



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:	18 January 2023
Centre ID:	OSV-0001495
Fieldwork ID:	MON-0038442

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 provides 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
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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 18 January 2023	14:15hrs to 17:15hrs	Anne Marie Byrne	Lead

What residents told us and what inspectors observed

This inspection was facilitated by the person in charge and the person participating in management and over the course of the day, the inspector also had the opportunity to meet with staff and with three residents who resided in this centre. Since the last inspection, the inspector observed a marked improvement with regards to staffing and residents' assessment arrangements in this centre. However, improvements were still required to aspects of risk management and governance and management arrangements. This will be discussed further in the subsequent sections of this report.

Since the last inspection, one resident had transitioned from this centre, with four adults now living there, each with specific assessed care and support needs. The person in charge spoke with the inspector about each resident and of how in recent times, some were experiencing changing needs and were awaiting re-assessment of some aspects of their care. The centre comprised of one two-storey house, located on the outskirts of Galway city, close to many local services and amenities. Each resident had their own bedroom, some had en-suite facilities, shared bathrooms and communal use of sitting rooms, a kitchen and dining area, utility and staff office. A rear garden was also available to residents to use as they wished. There was a pleasant and homely atmosphere in this centre, with residents relaxing after returning from their day service, while chatting with staff as they prepared residents' evening meal. With respect to the changing needs experienced by some residents who lived at this centre, improvements were required the existing premises in order to meet the increased care and support needs of these residents. This will also be discussed in further detail in the subsequent sections of this report.

Upon the inspector's arrival, they were greeted by the person in charge and entered by the main entrance, where they were facilitated to perform hand hygiene. All residents were at their day service and returned later that afternoon. The inspector engaged briefly with two of these residents, one of whom informed the inspector of what they had gotten up at their day service. They also spoke of their interest in football and music and of how they looked forward to going on home visits, which they were supported to do on a regular basis. Another resident, while relaxing at the kitchen table with their cup of tea, also told the inspector that they had enjoyed their day at their day service. When the inspector was leaving this centre, this resident said goodbye to the inspector, as they sat comfortably in the sitting room watching television. The third resident, who had assessed communication skills, didn't engage directly with the inspector. However, the inspector did observe where staff effectively used sign language and visual cues, which this resident appeared to respond very well to. The person in charge told the inspector that this particular resident had a specific routine that they engaged in upon their return to the centre, and the inspector observed staff to be cognisant and respectful of this. Although the fourth resident was also present at the centre, the inspector didn't have the opportunity to meet with them, as they went for a nap after returning from their day service. Staff who met with the inspector were found to be very knowledgeable of

residents' needs and over the course of the day, the inspector observed many friendly and respectful interactions between residents and staff.

As earlier mentioned, all four residents attended their day service during the week and outside of this, were often active in the evening time and at weekends. They often went out and about together in their local community and the provider had ensured a suitable number of staff and were on duty to facilitate this. In accordance with residents' changing needs, the staffing compliment was maintained under regular review by the person in charge, which was having a positive impact on maintaining good quality social care for these residents. In addition to this, better systems were now in place since the last inspection, for the prompt re-assessment of residents' needs and referral to relevant allied healthcare professionals, as and when required.

Over the course the inspection, the inspector had the opportunity to speak with directly with staff. One staff member spoke about the increased needs of some residents in recent months, with some requiring more support with their mobility, personal and intimate care. This staff member told of the challenges posed to them in assisting residents who now needed increased support with showering, as they layout of the bathrooms that these residents liked to use, had limited space for staff to support residents with this aspect of their personal care. The person in charge also spoke with the inspector of how in recent times, as some residents' mobility needs had changed, the lack of recreational space was having an impact on the ability of these residents to comfortably manoeuvre around some communal areas of the centre. Although efforts were made locally by staff and the person in charge to manage these challenges, their efforts were limited while the improvements required to the premises remained.

Through the provider's own internal escalation and monitoring processes, they had identified these improvements were required to the overall premises, to meet the changing needs of residents. However, at the time of this inspection, there was no robust action plan in place to demonstrate how they provider planned to address this.

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

Capacity and capability

This was an unannounced follow-up inspection to the last inspection of this centre, which occurred in August 2022. Since then, the provider had made improvements to this centre's staffing arrangement and also to the arrangements in place for the assessment of residents' needs. However, improvements were still required to aspects of risk management and also to the governance and management arrangements, in addressing improvements required within this centre.

Since the last inspection, the staffing arrangement had improved, whereby, residents were now being supported by a suitable number and skill-mix of staff, in accordance with their assessed needs. Furthermore, this staffing arrangement was continually subject to on-going review by the person in charge. Many of the staff working in this centre had supported these residents for a number of years, and this continuity of care had a positive impact for residents.

The person in charge held a full-time role and was regularly present at the centre to meet with their staff team and with residents. They were very familiar with residents' assessed needs and with the operational needs of the service delivered to them. They spoke at length with the inspector about the changing needs of some residents, and of the potential risks and impact posed by the existing premises, in meeting these changing needs.

As part of the monitoring of quality and safety in this centre, the provider completed six-monthly provider-led visits and a copy of the last visit, which was reviewed by the inspector, clearly identified potential risks and impact associated with the existing premises in meeting the changing needs of these residents. Along with this, local management had also escalated these concerns, outlining the specific impact the current premises was having on residents' recreational space, issues relating to inappropriate storage arrangements and the challenges posed by the layout and design of some bedrooms and bathrooms, since residents' needs had changed. Although the inspector was made aware that the provider was beginning to put some arrangements in place to review these issues, at the time of this inspection, there was no robust plan in place to demonstrate how the provider was planning to address these improvements, and mitigate against potential risk and impact to the quality and safety of care of residents, while these issues remained. In addition to this, over the course of this inspection, the inspector was made aware that consideration was being given to a potential admission to the centre. However, the provider had not reviewed the impact this would have on quality and safety of care delivered to the four residents who already lived in this centre, should the centre accept another admission, until such a time as the impact and risks posed to residents by the existing premises were addressed.

Regulation 14: Persons in charge

The person in charge held the overall responsibility for this centre and was regularly present to meet with staff and residents. They held strong knowledge of the residents and the operational needs of the service delivered to them. They were responsible for another designed centre operated by this provider and current governance and management arrangements gave them the capacity to ensure this centre was appropriately managed.

Judgment: Compliant

Regulation 15: Staffing

Since the last inspection, the provider had improved the staffing arrangements in this centre. The staffing compliment for this centre was now informed by up-to-date residents' assessment of need, meaning a suitable number and skill-mix of staff were at all times on duty to support these residents. This staffing arrangement was subject to on-going review by the person in charge and arrangements were in place to provide additional staffing resources to this centre, as and when required.

Judgment: Compliant

Regulation 23: Governance and management

Although, at the time of this inspection, the provider had identified that improvements were required to the premises in meeting the changing needs of these residents, there was no robust action plan in place to demonstrate how the provider was planning to address these. Furthermore, no interim measures had been identified or put in place by the provider to mitigate against specific risks posed to the quality and care of residents, while the issues with the premises remained.

Furthermore, in light of the improvements that were identified to the premises as part of these monitoring and escalation processes, the provider had not reviewed the interim arrangements to be put in place with regards to the service provision for this centre, with respect to potential admissions. Although there was vacancy in this centre, the provider had not given consideration to the potential implications to the quality and safety of care delivered to the four residents already living there, should the centre reach maximum bed capacity, prior to the issues raised in relation to the premises being addressed.

Judgment: Not compliant

Regulation 31: Notification of incidents

The person in charge had a system in place to ensure all incidents were recorded, responded to and monitored for re-occurrence. They also had ensured that the Chief Inspector of Social Services was notified of incidents, as and when required by the regulations.

Judgment: Compliant

Quality and safety

While residents' needs were changing in this centre, all efforts were made by staff to ensure residents continued to engage in their day services and in activities of interest to them. Residents' wishes for how they wanted to spend their recreational time was at the forefront of planned daily operations, and staff were respectful of residents' daily routines, interests and personal preferences.

Since the last inspection, the provider had made a marked improvement to the arrangements in place for the re-assessment of residents' needs. Many of these residents required support with their intimate and personal care, some had a visual impairment and others had specific neurological care needs. Both the person in charge and their staff team were cognisant of the changing needs experienced by some residents and ensured prompt re-assessment, as and when required. The person in charge had also ensured that any changes to residents' care and support was communicated to all staff and that appropriate referral was made, when required, to the relevant health care professionals.

The person in charge and their staff team were vigilant in the reporting of any incidents or near misses involving residents, ensuring these were quickly reported and responded to. This had resulted in safer arrangements being put in place for residents and in increased monitoring of these arrangements, to ensure their continued effectiveness in maintaining the safety of residents. Although the person in charge utilised the escalation process available to them, to inform the provider of the potential risk and impact posed by the current premises in meeting the changing needs of residents, significant improvement was required to the provider's response to these specific risks. For instance, the provider was aware of the risks and impact posed to residents by aspects of this centre's design and layout, and also in relation to residents' storage and recreational space. However, at the time of this inspection, consideration was being given to a potential new admission to this centre, prior to the risks associated with the premises, already impacting the four residents who lived there, being appropriately responded to and addressed by the provider. Furthermore, to safely inform the potential admission of another resident to this centre at this time, the provider had not risk assessed the impact this would have on the quality and safety of service provision. In addition, although there was a risk assessment in place in relation to the risk and impact posed to residents with changing needs by the existing premises, the provider had failed to give consideration within this risk assessment, to the interim control measures to be put in place to mitigate against potential risk to the quality and safety of care received by residents who already lived there, while the issues in relation to the premises remained.

Although since the last inspection, the provider had improved aspects of the service delivered to residents, there was still significant improvement required to risk and governance and management arrangements, to ensure timely and appropriate response to specific risk and improvements required within this centre, in response

to the changing needs of the four residents who lived there.

Regulation 10: Communication

Where residents had assessed communication needs, the provider had put suitable arrangements in place to ensure these residents were supported to express their wishes. For example, where residents were unable to verbalise their wishes, staff effectively used sign language and visual cues when communicating with these residents. Visual menus, activity boards and staff rosters were displayed in prominent areas of the centre for these residents to refer to. In addition to this, where residents had a visual impairment, handrails were available throughout the centre to aid these residents' ability to get from one room to another. These residents were supported to have a specific layout to their bedroom, which also supported them to be familiar with the surroundings of their bedroom.

Judgment: Compliant

Regulation 11: Visits

Residents were supported to welcome visitors to their home and were equally supported to have regular home visits, as and when they wished.

Judgment: Compliant

Regulation 17: Premises

The provider had not ensured that the premises was designed and laid out in a manner that met the changing needs of the residents who lived there. Through their own internal monitoring systems, the provider had identified where improvements were required to recreational space, storage arrangements, and general layout and design of some bedrooms and bathrooms, in order to meet the changing needs of residents. However, at the time of this inspection, there was no robust plan in place to demonstrate how the provider intended to address these identified improvements. Furthermore, in light of the bed vacancy that was in this centre at the time of inspection, the provider had failed to review the current suitability and ability of this premises to operate at maximum bed capacity, until such a time as the identified issues with the premises were addressed.

Judgment: Not compliant

Regulation 26: Risk management procedures

Significant improvement was required in relation to the provider's response to the specific risks posed to the residents and to the centre's service provision, in light of the improvements identified to the premises.

For example, over the course of this inspection, the inspector was made aware that consideration was being given to a potential admission to the centre, prior to the provider responding and addressing the risks posed by the existing premises, already impacting the changing needs of the four residents who lived there. Furthermore, the provider had not risk assessed for the impact on the quality and safety of service provision, should future plans for this centre progress towards operating at maximum bed capacity, while risks associated with the premises remained. In addition, the provider had not ensured the risk assessment supporting these concerns gave due consideration to the interim control measures to be put in place to ensure the safety and welfare of residents, until such a time as the risks associated with the premises had been addressed.

Judgment: Not compliant

Regulation 28: Fire precautions

Due to the changing needs of the residents who lived at this centre, as part of this inspection, the inspector reviewed fire evacuation arrangements for these residents. Fire drills were regularly occurring, to include minimum staffing, and records demonstrated that staff were able to support these residents to safely evacuate this centre in a timely manner.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Since the last inspection, the provider had put better arrangements in place to ensure residents' needs were promptly re-assessed for. As earlier mentioned, many of the residents living in this centre were experiencing changing needs and the person in charge had ensured their needs were promptly re-assessed where changes occurred. They had also ensured that staff were maintained of any changes to residents' care and support arrangements.

Judgment: Compliant

Regulation 6: Health care

Where residents' had assessed health care needs, the provider had ensured these residents were receiving the care and support that they required. Some of these residents were experiencing changing and increasing needs in areas such as intimate care, mobility and personal care and the provider had ensured their needs were re-assessed for, as and when required. Furthermore, appropriate referrals were being made to the relevant allied health care professionals in the review of residents' health care interventions.

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	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 11: Visits	Compliant
Regulation 17: Premises	Not compliant
Regulation 26: Risk management procedures	Not compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant

Compliance Plan for Ocean Wave Services OSV-0001495

Inspection ID: MON-0038442

Date of inspection: 18/01/2023

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 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>Ocean Wave is registered as a designated centre for five residents. Currently there are four residents in the service. The assessment of needs for all the residents has been updated by the local key worker.</p> <p>This compliance plan response from Ability West, did not adequately assure the Health Information and Quality Authority that the actions will result in compliance with the regulations</p>	
Regulation 17: Premises	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>Ocean Wave is registered as a designated centre for five residents. Currently there are four residents in the service. A number of actions were identified in relation to the premises, these actions have been addressed. The changing needs of the residents will be reviewed monthly or as required. Should additional premises issues be identified these will be addressed through the current organizational needs assessments which are being supported by members of the multidisciplinary Team.</p> <p>The storage unit located at the back of the Ocean Wave property requires a ramp to be installed for ease of access for storage. This will be completed by 30th June 2023.</p>	

Regulation 26: Risk management procedures	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management procedures: Ocean Wave is registered as a designated centre for five residents. Currently there are four residents in the service.</p> <p>Should additional supports be identified, these will be addressed through the current organizational needs assessments which are being supported by members of the multidisciplinary Team.</p> <p>This compliance plan response from Ability West, did not adequately assure the Health Information and Quality Authority that the actions will result in compliance with the regulations</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 17(1)(a)	The registered provider shall ensure the premises of the designated centre are designed and laid out to meet the aims and objectives of the service and the number and needs of residents.	Not Compliant	Orange	09/03/2023
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	30/06/2023
Regulation 26(2)	The registered provider shall ensure that there are systems in place in the designated centre	Not Compliant	Orange	09/03/2023

	for the assessment, management and ongoing review of risk, including a system for responding to emergencies.			
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