident's mobility needs was re-assessed in recent months, the outcome of this assessment didn't guide on the specific number of staff required to support this resident with regards to their mobility and manual handling. The current staffing arrangement for this centre, included, minimal staffing levels

after 10pm at night. However, should residents with assessed mobility needs require staff support to mobilise or transfer after this time, the provider had not assured that staffing levels during these times, was appropriate to meet the assessed needs of those residents.

Judgment: Not compliant

Regulation 23: Governance and management

This inspection found significant improvement was still required to the provider's ability to address to long-standing issues in this centre. Furthermore, continued failings were again found to the provider's ability to ensure timely response to identified risk. This inspection also highlighted where other improvements were also needed to aspects of the overall monitoring system for this centre.

Prior to the last inspection, the provider had identified for themselves, a number of improvements required to make this premises safer and more accessible for those residing in it. However, upon this inspection, these works were still not completed within the time frames that the provider had set out to complete these by. Some of these works related to an external patio area, which had resulted in these residents not being able to use their back garden for quite some time. Other works were in relation to the front and back door, to ensure they were made safer to use for residents who were identified at risk of falls, and also for those who were wheelchair users. Although these outstanding works were escalated and well recognised by the provider within their own risk assessments and action plans for this centre, this had not resulted in urgency in their completion.

There was also continued failings on the part of the provider to respond to identified risk in this centre. For example, an allied health care professional assessment completed a few months prior to this inspection, highlighted additional risks to a resident and to staff supporting them. However, the provider had failed to take action to mitigate against these. Furthermore, this inspection highlighted the requirement for a review of minimum staffing levels, to ensure these levels were suitable to meet the assessed needs of these residents. Given the mobility and manual handling needs of some residents, up until the point of this inspection, the provider had not recognised for themselves, the gap in their own processes informing the staffing complement for this centre, to ensure no potential risk was posed to residents, during times when minimum staffing levels were in place.

Although six monthly provider-led audits were being completed, the provider had failed to ensure all actions arising from these visits were addressed. For example, the last visit identified the need for more specific action plans for this centre, and better updates on the progress made towards completing upgrade works. Similar to the findings of this inspection, this visit also identified that improvements were required to risk assessments relating to this premises, to ensure these better informed on the capacity of this service to cater for the changing needs of residents.

However, these actions had not been satisfactorily completed by the provider.

As part of the overall organisational improvement plan, the provider was in the process of implementing a new resident assessment framework. However, at the time of this inspection, the provider had not ensured both the person in charge and staff were fully supported in understanding how this new assessment framework was going to be effectively implemented in this centre, particularly with regards to comprehensively assessing for the changing needs of these residents.

Judgment: Not compliant

Quality and safety

While the provider had sustained good practices since the last inspection, with regards to residents' assessment of need, this inspection found continued deficits in the provider's ability to adequately identify, assess and respond to specific risk in this centre.

As previously mentioned, this provider was in the process of introducing a new resident assessment framework; however, this was not yet operational in this centre, and staff were operating off, and updating the previous assessment framework. The re-assessment of residents' needs was continually overseen by the person in charge, which had a positive impact on ensuring that where changes to residents' status occurred, there was a timely re-assessment of their needs completed. For example, following two recent falls, a full review into the cause of these falls was completed, which informed this resident's falls re-assessment and updating of their falls management personal plan. There was also good follow-up to any referrals made for various aspects of residents' assessed needs. For instance, prior to this inspection, the person in charge identified that a resident had been awaiting a specific assessment from an allied health care professional for a number of months, which they then escalated to their line manager, and at the time of this inspection, were in the process of hearing back on the progress of this referral.

Similar to the last inspection, there were again failings found in the provider's risk management system, to ensure risk was effectively identified, responded to and managed. To date, the provider had collected much information surrounding these risks but had not yet completed the actions required to mitigate against them. For example, various documentation reviewed by the inspector, to include action plans and risk assessments, highlighted specific risks relating to significant trip hazards to the patio area and also to the front and back door of this centre, posing risk to residents who were identified at risk of falls and to those who were wheelchair users, which the provider had not addressed. In addition to this, the provider had failed to act upon additional falls hazards to a resident and potential safety risk to staff, that were identified as part of an allied health care professional assessment. Although the person in charge maintained organisational risks under regular review

and escalated on-going risk to the provider, this monitoring process was not always supported by clear and accurate risk assessments.

Although, to date, no incident had occurred in this centre which adversely impacted these residents, there was much information available to the provider to indicate significant potential for harm to residents and to staff working in this centre, which they had failed to appropriately respond to, and monitor for.

Regulation 26: Risk management procedures

Significant improvement was still required in relation to this provider's response to specific risk in this centre, in light of the outstanding improvements required to this premises. Furthermore, improvement was also required to some aspects of risk assessment.

There were risks in this centre that the provider had previously identified for themselves, that were still on-going at the time of this inspection. For example, there were specific falls risks pertaining to entrance and exits doors and also to the rear patio area. Although the outcome of a recent trend of falls, highlighted the possible cause of these falls being in relation to uneven surfaces, the action required by the provider to address similar falls hazards in this centre, was still not completed. The provider had also failed to act upon further falls hazards that were identified as part of an allied health care professionals assessment, which took place a few months prior to this inspection.

Although the oversight of organisational risk was regularly overseen by the person in charge, improvement was required to ensure adequate risk assessments were in place to support them with this process. For example, although an emphasis was placed on monitoring for residents' changing needs, there was no risk assessment in place to demonstrate this. Furthermore, risk assessments relating to hazards associated with the premises were not accurate in demonstrating what action the provider had taken, or was intending to take, to mitigate against specific risks, until upgrade works were completed.

Judgment: Not compliant

Regulation 5: Individual assessment and personal plan

The provider had a system in place for the assessment of residents' needs and had ensured personal plans were in place to guide staff on how to support residents. Staff and the person in charge were cognisant of the changing needs of these residents and ensured prompt re-assessment, should any changes occur to residents' personal, social and health status. For example, where a resident had experienced recent falls, their falls risk assessment was reviewed and their personal

plan updated to reflect changes to their overall falls management interventions. Furthermore, the person in charge was proactive in ensuring residents' received re-assessment, as and when required, from appropriate multi-disciplinary teams.

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 14: Persons in charge	Compliant
Regulation 15: Staffing	Not compliant
Regulation 23: Governance and management	Not compliant
Quality and safety	
Regulation 26: Risk management procedures	Not compliant
Regulation 5: Individual assessment and personal plan	Compliant

Compliance Plan for Ocean Wave Services OSV-0001495

Inspection ID: MON-0035667

Date of inspection: 04/07/2023

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 15: Staffing	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing:</p> <ul style="list-style-type: none"> • Currently there are two staff on duty during waking hours and there is one sleepover staff at nighttime. Based on current risk assessments, there is adequate staffing to meet the assessed support and supervision needs of all residents. • The person in charge is responsible for ensuring that residents’ assessments of needs are up to date and accurate. • The person in charge is responsible for ensuring that there are adequate staff on the roster to the meets the needs of the residents in the Oceanwave Services. • The Area Services Manager will audit resident needs assessments on a monthly basis and escalate if evidenced a need to review staffing arrangements in Ocean wave services • The Person in Charge submitted a referral form to Occupational Therapy for assessment of the residents on 31st July 2023 and this assessment was completed on the 1st of August 2023 and we are waiting for the report to be issued. Depending on the recommendations in the report, if there is an identified need for additional staffing, the Person in Charge will review the roster and make any necessary changes to the roster and the staffing. In the interim period, until the report issues, Ocean Wave has been teamed up with another Ability West Service in the local area, approximately 2 minutes away. This service has additional sleep overstaff who will provide support to Ocean Wave Services should they be required. The Contingency plan has been amended to reflect the arrangement. • Staff meetings, facilitated by the Person in Charge, are held monthly. Standing agenda items include review of incidents, risk register and management and changing needs of residents. • The Person in charge will review all incidents as and when they occur to identify trends, evidence, or other indicators that a review of risk or resident’s needs assessment is required. <p>The compliance plan response from the registered provider does not adequately assure the chief inspector that the action will result in compliance with the regulations</p>	

Regulation 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <ul style="list-style-type: none"> • The threshold Ramp at the front door has been installed on 24th July 2023. • The threshold Ramp at the back door will be installed on 4th August 2023. • The patio area has been redone and re-laid on 25th July 2023. • Risk management training was delivered by an external organization to the Person in charge on the 26th of April 2023. In addition, the person in charge had further risk management awareness training on 27th July 2023. • Risk awareness training was carried out with all staff in Oceanwave on 26th July 2023. • A review of all risks within Oceanwave will be undertaken by the Person in Charge, additional controls will be put in place and the risk register updated. This will be completed by 31st August 2023. • The Person in charge along with the resident key worker will update and review all resident individual risk assessments on a monthly basis. • The Person in Charge will review and update the centre risk register monthly or more frequently where evidence of increased risk or other changes arises. • The Person in charge will review all incidents as and when they occur to identify trends, evidence, or other indicators that a review of risk or resident's needs assessment is required. • The Area Services Manager will review the risk register on a monthly basis with the person in charge and ensure that effective control measures are in place. If warranted the person in charge will escalate the risk to the Area Services Manager in line with policy and procedure. • Staff meetings, facilitated by the Person in Charge, are held monthly. Standing agenda items include review of incidents, risk register and management and changing needs of residents. • The Provider's organizational policy and procedure on risk management is currently under independent external review and will be updated by 31 October 2023 • The Provider's current Provider Led Audit structures and processes are currently under independent external review and will be updated by 31 October 2023. • Currently there are two staff on duty during waking hours and there is one sleepover staff at nighttime. Based on current risk assessments, there is adequate staffing to meet the assessed support and supervision needs of all residents. • The Person in Charge submitted a referral form to Occupational Therapy for assessment of the residents on 31st July 2023 and this assessment was completed on the 1st of August 2023 and we are waiting for the report to be issued. Depending on the recommendations in the report, if there is an identified need for additional staffing, the Person in Charge will review the roster and make any necessary changes to the roster and the staffing. In the interim period, until the report issues, Ocean Wave has been teamed up with another Ability West Service in the local area, approximately 2 minutes away. This service has additional sleep overstaff who will provide support to Ocean Wave Services should they be required. The Contingency plan has been amended to reflect the arrangement • The person in charge is responsible for ensuring that residents' assessments of needs are up to date and accurate. 	

- The person in charge is responsible for ensuring that there is adequate staff on the roster to meet the needs of the residents in the Oceanwave Services.
- The Area Services Manager will audit resident needs assessments on a monthly basis and escalate if evidenced a need to review staffing arrangements in Ocean wave services.
- The Person in Charge has submitted a referral form to Physiotherapy for assessment of the resident on 31st July 2023.
- My All About Me Assessment document is an existing Ability West document which is completed by the Person in Charge and the Keyworker, it can be located in the personal plans for the purpose of review.
The Person in Charge will ensure that this document is regularly reviewed when an emerging/ changing need is identified.
- My Support Needs Assessment has been completed by the Team Lead/ Key workers and a member from the MDT. This should remain on file in the personal plan. This document is stage one of a Provider needs assessment to inform current and future needs for each Resident in Ability West.
- The Area Services Manager will audit resident needs assessments on a monthly basis and escalate if evidenced a need to review staffing arrangements in Oceanwave services.

Regulation 26: Risk management procedures	Not Compliant
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- Outline how you are going to come into compliance with Regulation 26: Risk management procedures:
- The threshold Ramp at the front door has been installed on 24th July 2023.
 - The threshold Ramp at the back door will be installed on 4th August 2023.
 - The patio area has been redone and re-laid on 25th July 2023.
 - Risk management training was delivered by an external organization to the Person in charge on the 26th of April 2023. In addition, the person in charge had further risk management awareness training on 27th July 2023.
 - Risk awareness training was carried out with all staff in Oceanwave on 26th July 2023.
 - A review of all risks within Oceanwave will be undertaken by the Person in Charge, additional controls will be put in place and the risk register updated. This will be completed by 31st August 2023.
 - The Person in charge along with the resident key worker will update and review all resident individual risk assessments on a monthly basis.
 - The Person in Charge will review and update the centre risk register monthly or more frequently where evidence of increased risk or other changes arises.
 - The Person in charge will review all incidents as and when they occur to identify trends, evidence or other indicators that a review of risk or resident's needs assessment is required.
 - The Area Services Manager will review the risk register on a monthly basis with the person in charge and ensure that effective control measures are in place. If warranted the person in charge will escalate the risk to the Area Services Manager in line with policy and procedure.
 - Staff meetings, facilitated by the Person in Charge, are held monthly. Standing agenda items include review of incidents, risk register and management and changing needs of residents.

- The Provider's organizational policy and procedure on risk management is currently under independent external review and will be updated by 31 October 2023
- The Provider's current Provider Led Audit structures and processes are currently under independent external review and will be updated by 31 October 2023.

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 15(1)	The registered provider shall ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.	Not Compliant	Orange	30/09/2023
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.	Not Compliant	Orange	31/08/2023
Regulation 26(2)	The registered provider shall ensure that there	Not Compliant	Orange	01/08/2023

	are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.			
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