Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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:	20 April 2026
Centre ID:	OSV-0001495
Fieldwork ID:	MON-0046147

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 of which are en-suite, bathroom facilities, kitchen and dining area, utility, sitting rooms, staff office and sleepover room, 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

How we inspect

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
Monday 20 April 2026	08:30hrs to 14:00hrs	Anne Marie Byrne	Lead

What residents told us and what inspectors observed

This was an unannounced inspection carried out to assess the provider's compliance with the regulations, and was facilitated by the person in charge, and person participating in management. The inspector also met with two members of staff and three residents. Overall, this was a positive inspection, which found many examples of where care and support was being delivered to a high standard. There were some aspects of medication management and up-keep of the premises that did require the attention of the provider, which will be discussed later on in the report.

This centre was home to four residents who had lived together for a number of years. There was a long-standing bed vacancy, with the provider having no plans to return to operating this centre at maximum capacity. These residents were of an aging profile, and primarily required care and support in relation to specific health care needs, intimate and personal care, others had advancing cognitive needs, some required mobility support, each needed a certain level of staff support to get out and about, some required support at mealtimes, and most had communication needs. The provider was especially cognisant of their changing needs, particularly in relation to one resident. In recent months, this resident had experienced a decline in their cognitive status, which had led to significant changes to their health care needs. The provider responded quickly to this, and had adapted some living and staffing arrangements so as to be able to cater for this resident's change in care and support. For instance, this resident had always resided in an upstairs bedroom, and was relocated to the downstairs bedroom, which provided a much more suitable and safer environment for them. Staffing arrangements were also revised, with an additional staff member now on duty each night, which again provided a safer and responsive service. In addition, there was much more input from nursing support, which had proved positive in the oversight of their specific health care needs. At the time of this inspection, the provider was very much in the advanced stages of planning for the future care of this resident, and had involved the resident's family and relevant allied health care professionals in doing so.

The centre comprised of one large two-storey house located on the outskirts of a city, close to a range of local attractions, shops, cafes, and restaurants. Each resident had their own bedroom, shared bathrooms, and communal use of a kitchen and dining area, sitting room, living room, and utility. There was also a staff office and staff sleepover room, and a well-maintained rear garden that residents could use as they wish. The house was very clean, bright, warm, and nicely furnished. However, there were multiple rooms which would have benefited from re-decoration works, which will be discussed again later.

Upon the inspector's arrival to the centre, they were greeted by two members of staff, and the person in charge, who had been on night-duty. Three of the residents were up and about, with the fourth not at the centre as they had spent the weekend at home with family, and were going directly to their day-service from there. One of

the residents welcomed the inspector, and said that they wanted to show her around. They brought her into the sitting room, where they told her which couch that they liked to sit on, and talked the inspector through the portrait of their peers whom they shared their home with, that was taken a number of years back. This resident loved the colour pink, and had decorated their bedroom in this colour. They also liked soft teddies and photographs, with much of these displayed on shelving in their bedroom. They told the inspector they liked their bedroom, and loved living in their home. They spoke of how they were looking forward to getting away to a hotel later in the week with staff, and were planning to book into the spa for a treatment. They also told of how they were away on a cruise the year previous with the support of staff, and had really enjoyed this. When the inspector asked them what their plan for the day was, they said that they were heading to day service and going to relax in the sitting room until it was time to leave. The other two residents were both sitting at the kitchen table, having a cup of tea and breakfast. One of them had a warm welcome for the inspector, and were supported by staff to tell her that they had just returned from spending the weekend with family. Due to the changing needs of this resident, the person in charge had earlier informed the inspector that they now took additional time in supporting this resident to communicate, which was working better. The inspector observed staff use short simple sentences with this resident, which allowed the resident to take their time, and communicate back at their own pace. This resident along with their peer headed off to their day service, saying good bye to everyone as they went out the door, and wishing everyone a good day. Before the left, staff made sure that both residents had their lunches and personal items that they needed, and spoke to them about what staff would be on duty when they got back home that evening. The third resident didn't leave for their day service until later that morning, and the person in charge told of how this resident responded better to slower mornings, and that it worked better for them to stay on a while longer, after their peers left. During that time, staff supported them to finish their breakfast, and to get ready to leave at their leisure. It was clear to the inspector that this was a typical morning routine in this house, that provided a very calm, friendly and relaxed atmosphere. Staff were pleasant, kind, and warm in their approach with residents, and it was evident to the inspector that residents were very familiar with these staff members, and content in their company.

All four residents lived very active lifestyles, which was made possible through this centre's staffing and transport arrangements. In the evening time after they returned from day services, they generally liked to relax at home. Because of this routine, there were different therapists booked to come to the house mid-week to do relaxation sessions such as, reflexology and music therapy which the residents loved. Other activities that they did often take part in included, going to womens' shed once a week, they liked to go to the cinema, often went to a local jazz session, liked to go for drives, regularly went out for coffee, with many having frequent overnights at home with their families. They liked to keep personal appointments, often going to local beauticians, hairdressers, and barbers. Getting away on mini breaks was also something that some of these residents loved to do, with two of them shortly heading overseas to see a musical. They were getting excited for this,

with one having gone shopping with staff a few days previous to buy a new suitcase and holiday bits.

Staffing was fundamental to how this centre operated to provide residents with a consistent service. The person in charge was well-aware of this, and had done much work to sustain staffing levels so as to provide residents with the continuity of care that they needed. Many of the staff had supported these residents for a long time, and any new staff members underwent thorough induction under the supervision of the person in charge. It was well recognised by the provider that the future needs of this service may warrant further changes to this centre's staffing arrangements, and therefore kept it under very regular review.

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

Capacity and capability

This was a well-run and well-managed centre that provided residents with a responsive, and good quality of service. The provider took on board the findings of the last inspection, and had significantly improved their recognition and response to when serious incidents occurred, resulting in much better governance and risk management arrangements in this centre.

In recent months, the local management team was expanded to include a full-time team leader. This was a welcomed change, as it greatly supported the role of the person in charge, as well as increasing managerial presence at this centre. Both the person in charge and team leader maintained regular discussion about residents' care and support arrangements, and typically scheduled to formally meet each week to review all areas. Good internal communication was maintained since the last inspection, with staff team meetings continuing to occur, and due to the nature of their role, the person in charge was also often present to speak with staff at handover. As well as linking in with their team leader, the person in charge had frequent contact with their line manager, whom they could approach and consult with around operational issues.

There was a well-established staff team supporting these residents, some of whom had done so for a number of years. Newly recruited staff had joined the team in recent months, and had received thorough induction to make sure they knew the residents very well before working directly with them. Staffing levels had increased over the last number of months in response to residents' needs, and this had a positive impact on supervision arrangements, which was a significant aspect of residents' care that staff were required to adhere to.

The monitoring of the quality and safety of care was an on-going process, attributed to a number of internal audits and outcome of the provider's own six monthly visit.

While these were for the most part effective, with regards to internal audits, these were in the process of further review and modification by the provider, so as to ensure their overall effectiveness in monitoring specific aspects of this service going forward.

Regulation 14: Persons in charge

The person in charge held the overall responsibility for this service. This was the only designated centre which they managed, which allowed them to be based full-time at the house. They had protective administration time each week, to give them capacity to fulfill their managerial duties, and also provided direct care to residents, which gave them good oversight of the quality of care delivered to residents. They knew the residents' needs very well, and were also familiar with the operational needs of the service delivered to them.

Judgment: Compliant

Regulation 15: Staffing

The number and skill-mix of staff was subject to on-going review in this centre. In response to the changing needs of some residents, in recent months the provider had increased night-time staffing levels, which was working well. When additional staff support was required, the provider had a number of regular relief staff identified, which provided continuity of care to these residents. There was a well-maintained staff roster at the centre, which included the full name of each staff member, and their start and finish times worked.

Judgment: Compliant

Regulation 16: Training and staff development

All staff had received the training that they required to carry out their roles. When refresher training was required, this was scheduled accordingly by the person in charge. All staff were also receiving regular supervision from their line manager.

Judgment: Compliant

Regulation 23: Governance and management

In response to the findings of the last inspection, the provider had put a number of measures in place to ensure that this centre had a better system in place to learn from serious incidents. This was very much promoted and overseen by local management, which was resulting in a better and safer service for these residents.

In recent months, the provider had restructured the local management team for this service, which now included a full-time team leader. This had greatly enhanced the support function of the person in charge, and also provided additional managerial oversight within this centre. Staff team meetings were often occurring, with the minutes of these showing regular discussion between staff and management around residents' care and support arrangements, incident reviews and learning, residents' changing needs, and any other business. The person in charge also maintained very frequent contact with their line manager about operational matters.

Along with a number of internal audits being carried out, six monthly provider led visits were also occurring in line with the requirements of the regulations. The report from the most recent visit in February 2026 was reviewed by the inspector, and was found to focus on relevant aspects of care delivered to these residents. When improvements were identified, time bound actions plans were put in place to address these. At the time of this inspection, the number and type of internal audits routinely completed by local management were in the process of review. The purpose of this review was to streamline these to ensure they were more effective in focusing in on, and identifying specific improvements that were required, particularly in relation to medication management.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge had a system in place to ensure that all incidents were notified to the Chief Inspector of Social Services, as and when required by the regulations.

Judgment: Compliant

Quality and safety

Since the last inspection, the provider had sustained good practices in relation to residents' re-assessment and personal planning, health care, positive behavioural support, and safeguarding. However, this inspection did find where improvements were required to some medication prescribing and administration practices. While

the house was in a good state of repair, there were also some redecoration works that required the attention of the provider to complete.

Good fire safety was adhered to, with with regular fire drills occurring to ensure staff were able to support these residents to evacuate. There were also well-established systems in place to ensure residents were safeguarded from all forms of abuse. With regards to residents' general welfare and development, there was also a good quality of social care maintained, with each resident having daily schedules that were meaningful to them, and kept them active and busy.

There were a number of named staff members trained in safe administration of medicines, and the person in charge ensured that one of them was at all times on duty. New medication storage units were installed since the last inspection, and regular checks were being carried out each time medicines were delivered from pharmacy. Over the last few months, some medication errors had been identified locally, and it was clear from the records that a proactive approach was taken in addressing these when they happened. However, during a review of some prescription and administration records, the inspector observed some improvements that were required.

Residents' changing needs was very much the focus of how this provider utilised their own arrangements for supporting residents' health care, assessment and personal planning, and also risk management activities. This had resulted in very positive outcomes for these residents, as it had allowed the provider to plan for residents' future care needs, as well as responding to adaptations required to the service so that it could continue to meet their current needs. This was very much seen in how often residents' needs were re-assessed for, the increased involvement that had been sought from a large range of allied health care professionals, the proactive approach taken in relation to identified risks, and also in the frequency of communication that was maintained between staff and local management about each resident.

Regulation 13: General welfare and development

The provider had ensured that these residents had multiple opportunities for social recreation, that was in line with their personal preferences, wishes, and that were meaningful to them. Adequate staffing and transport arrangements were consistently available, and residents routines were supported each week. For instance, all residents attended day services during the week, with some heading home at weekends to spend time with family. They enjoyed going to the cinema, going to jazz sessions, going for scenic drives, shopping, attending shows, and equally liked to spend time at home relaxing. Those with assessed cognitive care needs sometimes preferred a slower pace of day, and this was accommodated for them. Staff were well-aware of the abilities and limitations of each resident, and planned activities for these residents, that they responded well to.

Judgment: Compliant

Regulation 17: Premises

The layout and design of this centre allowed for residents to spend time together or apart, as they wished. The house was very clean, bright and nicely furnished. When maintenance issues did arise, the person in charge was able alert the provider to this, so that it could be addressed. However, during a walk-around of the house, the inspector observed a number of rooms that were in need of re-decoration works, to include, the hallway, downstairs toilet, one resident's bedroom, and also the staff office area. In addition, some flooring would benefit from replacement. Although the person in charge had highlighted and raised these required re-decoration over a long period of time, there was a lack of urgency on the part of the provider in prioritising this work so as to improve this particular aspect of the house.

Judgment: Substantially compliant

Regulation 26: Risk management procedures

Since the last inspection, there were improved systems in place for learning from serious incidents. Along with completing monthly trending of incidents, the person in charge was also completing additional work, to establish any learning from monthly incidents, and then bringing this to the attention of staff at handover and team meetings. This had resulted in a more proactive approach to risk management in this centre, providing residents with safer and better care.

There was a good incident reporting culture in this centre, and when risk was identified, it was quickly responded to. This was very much seen by the inspector with respect to risks relating to residents' changing needs, whereby, the provider was responding much quicker to this and putting measures and additional resources in place to mitigate against any potential risk. Risk assessments were also in place for residents' identified risks, and there was also a risk register maintained to monitor for organisational related risks. It was evident to the inspector that these were subject to on-going review, with local management in the process of further reviewing these at the time of this inspection.

Judgment: Compliant

Regulation 28: Fire precautions

There were multiple fire safety precautions in place, to include, fire detection and containment arrangements, all fire exits were maintained clear, the fire procedure was known to all staff, emergency lighting was installed throughout, and regular fire safety checks were occurring. During a walk-around of the centre, it was observed that side gates to the house were locked using a manual number code system. Although this code was known to all staff, both the person in charge and inspector were challenged to get these locks open. The person in charge had highlighted this with the provider, and was making immediate arrangements to have alternative locks installed.

Fire drills were often happening, with the records of these showing that staff could support these residents to evacuate. In addition, the recent increase in night-time staffing levels also had a positive impact on fire safety, with additional staff on duty at all times to respond, should a fire occur.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

Although medication management was subject to regular review, there were a number of improvements that required the attention of the provider:

- The administration times of medicines prescribed on prescription records, did not correspond with the times on administration records. For example, some medicines were prescribed to be given between 9-10am, but administration records stated these were to be administered at 8am.

- Some prescribed medicines that were handwritten, were not always clear and legible

- Some medicines that were prescribed both day and night, were jointly prescribed as a total daily dose, and didn't indicate the exact dose that was to be administered in the morning, and again at night.

- Where medicines were prescribed on an as-required basis, the inspector observed that some of these were being administered almost daily. This required review, to establish if they were required to be prescribed on a regular basis, based on the assessed needs of the residents.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

Residents' needs were reassessed on an on-going basis, and personal plans were updated accordingly. As some residents did experience changing needs, the person in charge maintained regular oversight of this process, to ensure re-assessments occurred, as and when required. Residents were encouraged to partake in personal goal setting, with some having identified goals in relation to their health, family engagement, and planning for holidays and events. In one resident's bedroom, the inspector observed easy-to-read information about their chosen goals, with key working staff identified to support them with these.

Judgment: Compliant

Regulation 6: Health care

Residents with assessed health care needs had the supports and care in place for them that they required. Some residents had experienced significant changes in their health care status over the past number of months, and suitable arrangements were put in place to support staff with caring for these residents. This centre was also well-supported by a range of allied health care professionals, and multi-disciplinary reviews were very much a regular occurrence. Although there was no resident assessed with requiring nursing input, the provider did have this resource available to this service, with a nurse attending the centre regularly to review residents' health care arrangements. Where residents had medical appointments to attend to, staff were at all times rostered to bring residents to these, with good follow-up from local management around any changes required.

Judgment: Compliant

Regulation 7: Positive behavioural support

Some residents did required positive behaviour support, and this was consistently provided to them. In recent times, there was an increase in the number of behavioural related incidents occurring, and these were being recorded, trended and used to inform multi-disciplinary reviews. Staff were aware of how to respond to these incidents, and of the proactive and reactive strategies required to support the residents involved. There were some environmental restrictive practices in use, with each being subject to regular multi-disciplinary review.

Judgment: Compliant

Regulation 8: Protection

The provider had procedures in place to ensure staff were supported to identify, report, respond to, and monitor any concerns relating to the care and welfare of residents. All staff had received up-to-date training in safeguarding, and it was a topic of discussion that featured at both staff and resident meetings. At the time of this inspection, there were no safeguarding concerns in this centre.
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 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	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

Compliance Plan for Ocean Wave Services OSV-0001495

Inspection ID: MON-0046147

Date of inspection: 20/04/2026

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 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: The painting will commence on the 11th July starting with one resident's bedroom. Painting of the hallway, downstairs toilet and staff office. This is due to be completed by the 17th July. The replacement of the flooring is scheduled for replacement no later than the 31st of August.	
Regulation 29: Medicines and pharmaceutical services	Substantially Compliant
Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services: The administration times of medicines prescribed have now been addressed and reflect the correct times as prescribed by the relevant doctor. A new cardex has been generated/typed the GP has signed this typed Cardex. Medication doses have been reviewed and clearly state when the doses is to be administered for morning and evening. Regular PRN medication has been reviewed and now accurately reflective which is regular and which is PRN.	

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)(c)	The registered provider shall ensure the premises of the designated centre are clean and suitably decorated.	Substantially Compliant	Yellow	31/08/2026
Regulation 29(4)(b)	The person in charge shall ensure that the designated centre has appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that medicine which is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident.	Substantially Compliant	Yellow	20/05/2026