



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:	Short Notice Announced
Date of inspection:	04 November 2020
Centre ID:	OSV-0001495
Fieldwork ID:	MON-0030472

About the designated centre

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

Ocean Wave Services is located in a mixed estate development in Co. Galway. The centre is located close to public transport services, shops and recreational services. The service is based on a social care model of support and can accommodate five people from the age of 18 upwards. It is a large two-storey detached house, which provides residential and respite services to male and female individuals with a mild/moderate intellectual disability.

All permanent residents have their own personal rooms with written agreements for their rooms to be used for planned respite services when they are not present. The centre comprises of two reception rooms, a kitchen-diner, utility room, toilet facilities and one single bedroom with en-suite on the ground floor. There are four single bedrooms, two shared bathrooms, and one staff office/bedroom with en-suite on the first floor. There is a small garden at the back of the house. The centre is open seven days a week and provides various residential supports such as full-time residential services, a five day service along with planned respite and recurrent or short term placements of varying duration.

Ocean Waves can accommodate individuals with a range of medical and physical needs. All residents regularly attend day services outside of the designated centre. Residents are not usually present in the centre between 10am - 4pm Monday to Friday. Residents are supported by social care staff and volunteers during the day, with a sleep over staff at night time. Staff have completed relevant training in order to support the needs of the residents. The multi-disciplinary team are also available to further support residents when required such as speech and language, behaviour support and psychiatry through a referral process. Residents are also supported to access other services such as GP and chiropody as required.

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
Wednesday 4 November 2020	10:40hrs to 17:10hrs	Angela McCormack	Lead

What residents told us and what inspectors observed

Due to the COVID-19 pandemic and in order to adhere to the public health advice of physical distancing, the inspector spent time reviewing documentation and meeting with the person in charge, staff and residents in one room of the house where physical distancing could be maintained. The inspector limited their interactions with individuals to 15 minutes, while maintaining physical distancing and wearing a face mask throughout the inspection.

Four residents were at home from their usual day services during the COVID-19 pandemic and were supported by regular day staff who facilitated a range of activities of residents' choosing; including art, baking, gardening, going for walks and online music and exercise classes. The inspector got the opportunity to meet all five residents who lived in the centre during the inspection. Two residents greeted the inspector from the door of the room in which the inspector was based, and three residents chose to speak with the inspector individually throughout the day.

One resident who spoke with the inspector talked about their day activities and stated that they did not wish to return to their previous day service, adding that they were hoping to return to a quieter and smaller day service as part of their retirement plans. When asked, they said that staff were supporting them with this request. They said that they were getting on well at home in the centre at this time, but said that they did wish to return to a day service at some stage, but not the one that they had previously attended because it was 'too loud' and had 'too many stairs'. When asked how they find accessing the stairs in Ocean Wave, they said that they managed fine and that they use the handrails. They added that staff were doing a risk assessment on this. They spoke about activities that they were enjoying at this time; including dressing up for Halloween, art, doing work on a life story book, gardening, baking and they said that they had made a Christmas pudding lately. They spoke about current affairs; including the political affairs in America and when asked if they had chosen to vote in the Irish general election, they said that they had and told the inspector where they had to go to vote. The resident demonstrated very good awareness and knowledge about the COVID-19 pandemic and public health measures, and spoke about staying healthy, adding that if they got sick that they would need to stay in their bedroom. They also told the inspector that they had recently got the flu vaccine. The resident said that they maintained contact with family at this time via technology and said that they felt homesick at times. When asked who they would speak to if they were unhappy about something, they said they would go to the named complaints officer or the person in charge.

The inspector spoke briefly with another resident who was at home at this time. The resident spoke about their family members and the contact they were having at this time; including visiting their parent when this was permitted as part of the public health guidance. They said that they were missing their friends and missing attending their day service at times. When asked what they liked to do in the centre, they said that they enjoyed going out for bus drives at the weekends and that the

'caddy' suits their mobility needs. They said that they did not have access to this bus during the week, but did other activities. The resident talked about staying safe at this time, and appeared to be aware of the public health restrictions that were in place. The resident showed the inspector new footwear that they had got recently, and they appeared to be happy and comfortable in their environment and with staff supporting them.

Later in the day, the inspector met with another resident when they returned from their day service. The resident had recently been supported to return to their day services on a part-time basis due to the impact that the public health restrictions were having on them. The resident chose to talk to the inspector on their own, and spoke about how they were feeling at this time including how the public health restrictions were upsetting them. They stated that one of their best friends had died earlier in the year and that they were upset by this. The resident expressed upset and anger about the impact that COVID-19 was having on them and talked about how upset they were about not going home at this time since the new level 5 public health restrictions. They stated that they talk to family members on the phone, but said that this upsets them after as they want to go home. They appeared anxious about the uncertainty regarding Christmas arrangements and said that they wanted to go home, get out of the centre and not come back. The inspector acknowledged the resident's feelings and asked if it was okay for them to speak to the person in charge and senior management about this on their behalf, and the resident agreed. The resident was later observed to be supported by the person in charge in talking with them about their anxieties about Christmas and visits home, and also supporting them with another query that they had raised with staff about their day service.

The inspector also spoke with two staff members during the inspection, who talked about the day-to-day experiences of residents at this time. They also spoke about the changing needs of some residents and how they now required more intensive one-to-one supports at times in order to ensure that they were supported in as safe a way as possible. The need for this one-to-one support was observed during the inspection, and staff were observed to be responding in a caring, compassionate and person-centred manner at all times.

Overall, staff were observed to be very responsive to residents and their needs, and demonstrated very good knowledge about residents and about how best to support them. Residents were observed to be comfortable around staff and it was evident that they were familiar with them.

Capacity and capability

This inspection was carried out to monitor compliance with the regulations since the last inspection in August 2018.

Overall, the inspector found that there was good governance and management

structures in place with clear lines of accountability and responsibility. Some improvements were required in the identification and management of risk, the provision of allied healthcare supports in a timely manner and in the consultation with residents and their representatives in the annual review of the care and support provided in the centre. These improvements would enhance the quality of the care and support provided to residents. These will be discussed in more detail throughout the report.

The person in charge had worked in the centre for many years and demonstrated very good knowledge about residents and their needs. In addition, there was a consistent and dedicated staff team in place who took on areas of responsibility within the centre, and who also demonstrated very good knowledge about residents and their support needs. There was a planned and actual rota in place which showed that residents were supported by a team of consistent staff, including day service staff who were providing supports and facilitating activities during day hours while the residents were at home from their day service. While it was observed that residents were being well supported at this time by familiar staff, it was noted that individual residents required one-to-one supports at various times including; during mobilising, during mealtimes, support with personal care and in providing emotional support during times of heightened anxiety and upset. The need for additional resources to support residents with assessed changing needs had been identified by the person in charge and a risk assessment had been compiled and escalated through the line management structure by the person in charge. This will be discussed later in the report.

The person in charge maintained a training matrix, which was found to be up-to-date and included the additional staff that were providing support during day time hours. Training records were reviewed and demonstrated that staff were trained in a range of training courses to support them in their role and to enhance their professional development. This included training in management of behaviours, safeguarding, fire safety, FEDS, hand hygiene and safe donning and doffing of personal protective equipment (PPE). Staff spoken with said that they felt well supported and could raise any concerns to the person in charge, if needed. Staff meeting notes were reviewed and showed that meetings took place regularly. The meeting notes demonstrated staff participation and consultation about the agenda items and in-depth discussion on a range of issues relating to the service.

There was a system in place for regular auditing in the centre. This included auditing in areas including; medication, fire management and incident/accident reviews. In addition, the person in charge had implemented an audit system to review staff's knowledge and awareness around infection, prevention and control measures.

The provider ensured that six monthly unannounced audits occurred as required by regulation. Where areas for improvement were identified, action plans had been developed with time-frames identified for completion. The provider ensured that an annual review of the quality and safety of care and support in the centre occurred. The most recent annual review was completed in August 2020 and reflected the current pandemic and associated changes that were implemented in the centre to

ensure a quality and safe service at this time. However, the inspector found that the consultation that occurred with residents and their representatives through questionnaires had not been included in the report. This meant that feedback that was sought and received, was not included as part of the overall review of the quality of care and support in the centre, and therefore did not form part of the associated quality improvement plan.

Overall, the inspector found that the provider and person in charge demonstrated the capacity and capability to provide a safe and quality service. However, improvements were required in the oversight and monitoring of the centre by the provider to ensure that the systems in place were more responsive to risks that had been identified and evident in the centre. There was a need for a comprehensive strategy to address current and emerging risks which would ensure improved responsiveness to resident's assessed needs, and would further enhance the quality of service provided.

Regulation 15: Staffing

There was a planned and actual rota in place which demonstrated that residents had a consistent team of staff to ensure continuity of care. On the day of inspection it was found that there were enough staff in place to support residents. A risk that had been identified by the person in charge regarding changing needs of residents which may require additional staffing, was in progress.

Judgment: Compliant

Regulation 16: Training and staff development

Staff were supported to complete training in a range of mandatory and refresher training courses to support them in their role. Staff spoken with said that they felt well supported.

Judgment: Compliant

Regulation 23: Governance and management

The oversight and monitoring by the provider required improvements which would enhance the quality of service provided. The annual review which had been signed by the provider, had not identified that the consultation from residents and families about the care and support provided in the centre was omitted. In addition, improvements were needed in the provider's responses to risks identified and

supports required by residents to ensure that residents were receiving a safe and quality service at all times.

Judgment: Substantially compliant

Quality and safety

Overall, the inspector found that residents were provided with a good quality and person-centred service, where choices and rights were promoted. Some residents' needs had changed since the last inspection, with one resident recently diagnosed with dementia and another resident experiencing a deterioration in mental health, both of which led to an increase in the need for more intensive one-to-one support than previously required. These changing needs brought challenges to the staffing resource in terms of the juggling demands on staff to meet all residents' needs at all times. The inspector found that due to a consistent and dedicated staff team being in place who knew residents very well, residents were supported to have a safe and good quality service at this time. However, risks associated with rapidly changing residents' needs and the resources required to support ongoing safe service required further review to ensure that a clear strategy was developed, with control measures in place to mitigate against risks that were developing. This will be discussed later in the report.

A sample of resident files were reviewed and demonstrated that residents' health, personal and social care needs were assessed. Assessments of needs were completed and updated in light of changing needs. These assessments identified current and future supports and resources that residents required. This included one resident's request to change service, one resident's need for a full-time residential placement and also identified resources required for changing needs. Residents had personal profiles in place which provided comprehensive information and guidance to staff on their support needs. In addition, residents had personal plans completed, with goals identified for the future. The inspector found that there was participation from residents in the review of their plans, with attendance at meetings and ongoing support with identification of meaningful, personal goals. The inspector found that personal goals were reviewed in light of the public health restrictions and suitable alternatives were identified. For example, a resident who had a goal of having 'a spa day' and who could not access this facility at this time had been supported to do beauty treatments in the centre. In addition, a resident was facilitated to access an online Tai Chi class, and supported to make a decision on whether this was something they wished to pursue.

The inspector found that residents were kept informed of public health advice and consulted in the running of the house. Residents had regular house meetings, where a range of topics were discussed including; rights, complaints, information about the appointment of new staff in the organisation, findings of audits and the ongoing changes of restrictions during the COVID-19 pandemic. In addition, there was a

range of easy-to-read documents to support residents to understand about COVID-19 symptoms and to explain why staff must wear face-masks. There were posters on display about advocacy, and the inspector noted during a review of documentation that residents had developed their own charter of rights in the house. During discussions with residents, the inspector noted that residents were kept informed about the running of the centre, about current developments and were supported to vote if they chose to.

The inspector found that safeguarding of residents was promoted in the centre through recording of incidents, staff training, discussion at resident and staff meetings about safeguarding and adherence to procedures where concerns were raised. In addition, an easy-to-read guide on 'staying safe' and an 'anti-bullying' DVD were available in the centre and were used to support residents to understand how to stay safe. Staff spoken with demonstrated knowledge about what to do in the event of abuse, and one resident spoken with said that they would go to staff if they were unhappy about something.

Residents were supported to achieve optimal health by being facilitated to attend a range of allied healthcare appointments and services such as psychiatry, chiropody, dietetic, dental and general practitioners where this need was identified. In addition, residents had access to multidisciplinary supports including physiotherapy, occupational therapy, psychology and speech and language therapy. These multidisciplinary supports were accessed through an organisational referral system. The inspector observed that referrals had recently been submitted for multidisciplinary support due to some residents' changing needs, and in response to incidents that arose. This demonstrated that staff supporting residents were responsive to their changing needs and facilitated them to access services that would enhance their overall care and support. However, the inspector found that in some cases access to supports were not delivered in a timely manner which could impact on residents' achievement of the best possible health. For example, an assessment of needs for one resident stated that they required support around coping with bereavement, and while the resident had access to some multidisciplinary supports for mental health issues over the past few months, this support was not consistent. The inspector spoke with a member of senior management following the inspection due to the distress observed and relayed to the inspector, and which staff confirmed occurred regularly. The senior management team member acknowledged the difficulties the resident was experiencing at this time and agreed that this would be followed up.

There were systems in place for the management of risks in the centre and the person in charge maintained a centre risk register where identified risks were documented and reviewed regularly. In addition, residents had individual risk assessments in place for identified risks. The inspector found that the documentation of some risks required review to ensure that risk ratings were documented for specific risks, that ratings were reflective of the risks identified and that all the control measures were documented. The inspector found that risks relating to the changing needs of residents which had been escalated through the line management structure in July 2020, required review to ensure that a comprehensive strategy and control measures to mitigate against the risks were put

in place in a timely manner. In addition, the inspector found that some improvements were required to ensure that risks were appropriately identified. For example; a risk associated with staff working alone at night and suddenly becoming unwell and requiring managerial advice, had not been identified and assessed. There was an out-of-hours on-call system for staff working alone at weekends, however there was no formal arrangement during weekday out-of-hours. While the contingency plan stated that staff could call the out-of-hours GP services, and the person in charge said that an informal local arrangement was in place where she or other members of the existing staff team could be called if required, the effectiveness of this plan had not been assessed and associated risks identified.

The inspector found that there were good systems in place for infection prevention and control; including hand hygiene equipment, posters, PPE, enhanced cleaning schedules, staff and resident symptom monitoring, staff training and discussion with residents about COVID-19. The inspector noted good communication from the provider to staff during the COVID-19 pandemic through regular letters of support, which included public health updates and acknowledgements of the challenges posed in the delivery of services. Residents appeared to have very good awareness about the pandemic and public health advice. The person in charge had completed the Health Information and Quality Authority (HIQA)'s self-assessment tool for the preparedness and contingency planning for a COVID-19 outbreak and had developed a centre specific contingency plan which outlined plans for staffing shortages and isolation of residents if required. The person in charge was in the process of completing HIQA's most recent self assessment tool for preparedness planning and infection prevention and control assurance framework, which would build on the existing plan.

Regulation 26: Risk management procedures

Risk management systems required improvements to ensure that documentation was accurate and reflective of actual risks, that all risks were identified and assessed, and that risks that were escalated through the line management structure were reviewed in a timely manner.

Judgment: Substantially compliant

Regulation 27: Protection against infection

The provider ensured that there were good systems in place for infection prevention and control management; including staff training, education of residents, access to PPE, enhanced cleaning schedules and contingency plans in place in the event of an outbreak of COVID-19 in the centre. In addition, the provider had a response team

in place to support with the management of any outbreaks of COVID-19.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Assessments of needs had been completed for residents with regard to health, personal and social care needs, and care plans were developed where required. Residents were involved in their review meetings and in the identification of personal goals for the future.

Judgment: Compliant

Regulation 6: Health care

Residents were supported to achieve good health by being facilitated to access a range of allied healthcare professionals. However, improvements were needed in timely and consistent access to therapeutic supports which had been identified through residents' assessment of needs, in order to promote the best possible mental health for residents.

Judgment: Substantially compliant

Regulation 8: Protection

The inspector found that safeguarding of residents were taken seriously in the centre. Staff were trained and knowledgeable about what to do in the event of a suspicion of harm. Residents were supported to understand how to keep safe, and residents had intimate and personal care plans in place that were compiled in consultation with residents.

Judgment: Compliant

Regulation 9: Residents' rights

The inspector found that residents were supported to exercise choice in their day-to-day lives, including being supported to vote, and they were consulted in the running of the centre. Easy-to-read documents in a range of topics were available to

residents to help support their understanding of issues.

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	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
Quality and safety	
Regulation 26: Risk management procedures	Substantially compliant
Regulation 27: Protection against infection	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Ocean Wave Services OSV-0001495

Inspection ID: MON-0030472

Date of inspection: 04/11/2020

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>The Annual Review has been updated to include consultation with both residents and families, the updated version will be reviewed by the Person in Charge and sent for further review and sign off to the Registered Provider. Completion date for same is 7th December 2020. This additional information will form part of the Quality Improvement plan.</p> <p>The risk escalation has been updated to include further detail in relation to the changing needs of the resident, this has been forwarded to the Person Participating in Management. A review of the support needs of the individuals and staffing requirements to support them will be undertaken as part of budget planning for 2021 and this will be completed by 31 December 2020.</p> <p>A meeting was held on 23 November 2020 with the resident, their family, the Person in Charge and the Psychologist to review the mental health needs of one resident and to develop and agree a plan to address these mental health concerns. A schedule of Psychological sessions to help support this resident is in place and the first session is scheduled for December 14th.</p> <p>A residential review meeting for one resident who has requested a move from this service has taken place and plans for an alternative placement are currently being explored. This will be completed by January 2020.</p>	

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>A review of all risks in the centre was completed on 22nd November 2020, centre, individual risk assessments and the risk register have been updated accordingly to more accurately reflect the risk ratings and to ensure they are reflective of risks identified and control measures in place.</p>	
Regulation 6: Health care	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 6: Health care:</p> <p>A meeting was held on 23 November 2020 with the resident, their family, the Person in Charge and the Psychologist to review the mental health needs of one resident and to develop and agree a plan to address these mental health concerns. A schedule of Psychological sessions to help support this resident is in place and the first session is scheduled for December 14th.</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 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.	Substantially Compliant	Yellow	31/01/2021
Regulation 23(1)(e)	The registered provider shall ensure that the review referred to in subparagraph (d) shall provide for consultation with residents and their representatives.	Substantially Compliant	Yellow	31/01/2021
Regulation 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the assessment,	Substantially Compliant	Yellow	22/11/2020

	management and ongoing review of risk, including a system for responding to emergencies.			
Regulation 06(2)(d)	The person in charge shall ensure that when a resident requires services provided by allied health professionals, access to such services is provided by the registered provider or by arrangement with the Executive.	Substantially Compliant	Yellow	23/11/2020