



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:	07 September 2021
Centre ID:	OSV-0001495
Fieldwork ID:	MON-0033674

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 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 and who have an intellectual disability. The centre comprises of one two-storey house, where residents have their own bedroom, 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:	5
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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 - 2015 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 7 September 2021	09:05hrs to 12:50hrs	Anne Marie Byrne	Lead

What residents told us and what inspectors observed

The purpose of this inspection was to monitor compliance with the regulations. In the absence of the person in charge, this inspection was facilitated by two persons participating in management. Overall, the inspector found that the health and well-being of residents was promoted, and that care was provided in a person-centred manner.

The centre is comprised of a two-story dwelling located on the outskirts of Galway city. Residents had their own bedroom, bathrooms, dining and kitchen area, utility, two sitting rooms, staff office and garden area. The centre was centrally located, close to popular walk-ways, cafes, shops and restaurants. Taxi services were regularly used by staff to bring residents to appointments and to places of interest to them and although this was working well, at the time of this inspection, the provider was in the process of securing a designated transport vehicle for this centre.

The inspector had the opportunity to meet with four out of the five residents who lived at this centre. One resident brought the inspector on a tour of their home and proudly showed off photographs and soft furnishings that they had in their bedroom. Although this resident did not have their own en-suite facilities, they had a sink in their bedroom with additional storage for their toiletries, which the resident said they were very happy with. This resident also showed the inspector a photograph roster of staff on duty for that week and they told the inspector that it was very useful as they often referred to it to find out which staff members would be supporting them. Throughout the centre, group portraits of the residents were proudly displayed and one of the centre's sitting rooms was predominately used by residents to do puzzles, craft work and art work. Due consideration was given to the communication needs of some residents, with pictorial references available on all kitchen cabinets to orientate residents to where certain food items and utensils were stored. Overall, the design and layout of this centre was homely, well-maintained, tastefully furnished and provided residents with a comfortable living environment.

Upon the inspector's arrival, the centre had a very relaxed and calm atmosphere, where residents were being supported to go about their morning routines. One resident had already left for their day services, while the remaining residents had various schedules and activities in place for the day. The inspector sat with two of the residents who were relaxing in the sitting room and they spoke about their day services and about activities that they liked to engage in. One of these residents spoke of how they were in the process of changing day services and of how the provider was supporting them to do so. The other resident, who had a visual impairment, told of how they were able to comfortably manoeuvre around the centre and that staff supported them when out in the community. One of these residents was also observed to freely access the kitchen to make a cup of tea and also kindly offered the inspector the same. In response to the changing needs of another resident, staff told the inspector that this resident was having a lie on in bed

as they generally got up later than their peers. Residents interacted very friendly together and staff were also found to engage with the residents in a pleasant and gentle manner. These residents had lived together for a number of years and the persons participating in management told the inspector that, respective of residents' future needs, much planning was underway to ensure these residents could continue to live together in the current premises.

Residents were very involved in the running of their home and voiced their wishes and preferences through regular house meetings and through their daily engagement with staff. Continuity of care was paramount to the centre's staffing arrangement and various systems were in place to ensure that any staff member working in this centre was familiar with each resident and their assessed needs prior to caring for them. This had a positive impact for residents as it ensured consistency of care and meant residents were cared for by staff who knew them very well. Overall, this service was found to promote person-centred care where residents' individual interests, capacities and preferences were considered by staff on a daily basis to ensure residents led the lifestyles that they wished to lead.

The next two sections of this report present the inspection findings in relation to capacity and capability and quality and safety of care.

Capacity and capability

Overall, this was found to be a well-run centre which ensured residents received a good quality and safe service. Although the provider was found to be in compliance with many of the regulations inspected against, some improvements were identified to aspects of fire safety and risk management systems.

The person in charge held the overall responsibility for this service and the inspector was informed that she was based full-time at the centre. She regularly met with staff and the residents and was well-known to them as she had held her position as person in charge for a number of years. The persons participating in management, who facilitated in the inspection, were both very knowledgeable of the resident's needs and of the operational needs of the service delivered to them. The person in charge was supported by her staff team and line manager in the running and management of this centre, and the inspector was told by the persons participating in management that this gave her the supports required to have the capacity to effectively manage this centre.

The centre's staffing arrangement was subject to regular review to ensure an adequate number and skill-mix of staff were at all times on duty to meet the needs of the residents. In response to residents' assessed needs, arrangements were in place to provide additional staff support in the evening, as and when required. To support this centre's current staffing arrangement, additional staff resources were sometimes required and the persons participating in management told the inspector that regular relief staff, who were very familiar with the residents, were available to

the service, if required. Along with the centre's own staffing compliment, this regular relief staffing arrangement ensured residents received continuity of care as it meant they were always cared for by staff who were familiar to them. The provider had also recently recruited new staff members to this service and the persons participating in management told the inspector of the induction programme that was in place to support these staff members to become familiar with the residents and their assessed needs, prior to working directly with the residents. Over the course of this inspection, the inspector met with three staff who were on duty and they they each demonstrated very good knowledge of the residents' needs and of their role in supporting them.

The provider had ensured that this centre was adequately resourced in terms of staffing and equipment. Although the centre had access to local taxi services to bring residents to where they wished to go to, at the time of this inspection, the provider was in the process of securing a vehicle specifically for this centre. The person in charge held regular meetings with their staff team, which meant resident-related care issues were regularly discussed. She also was in regular contact with members of management to review operational related matters. The oversight of the quality and safety of care in this service was largely attributed to the regular presence of members of management at the centre as it gave them the opportunity to regularly observe care practices and to engage with staff regarding any concerns arising. Six monthly provider-led audits were occurring in line with the requirements of the regulations and the outcome of the last audit completed was reviewed by the inspector, which demonstrated the identification of improvements that were relevant to the centre, with a time bound action plan in place to address these areas.

Registration Regulation 5: Application for registration or renewal of registration

Prior to this inspection, the provider had satisfactorily made an application to renew the registration of this service.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge held a full-time position and was regularly present to meet with her staff team and with the residents. She was supported in her role by a staff team and by her line manager, ensuring she had the capacity to effectively manage the centre.

Judgment: Compliant

Regulation 15: Staffing

The centre's staffing arrangement was regularly reviewed to ensure an suitable skill-mix and number of staff were on duty both day and night to support residents.

Judgment: Compliant

Regulation 23: Governance and management

The provider had adequate arrangements in place to ensure this centre was suitably resourced to meet the needs of the residents who lived there. Regular communication was occurring between the person in charge and staff team, which allowed for resident related issues to be regularly discussed. The person in charge also maintained regular contact with her line manager to review operational related matters. Monitoring systems were in place to oversee the quality and safety of care and where improvements were identified, time bound action plans were put in place to address these.

Judgment: Compliant

Regulation 3: Statement of purpose

There was a statement of purpose available at the centre, which was recently reviewed to support the provider's application to renew the registration of this centre.

Judgment: Compliant

Quality and safety

This centre was operated in a manner that was very respectful of residents' assessed needs, interests and capacity. Residents' involvement in the running of their home was paramount to the many systems that the provider had in place to ensure residents received the type of service they required.

The centre is comprised of a two-story dwelling located on the outskirts of Galway city. Here, residents had their own bedroom, bathrooms, dining and kitchen area, utility, two sitting rooms, staff office and garden area. Although the layout and

design of this premises was suitable to meet the current assessed needs of the residents, due to the age profile and changing needs of some residents' living in this centre, the persons participating in management told the inspector of the on-going discussions and review of the suitability of this premises in securing and meeting the future needs of these residents. In the interim, additional arrangements were put in place to provide increased storage and where residents had mobility and visual impairment needs, they were accommodated with a downstairs bedroom and bathroom facilities. The centre was homely, well-maintained, tastefully furnished and provided residents with a comfortable living environment.

The provider had robust systems in place to ensure resident's needs were subject to regular re-assessment and that personal plans were put in place to guide staff on the support residents required with their needs. Both staff and the persons participating in management spoke at length with the inspector about the assessed needs of residents and of the regular reviews and supports in place to care for them, particularly where residents were experiencing changing needs. Staff were maintained up-to-date on any changes to residents' care interventions and were supported by multi-disciplinary teams in the review of residents' assessed needs, as and when required.

The provider had systems in place for the identification, response, assessment and monitoring of risk at this centre. The timely identification and response to risk in this centre was largely attributed to by the provider's incident reporting system and by the regular presence of members of management at the centre. However, improvement was required to the overall assessment of risk to ensure risk assessments gave clear hazard identification, better clarity on the specific controls that the provider had put in place in response to identified risk and more accuracy in the risk-rating of risks which were effectively responded to by the provider. Furthermore, although the provider had actively responded to identified risks in this centre, supporting risk assessments were not always in place to demonstrate this. For example, following a recent incident in the centre, the provider had put a number of measures in place to meet the needs of residents at risk of absconion, however; updated risk assessments demonstrating this were not available. Furthermore, protocols to guide staff on what to do, should a similar incident re-occur had not yet been developed. In addition, although risks relating to the staffing arrangement of this centre were being actively managed, there was no risk assessment available to allow for the effectiveness of these measures to be continually reviewed.

Since the introduction of public health safety guidelines, the provider had put a number of measures in place to ensure the safety and welfare of the residents and staff team. Temperature checking, symptom checks and good hand hygiene was regularly practiced at the centre. Over the course of this inspection, the inspector observed staff to wear appropriate PPE. Contingency plans were in place, should an outbreak of infection occur at this centre and these were subject to regular review by the management team.

The provider had fire safety precautions in place, including, fire detection and containment arrangements, emergency lighting and regular fire safety checks. Fire

drills were occurring with all staff and residents and records demonstrated the staff could effectively support all residents to evacuate the centre in a timely manner. Although multiple fire exits were available, an immediate action was given to the provider on the day of inspection to ensure one fire exit gave ease of access for any person evacuating through this fire exit, which was appropriately responded to. Although a fire procedure was available, it required further review to ensure it gave clearer guidance to staff on what to do, should a fire occur. Furthermore, some residents' evacuation plans required additional review to ensure guidance was given to staff, should the downstairs fire exits become inaccessible to residents residing in upstairs accommodation.

The provider was found to be very responsive to the behavioural support needs of residents, ensuring they received the care and support that they required. For example, due to the behavioural support needs of one resident, their mealtimes were altered to afford them enough time to enjoy their meal independent of their peers. Restrictive practices were in place at the time of inspection and arrangements were in place to ensure that these were subject to multi-disciplinary review, as and when required. Following the recent introduction of keypad locks to the front and back door of this centre in response to an absconsion risk, staff were supporting residents who these locks were not intended for, to learn how to use these keypad locks so that they could exit through these doors as they wished.

Regulation 26: Risk management procedures

The provider had risk management systems in place to ensure risk was identified, responded to, assessed and monitored on a regular basis. However, some improvement was required to the overall assessment of risk to ensure clarity in hazard identification, clearer identified of specific measures put in place in response to risk and to ensure the risk-rating clearly identified the effectiveness of the measures put in place. In addition, although the provider had actively responded to identified risks in this centre, supporting risk assessments were not always in place to demonstrate this, for example, risks relating to absconsion and the centre's staffing arrangement. Furthermore, following a recent incident in the centre, protocols to guide staff on what to do, should a similar incident re-occur were not available.

Judgment: Substantially compliant

Regulation 27: Protection against infection

Since the introduction of public health safety guidelines, the provider had put a number of measures in place to protect the safety and welfare of all staff and residents. Temperature checking, use of PPE, hand hygiene and social distancing

was regularly practiced in the centre. Contingency plans were in place to guide staff on what to do, should an outbreak of infection occur in this centre and these plans were maintained under regular review.

Judgment: Compliant

Regulation 28: Fire precautions

The provider had a number of fire safety precautions in place, including, fire detection and containment arrangements, regular fire drills, fire training for all staff, regular fire safety checks were occurring and adequate emergency lighting was available throughout the centre. Although multiple fire exits were available, an immediate action was given to the provider on the day of inspection to ensure one fire exit gave ease of access for any person evacuating through this fire exit, which was appropriately responded to. Although a fire procedure was available, it required further review to ensure it gave clearer guidance to staff on what to do, should a fire occur. Furthermore, some residents' evacuation plans required additional review to ensure guidance was given to staff, should the downstairs fire exits become inaccessible to residents residing in upstairs bedrooms.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

Systems were in place to ensure residents' needs were regularly re-assessed and that adequate arrangements were put in place in response to their assessed needs.

Judgment: Compliant

Regulation 6: Health care

Where residents had assessed health care needs, the provider ensure that these residents received the care and support they required. Additional arrangement were put in place to support residents with changing needs and staff were made aware of any changes to these residents' care interventions. Residents also had access to a wide variety of allied health care professionals, as and when required.

Judgment: Compliant

Regulation 7: Positive behavioural support

Where residents required behaviour support, the provider ensured these residents received the care and support that they required. Where restrictive practices were in use, adequate arrangements were in place to ensure that these were subject to regular multi-disciplinary review.

Judgment: Compliant

Regulation 8: Protection

The provider had procedures in place to support staff in the identification, response and monitoring of any concerns relating to the safety and welfare of residents. There were no safeguarding concerns in this centre at the time of inspection.

Judgment: Compliant

Regulation 9: Residents' rights

Residents' rights were very much promoted in this centre, with residents having regular opportunities through house meetings and daily engagement with staff about the running of their home. Residents preferences as to how they wished to spend their time was respected and all efforts were made by staff to ensure residents engaged in activities of interest to them.

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 - 2015 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 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Quality and safety	
Regulation 26: Risk management procedures	Substantially compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Ocean Wave Services OSV-0001495

Inspection ID: MON-0033674

Date of inspection: 07/09/2021

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 26: Risk management procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management procedures:</p> <p>The centre Risk Register and associated risk assessments are currently being reviewed in line with Oceanwave Services' identified needs. These will be completed by 1st October 2021 and will include associated risk assessments for centre staffing arrangements and the risk of absconsion. These will be kept under regular review by the PIC and be overseen by the PPIM on a quarterly basis.</p> <p>All hazards and risks will be reviewed and control measures to mitigate against the risks updated, and risk rated accordingly. This will be completed by 1st October 2021.</p> <p>A protocol relating to a recent incident of absconsion was completed on 17th September 2021 and this will be discussed, agreed and signed off on at the next staff meeting on 29th September 2021.</p>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <p>The Centre Emergency Evacuation Plan for the service was reviewed on 17th September 2021 and updated to include clear guidelines regarding the process in place should a fire occur. Personal Emergency Evacuation Plans (PEEPs) for the residents in the service were updated on 17th September 2021 and they now include clear guidance on what to do should the downstairs fire exits become inaccessible.</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 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.	Substantially Compliant	Yellow	01/10/2021
Regulation 28(3)(d)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, all persons in the designated centre and bringing them to safe locations.	Substantially Compliant	Yellow	17/09/2021
Regulation 28(5)	The person in charge shall ensure that the procedures to be followed in the event of fire are displayed in a	Substantially Compliant	Yellow	17/09/2021

	prominent place and/or are readily available as appropriate in the designated centre.			
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