



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 August 2022
Centre ID:	OSV-0001495
Fieldwork ID:	MON-0037712

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:	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 (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
Thursday 18 August 2022	12:45hrs to 16:00hrs	Anne Marie Byrne	Lead

What residents told us and what inspectors observed

This was an unannounced inspection to assess the provider's compliance with the regulations. Although good areas of practice were observed over the course of this inspection, there was also a number of improvements required. An urgent action was issued to the provider in relation to staffing in the centre and subsequent to this inspection, they provided written assurances to the Chief Inspector of Social Services that this had been satisfactorily addressed. These will be discussed in the subsequent sections of this report.

This was a centre that catered for the needs of five residents and due to their age profile, at the time of this inspection, some were experiencing changes to their care and support needs. Upon the inspector's arrival to the centre, she was greeted by the person participating in management, who facilitated the inspection. All residents were out and about in the local community, with two returning to the centre before the inspector departed. However, due to their care needs, they did not meet with the inspector. Instead, the person participating in management, along with staff who were on duty, spoke at length with the inspector about the care and support that these residents received.

The centre comprised of one two-storey house located in the outskirts of Galway city, close to all local amenities. Here, residents had their own bedroom, some en-suite facilities, shared bathrooms and communal use of sitting rooms, a kitchen and dining area and a utility. A rear garden was also available to residents to use, as and when they wished. Of the bedrooms visited by the inspector, these were personalised to residents' own preference and interests. Due to the changing needs of some residents, an upstairs bathroom was recently renovated to provide a more accessible shower space. Communally used sitting rooms were spacious and had ample seating, with photographs of the residents proudly displayed. Overall, the centre was tastefully decorated, comfortable and homely.

These five residents had lived together for a long time and got on well together. Each were active in their local community, with many accessing local day services during the week. However, both staff and the person participating in management told the inspector that due to the aging profile of these residents, some were experiencing recent changing needs and now required more staff support with various aspects of their care. For instance, for one resident whose assessed health care needs had recently changed, they now required more support with their morning and personal care routine.

Residents' rights were very much promoted in this centre, with staff continually engaging with residents on a daily basis to ensure they were involved in the planning of their care. Residents' personal interests and wishes were very much considered by staff and incorporated into weekly activity planning. Staff were respectful of the changing needs of these residents and explored ways in which to continue to support them to maintain optimum opportunities for social interaction

and engagement. For residents with assessed cognitive care needs, these residents were afforded meaningful activities and staff were proactive in ensuring these particular residents benefited, as much as possible, from the activities that they engaged in. Along with this centre being centrally located to nearby amenities, residents also had access to transport and the evening staffing arrangement was often subject to review to ensure sufficient staff were on duty to support residents to get out and about. Visiting was also encouraged at the centre and staff maintained good links with residents' families and representatives.

The consistency in this centre's staffing arrangements was integral to ensuring these residents were cared for by staff who knew them and their changing needs very well. Many of the staff working in this centre had supported these residents for a number of years and were cognisant for observing for changes in residents' assessed needs, which had a positive impact for these residents, as it meant that where changes to their care interventions were required, this was quickly identified. Of the staff who met with the inspector, they spoke respectfully of the residents and were confident in their role and responsibilities for caring for these residents.

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

Capacity and capability

Although this provider endeavoured to provide residents with a safe and good quality of service, there were a number of improvements identified as part of this inspection. Due to concerns raised with regards to this centre's staffing arrangement, the provider was issued with an urgent action on the day of inspection to address this. Other improvements were also found to governance and management, assessment and personal planning and also with regards to some aspects of risk management.

At the time of this inspection, the provider was in the process of recruiting additional staff for this centre. In addition to this, the provider had identified that due to the changing needs of some residents, a nursing assessment was required to determine if their needs now required nursing care, and the provider was awaiting for this assessment to be completed. However in the interim, the staffing arrangement that was in place, was not supported or guided by a revision of residents' assessment of need to ensure the current staffing levels, for both day and night, were suitable to meet recent changes in residents' care and support needs. The provider has given assurances to the Chief Inspector in relation to staffing levels within the centre both during the day and at night.

Suitable persons were appointed to oversee and manage this centre and the person participating in management said that both she and the person in charge maintained regular contact to review any operational related matters. The provider had their own internal monitoring system, and given due regard to the aging profile of the

residents who lived in this centre, the provider had placed particular emphasis on ensuring this monitoring system identified where specific improvements were required, in order for the service to continue to meet the changing needs of these residents. For instance, in the most recent provider-led visit, the provider identified that due to the changing needs of some residents, improvements were required, particularly to the premises, in order to future proof the service to ensure it could continue to meet these residents' needs. However, the action plan that was put in place in response to the findings, lacked clear and time bound actions that the provider needed to take in order to effectively address this. Although much discussion was occurring between members of senior management in relation to responding to the findings of this latest provider-led visit, there was a lack of robust planning to ensure measured and effective action was being taken to address the specific issues that the provider's own monitoring systems were identifying.

Regulation 15: Staffing

Although the staffing compliment for this centre was regularly reviewed, it was identified the current staffing arrangement was not supported or informed by an up-to-date assessment of residents needs. For example, where recent changes to a resident's care and support needs had occurred, a revision of this resident's overall assessment of need had not been completed, to give clarity on the specific staff support that this resident now required. An urgent action was issued to the provider in relation to this, and subsequent to this inspection, the provider gave written assurances to the Chief Inspector that this had been addressed.

Judgment: Not compliant

Regulation 23: Governance and management

The provider had ensured suitable persons were appointed to manage and oversee the running of this centre and had also ensured the centre was sufficiently resourced in terms of transport and equipment, to meet the assessed needs of residents. Although the provider had monitoring systems in place, significant improvements were required with regards to the timely and effective response to ensure all improvements identified through these monitoring systems were actioned. For example, even though the provider's monitoring systems were effective in identifying where specific improvements were required, there was a lack of robust planning to ensure all improvements required were effectively monitored for progression towards being addressed.

Judgment: Not compliant

Quality and safety

The residents living in this centre received good continuity of care and all efforts were made by staff to ensure residents were supported to spend their days as they wished, in accordance with their changing needs, capacities and personal preferences.

The timely identification of resident specific risk in this centre was largely attributed to the on-going staff observation of residents' care and welfare status each day. As there was good continuity of care in this centre, staff were quickly able to identify where new risks relating to individual residents arose. However, despite this, there were a number of improvements required to the assessment and monitoring of risk in this centre. For example, for one resident, who recently experienced changes to their needs, at the time of this inspection, their risk assessments had not been revised to identify if any further measures were required to maintain this resident's safety, in accordance with their recent changing needs. Furthermore, although the provider was aware of the specific organisational risks pertaining to the premises, changes in residents' need and the impact this had on staffing arrangements, not all of these risks were supported by a risk assessment to demonstrate how the provider was responding to, and monitoring these specific risks. In addition, even though potential risks relating to this centre's ability to continue to meet residents' changing needs were identified by the provider, improvement was required to the timely action taken by the provider to take appropriate steps to address this, while also monitoring for other potential risks, while these residents with changing needs continued to live in this centre.

As previously stated, of the staff who met with the inspector, they demonstrated very good knowledge of residents' current care and support needs and spoke confidently about their role in supporting these residents. Although the provider had ensured that each resident's needs were assessed for no less than on an annual basis, where changes occurred to residents' needs in the interim, the provider had failed to ensure the timely re-assessment of these residents' assessment of need. For example, in the weeks prior to this inspection, one resident had experienced a change in their overall cognitive health status. However, at the time of this inspection, the provider had not completed a full review of this resident's assessment of need, to determine if any changes to their care interventions was required. Even though this resident had a number of personal plans, of those reviewed by the inspector, these also had not been reviewed in accordance with the recent changes in this resident's overall status.

The provider was cognisant of the impact the changing needs of these residents had on the fire safety arrangements in this centre and had completed a number of fire drills to ensure that staff could still support these residents to safely evacuate. Recent fire drill records were reviewed by the inspector which demonstrated this, and the person participating in management told the inspector of further plans to continue to complete regular fire drills in this centre. Effective fire detection and containment systems were in place and staff who regularly completed night duty in

this centre, spoke confidently with the inspector about how they would safely evacuate all residents from the centre. All fire exits were observed to be clear and each resident had a personal evacuation plan in place, detailing the level of staff support that they required to safely evacuate.

Although this inspection did identify a number of improvements that were required to ensure the quality and safety of care was not compromised during periods where residents were experiencing changes to their care and support needs, these residents were receiving good social care and had a good quality of life, whereby, they were continually supported by staff to be as active as possible within their local community and encouraged to continue to take part in the activities that they enjoyed.

Regulation 26: Risk management procedures

The provider had systems in place for the identification, assessment, response and for the on-going monitoring of risk; however, improvements were required to ensure this system was effectively implemented. Although the provider was aware of the risks relating to the changing needs of residents, improvements were required to ensure the timely response to these. For instance, even though the provider was aware of the potential risk posed to the service in relation to continuing to meet the changing needs of residents, improvement was required to ensure timely action taken by the provider to take appropriate steps to address this, while also monitoring for other potential risks, while these residents with changing needs continued to live in this centre.

Improvements were also required to the overall assessment of risk in this centre. For example, while the provider was aware of the organisational risks in this centre pertaining to staffing levels, premises and with respect to the changing needs of residents, the current risk assessment process had not ensured that a supporting and accurate risk assessment was in place to demonstrate how the provider was mitigating against each of these specific risks. In addition, where one resident's needs had changed, the provider had failed to review their risk assessments to establish if any additional control measures were required to ensure this resident's safety and welfare.

Judgment: Not compliant

Regulation 28: Fire precautions

The provider had effective fire safety precautions in place, including, fire detection and containment arrangements, clear fire exits and each resident had an evacuation plan in place. Fire drills were regularly occurring, which included the use of

minimums staffing levels, and records of these demonstrated that staff could support residents to safely evacuate in a timely manner. In response to the changing needs of the residents who lived in this centre, the provider had plans to continue to conduct frequent fire drills at this centre.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Although the provider had ensured that each resident's needs were assessed for no less than on an annual basis, where changes occurred to residents' needs in the interim, the provider had failed to ensure the timely re-assessment of these residents' needs. For example, in the weeks prior to this inspection, one resident had experienced a change in their overall health status. However, at the time of this inspection, the provider had not completed a full review of this resident's assessment of need, to determine any changes to their care interventions that may be required. Even though this resident had a number of personal plans, these too had not been reviewed in accordance with the change in this resident's overall status.

Judgment: Not 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 15: Staffing	Not compliant
Regulation 23: Governance and management	Not compliant
Quality and safety	
Regulation 26: Risk management procedures	Not compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Not compliant

Compliance Plan for Ocean Wave Services OSV-0001495

Inspection ID: MON-0037712

Date of inspection: 18/08/2022

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider’s responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider’s response:

Regulation Heading	Judgment
Regulation 15: Staffing	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing: A full review of all resident’s assessment of needs was completed on 22nd August 2022, by key workers and the Person in Charge of the designated centre. The centre assessment of needs has been reviewed and updated taking account of the individual residents assessment of needs, by the Person in Charge and the Person Participating in Management.</p> <p>Following the above review, one resident’s assessments of needs confirmed that Ocean Wave service is no longer in a position to care for the changing needs of this resident. As previously discussed with the resident and her family, an alternate service provision is being sourced. The required documentation has been submitted to the relevant Government Department for approval of funding for the residents future care, and this was completed on the 16th August 2022.</p> <p>Additional multidisiplinary referrals have been submitted to Behavior Support and Psychology to ensure all supportive strategies are in place, to support the resident while they remain in services. Completed 26th August 2022.</p> <p>A contingency staffing plan is in place as an interim measure until the above plan for an alternative placement is completed. Staff who do not work whole time contracts have indicated they will be available to work additional shifts to their contract. A recruitment process has been activated for this service to recruit staff.</p> <p>A fire drill was completed with minimum staff in place at 06.40am on the 22nd August, 2022, and this fire drill established all residents evacuated within guidelines with the current night sleep in staffing in place.</p>	

Regulation 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>A plan has been implemented to ensure that the improvements required to the service are effectively monitored and completed. These plans will be reviewed monthly or sooner as required. Any identified improvements will be discussed with the Person Participating in Management to ensure additional monitoring at scheduled meetings.</p> <p>The Centre Assessment of needs has been updated and will be reviewed monthly and more often as required in order to monitor improvements. In relation to future needs required for Service User with dementia, approval from the Fair Deal Scheme is outstanding. The Person in Charge has been in contact with a nursing home in the residents' home place. As soon as approval is confirmed from the Fair Deal the resident will be placed on their waiting list. Once approval has been granted we can look at alternative nursing homes as an interim measure.</p> <p>All required Paperwork completed 22/08/2022 August .</p>	
Regulation 26: Risk management procedures	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management procedures:</p> <p>All individual risk assessments and the Centre risk assessments have been reviewed and will be monitored monthly.</p> <p>In relation to future needs of the Resident with dementia, approval from the Fair Deal Scheme is being sought, the required process was completed on the 25th August 2022. The Person in Charge has been in contact with a nursing home in the residents' home place, as soon as approval from the Fair Deal is confirmed the resident will go on their waiting list. Once approval has been confirmed the Person in charge look at alternative nursing homes as an interim measure.</p> <p>Staffing is now a standalone risk assessment, completed August 28th 2022.</p>	

Regulation 5: Individual assessment and personal plan	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan: All individual assessment of needs and personal plans were reviewed and updated by the 22nd August 2022 .</p> <p>The Person in Charge and Key worker will continue to monitor the personal plans and Assessment of needs and update should changing needs be identified going forward.</p> <p>The individual assessment of need and personal plans will be discussed as part of the monthly team meetings, support meetings with staff, case reviews, and schedule monthly meetings between the Person in charge and the Person participating in management.</p> <p>Date ; Updated August 22nd 2022.</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 15(1)	The registered provider shall ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.	Not Compliant	Red	26/08/2022
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	22/08/2022
Regulation 26(2)	The registered provider shall ensure that there	Not Compliant	Orange	28/08/2022

	are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.			
Regulation 05(1)(b)	The person in charge shall ensure that a comprehensive assessment, by an appropriate health care professional, of the health, personal and social care needs of each resident is carried out subsequently as required to reflect changes in need and circumstances, but no less frequently than on an annual basis.	Not Compliant	Orange	26/08/2022