



Report of an inspection of a Designated Centre for Disabilities (Adults).

Issued by the Chief Inspector

Name of designated centre:	Logan House
Name of provider:	The Rehab Group
Address of centre:	Galway
Type of inspection:	Announced
Date of inspection:	05 September 2023
Centre ID:	OSV-0003468
Fieldwork ID:	MON-0032851

About the designated centre

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

Logan House is a designated centre run by The Rehab Group. The centre can cater for up to seven male and female residents, who are over the age of 18 years and who have an acquired brain injury. The centre is situated on the outskirts of Galway city and is centrally located to cafes, restaurants and other local amenities. The centre comprises of one building which contains staff offices and five separate apartments. Here, residents have their own bedroom, some en-suite facilities, bathrooms and kitchen and living areas. A communal courtyard is also available to residents to use as they wish. 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:	7
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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
Tuesday 5 September 2023	11:00hrs to 16:10hrs	Anne Marie Byrne	Lead

What residents told us and what inspectors observed

This was an announced inspection and was facilitated by the person in charge, two team leaders, and later joined by the person in charge's line manager. Over the course of the day, the inspector had the opportunity to meet with four residents who lived in this centre and with a number of staff who were on duty supporting them. The other three residents had already left the centre for the day and hadn't returned by close of this inspection.

Upon the inspector's arrival, they were greeted by the person in charge and team leaders, and brought on a walk-around of the centre. The centre comprised of one large two-storey building, which contained four separate apartments, two of which were single occupancy and two shared occupancy. There was also a further self-contained apartment located at the rear of the centre, which opened out onto a shared patio area. At the request of some residents, the inspector did not visit all apartments. Of those she did visit, these were observed to comprise of a kitchen and living area, en-suite bedrooms, hallways and shared bathrooms. There was also a staff office and separate sleep over room available to staff within the main building. Each apartment was furnished and decorated to the personal taste of each resident, and where some residents had assessed mobility needs, their apartment contained an accessible kitchen and living area, they had sensors to open doors, their window blinds operated via remote and an intercom system was installed so that they could alert staff in the main building, should they require assistance. Residents' daily planners were prominently hung-up in their apartment, which informed of their planned activities and many residents had photos of family and friends framed and proudly displayed. Although the centre was, for the most part, well-maintained, it was observed that some areas would benefit from minor repainting and decoration works. Over the course of the inspection, the person in charge informed the inspector that these works had been noted by the provider, and that there were plans in place to address this in the coming months.

Seven residents lived in this centre and predominately required support in the area of social care and positive behavioural support. Some had assessed health care needs, in relation to their elimination and nutrition, and only required minimal support from staff with this aspect of their care. Given the nature of this service, many of the residents had an acquired brain injury, and much emphasis was placed on enhancing their quality of life through social engagement, positive risk-taking and integration within their local community. Each resident, at their wish, was supported to maintain personal relationships with family and friends, with some regularly going on overnight visits to do so. Many of these residents had allocated staff support hours, which was provided to them, in addition to the staffing compliment available at this centre. This arrangement provided residents with the access to the staff support that they required, in order to get out and about and do the activities that they wanted to do. Due to the significant emphasis placed in this centre on the quality of residents' social care, prior to this inspection, the person in charge had sought a re-assessment of residents' staff support needs, so as to inform the

staffing compliment that this centre provided to them, outside of their allocated staff support hours. The person in charge stated that should this re-assessment identify that increased staff support was required by individual residents, arrangements would be put in place by the provider to provide these additional resources.

Each resident lived a very active lifestyle, with some undertaking work experience in marine biology, others attended day services, some held employment, while others regularly attended organised group activities. One resident who met with the inspector spoke of their interest in vegetable gardening and of how they had planned their plot, and grown a number of vegetables in a nearby allotment. They had just returned back to the centre from an overnight stay with family, had gone swimming that morning and were planning their day with their support staff. This resident told the inspector that they liked to eat healthily and look after their physical health. They spoke of how they often went to the gym and of how swimming was something they regularly liked to do. They showed the inspector vegetables that they had grown, and jars of natural honey they gotten straight from a beehive. They spoke of how they lived on their own in their apartment and had an intercom system that they used to alert staff, if they wanted help with anything. They said for the most part, this worked well, but that they didn't have the same access to staff support in the evening time as they did during the day. This was later discussed with the person in charge, who informed that the focus of the up-coming re-assessment of residents staff support needs, would be placing an emphasis on the evening time staffing arrangements, particularly for residents who resided on their own.

Another resident, who was celebrating their birthday, also took time to speak with the inspector. They had just returned from meeting friends in a local hotel, which they said they really enjoyed. This resident told of how they were independent with caring for an aspect of their health care and of how staff supported them to attend medical appointments. They went to a day services a few days a week and said they liked the activities that were on offer to them there. This resident spoke fondly of the staff support that they received and were very complimentary of the staff working in the centre. Another resident who had just returned from a walking group, spoke of how they had also done yoga classes and had coffee morning with this particular group, and of how they were thinking of trialling another exercise class with them.

The involvement of each resident in the running of this centre was very much encouraged by the person in charge and their staff team. Key-workers regularly met with residents to plan activities and resident meetings were a regular feature each week, to ensure residents were given the opportunity to voice their thoughts on various aspects of the service delivered to them. An advocacy officer was available to all residents and the person in charge had ensured all residents were aware of this resource that was readily available to them, if they so wished. Prior to this inspection, a number of residents completed a questionnaire, voicing their overall satisfaction with the staffing arrangements, meals and opportunities for social engagement that was on offer to them within this service.

There was a robust management structure in this centre, whereby, the person in charge who was appointed to the role a few months prior to this inspection, was supported by three team leaders and their line manager. There was also an on-call management system in place, where staff could access the assistance of a member of management during out of hours, if required. There was also clear oversight of risk management practices, and as there was at all times a member of management on duty during the day, this attributed to effective oversight of the quality and safety of care practices in this centre.

This was a positive inspection, which demonstrated many areas of care being executed well, which had positive outcomes for residents. Although there were improvements noted to aspects of medication management, this did not take from the quality of service that these residents received.

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

Capacity and capability

The provider had ensured many aspects of this service were effectively overseen and managed, with regards to, staffing, residents' assessed needs, governance and management, risk management, fire safety and residents' rights. However, this inspection did identify where some improvements were required to aspects of medication management.

The person in charge held the overall responsibility for this centre and regularly met with residents and with their staff team. They were very familiar with the assessed needs of the residents and were also aware of the operational needs of the service delivered to them. They were supported in their role by three team leaders, their staff team and line manager in the running and management of this centre. They held regular meetings with their staff team, which meant that residents' specific care was regularly reviewed and discussed. They also maintained frequent contact with their line manager about any operational matters relevant to this centre.

The staffing arrangement was maintained under regular review by the person in charge, who ensured a sufficient number of staff were at all times rostered, both day and night, to support these residents with their assessed needs. Where additional staff support was required, the provider had arrangements in place to provide extra roster cover. Over the course of the inspection, the person in charge informed the inspector of how they had recently requested a full re-assessment of this centre's staffing arrangement to be completed by relevant multi-disciplinary professionals, to further inform the staffing arrangement for this centre. The primary focus of this review was to ensure that sufficient staffing resources were available to all residents, particularly during times outside of residents' allocated staff support arrangement.

The provider had ensured adequate resources were made available to this centre, with regards to staffing, transport and equipment. In addition to the regular presence of the person in charge, three team leaders also provided additional oversight of care practices, with one team member at all times rostered on duty each day. Good communication was maintained between team leaders and the person in charge, who regularly discussed various areas relevant to the care and support these residents received. The quality and safety of care was regularly monitored through six monthly provider-led audits and through other internal audits, which were conducted on a scheduled basis. Where these monitoring systems identified that improvements were required, time bound action plans were put in place to address these. Although internal audits did provide some assurance with regards to the quality of care provided in this centre, the inspector did observe where some could be more focused on specific aspects of this service to give better insight into specific practices. This was brought to the attention of those facilitating this inspection, who said due consideration would be given to going forward.

Registration Regulation 5: Application for registration or renewal of registration

At the time of this inspection, the provider was in the process of preparing to submit an application to the Chief Inspector, to renew the registration of this centre.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge held a full-time role and was regularly present that the centre to meet with all residents and with their staff team. They were very familiar with the assessed needs of these residents and of the operational needs of the service delivered to them. This was the only designated centre in which they were responsible for, and current governance and management arrangements gave them the capacity to ensure the centre was effectively managed.

Judgment: Compliant

Regulation 15: Staffing

The staffing arrangement for this centre was maintained under regular review by the person in charge, ensuring that a suitable number and skill-mix of staff were at all times on duty. Where additional staffing resources were required from time to time, the provider had arrangements in place to facilitate this. Good continuity of

care was promoted, with many staff having supported these residents for a number of years. Where new staff were recruited, they were provided with appropriate induction to ensure they got to know the residents and their assessed needs, prior to working directly with them.

Judgment: Compliant

Regulation 22: Insurance

At the time of this inspection, the provider had up-to-date insurance against risks in the designated centre, including, loss or damage to the property and injury to residents.

Judgment: Compliant

Regulation 23: Governance and management

The provider had ensured suitable persons were appointed to manage and oversee the running of this centre. The provider had also ensured adequate resources were available to meet the requirements of this service, as set out within the statement of purpose. Where additional resources were required from time to time, a system was in place for the person in charge to request this.

Good internal communication systems were in place, whereby, the person in charge met regularly with their staff team to review and discuss resident specific care and support arrangements. They also maintained frequent contact with their line manager to review an operational matters arising within the service. The monitoring of the quality and safety of care was largely attributed to six monthly provider-led visits, scheduled internal audits and also from the regular presence of management at the centre. Where improvements were identified, timebound action plans were put in place to address these.

Judgment: Compliant

Regulation 3: Statement of purpose

There was a statement of purpose available at the centre, which contained all information as required by the regulations.

Judgment: Compliant

Regulation 30: Volunteers

Although the provider had arrangements in place for the support and supervision of volunteers, at the time of this inspection, there were no volunteers supporting the care and support needs of these residents.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge had a system in place for the reporting, review and response to any incidents occurring within this centre. They had also ensured that all incidents were notified to the Chief Inspector, as and when required by the regulations.

Judgment: Compliant

Quality and safety

Overall, given the nature of this service, the provider was cognisant to promote residents' independence where possible, and to provide them with a service that met their assessed needs, and wishes to integrate within their local community.

The provider had fire safety precautions in place, including, fire detection and containment arrangements, fire drills were regularly occurring and multiple fire exits were available in the centre, which included two fire exits for those residing in upstairs accommodation. A waking staff member was on duty each night, which meant, that should a fire occur, staff were available to quickly respond.

Effective arrangements were also found with regards to the assessment and personal of residents' needs. This process was maintained under regular review by the person in charge and where any changes to residents' needs or care interventions were identified, this was communicated to staff in a timely manner. Key-workers regularly met with residents to discuss and review various aspects of their care and the person in charge stated that this was a system that worked very well in this centre, ensuring residents' participation was maximised in decisions surrounding their care.

Where risk was identified, it was quickly responded to by the provider. For example, prior to this inspection, the person in charge observed a trend occurring in relation to medication related incidents. In response to this, they put additional control measures in place and were in the process of monitoring for the effectiveness of these in rectifying issues which were arising. Positive risk-taking was also promoted in this centre, with some residents taking responsibility for aspects of their health care, while others often went out and about independent of staff support. The provider had put arrangements in place to protect the safety of these residents while doing so, and education and support was often provided to residents in relation to staying safe while independently accessing their local community.

Where some residents' required behavioural support, the provider had ensured these residents received regular multi-disciplinary reviews, as and when required. A behaviour support specialist attended this centre routinely each week to review this aspect of residents' care, and often provided one-to-one support to staff to ensure they were familiar with specific interventions that were to be applied each day for individual residents. The person in charge stated this was a process that worked very well in this centre and had a positive impact on ensuring timely review of any changes required to residents' positive behavioural support interventions.

Where residents expressed a wish to take responsibility for their own medicines, the provider completed a capacity risk assessment, which then informed the level of staff support and supervision, if any, that they required to safely do so. Much support and education was provided to residents who participated in their own medication management and at the time of inspection, no reported medication errors in relation to self-administration had occurred. Although staff spoke confidently about the arrangements that were put in place to support residents to take responsibility for their own medicines, the medication management policy required review to ensure it fully guided staff with regards to this aspect of the service, particularly in relation to, the specific medication administration records to be maintained, and any additional control measures to be considered as part of this process.

Regulation 11: Visits

Residents were supported to welcome visitors to their home and in turn, residents were also supported by staff to visit family and friends.

Judgment: Compliant

Regulation 13: General welfare and development

Given the nature of this service, much emphasis was placed on ensuring residents were provided with the care and support that they required, to ensure optimum opportunity for their general welfare and development. Some residents held employment, other attended day services, while others liked to schedule their activities with their key-worker as part of a weekly planner. The planning of activities gave much consideration to the ability and capacity of each resident, to ensure they engaged in activities which were meaningful to them. There was great variety in the activities that residents took part in, which reflected the individual interests and preferences of these seven residents.

Judgment: Compliant

Regulation 26: Risk management procedures

The provider had a system in place for the identification, response, review and monitoring of all incidents occurring in this centre. Where risk was identified, it was promptly responded to with additional control measures, as and when required. For example, prior to this inspection, some medication errors were reported, which prompted a review of this aspect of the service. At the time of this inspection, the person in charge had taken appropriate action in relation to these and was reviewing the progress being made to ensure similar incidents did not reoccur. Risk assessments were in place to support the oversight of risk management practices and these were subject to on-going review to ensure these reflected the specific action taken by the provider in response to identified risk.

Judgment: Compliant

Regulation 28: Fire precautions

The provider had fire safety precautions in place, including, fire detection and containment arrangements, fire drills were regularly occurring, residents had a good understanding of the fire procedure and multiple fire exits were available throughout. A waking staff member was on duty each night, which meant, that should a fire occur, staff were available to quickly respond. Although there was a fire procedure in place, it did require minor review to provide better clarity on the response required, should a fire occur. This was brought to the attention of the person in charge, who made arrangements before close of the inspection for this document to be reviewed.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

Residents were encouraged and supported, where appropriate, to take responsibility for their own medicines. A risk assessment of residents' capacity to do so was completed and a safe place for resident to securely store their medicines was provided.

Although the provider did have a medication policy in place, it lacked guidance for staff in relation to some aspects of self-administration of medicines. For example, no guidance was provided to staff in relation to risk assessing a safe amount of medicines that a resident could store at any given time, little guidance was provided on the prescribing and administration records that were to be maintained for those with responsibility for their own medicines and it also didn't inform on any additional control measures that may need to be considered, should a medication error relating to self-administration occur.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

The provider had a system in place for the re-assessment of residents' needs and review of their personal plans. This process was supported by key-workers, who engaged with residents as part of their re-assessment, ensuring residents were involved as much as they wanted to, in decisions surrounding their care. The person in charge also had regular oversight of this process, which had a positive impact on ensuring prompt re-assessment was completed, as and when required.

Judgment: Compliant

Regulation 6: Health care

Where residents had assessed health care needs, the provider ensured that these residents were provided with the care and support that they required. Residents had access to a wide variety of allied health care professionals and were supported by staff to attend appointments. Staff were aware of the assessed health care needs of these residents and of their role and responsibilities in supporting them with this aspects of their care.

Judgment: Compliant

Regulation 7: Positive behavioural support

Some residents required positive behavioural support and the provider had ensured adequate arrangements were in place to support them. This service had regular support from a behavioural support therapist, who was present in the centre each week to review behavioural related incidents that had occurred and make changes, as and when required, to positive behavioural support interventions. Clear and concise behaviour support plans were in place to guide staff on the proactive and reactive strategies to apply, and these plans were subject to on-going review. Where restrictive practices were in place, these were also subject to regular multi-disciplinary review to ensure the least restrictive practice was at all times used.

Judgment: Compliant

Regulation 8: Protection

The provider had systems in place for the identification, response and monitoring of any concerns relating to the safeguarding of residents. At the time of this inspection, there were no active safeguarding concerns in this centre.

Judgment: Compliant

Regulation 9: Residents' rights

This centre was operated in a manner that ensured residents' rights were promoted and respected. Residents were very much involved in the running of their home, with regular resident meetings occurring, along with staff engaging with residents on a daily basis to get their feedback on aspects of their care. Residents' privacy was respected, with some residents being facilitated to lock their apartment when they were out and about for the day. Residents' choice and personal preferences were also considered in the planning of activities and residents were encouraged and supported to maintain personal relationships with their family and friends.

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	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 30: Volunteers	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 13: General welfare and development	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
Regulation 9: Residents' rights	Compliant

Compliance Plan for Logan House OSV-0003468

Inspection ID: MON-0032851

Date of inspection: 05/09/2023

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider’s response:

Regulation Heading	Judgment
Regulation 29: Medicines and pharmaceutical services	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:</p> <ul style="list-style-type: none"> • The PIC will provide feedback from inspection to the provider’s Lead on Medication Management on the content on this report and seek guidance on the issues raised. This will be completed by 06/10/2023. • The PIC will review and amend accordingly, the self-administration of medication risk assessment within this designated centre. Specifically addressing storage of medications as well as addressing additional control measures required in the event of a medication error. This will be completed by 15/10/2023. • Following the completion of the items above, the PIC will ensure all staff and relevant residents are aware and have an understanding of the guidance and new measures that have been put in place. This will be completed by 31/10/2023. 	

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 29(5)	The person in charge shall ensure that following a risk assessment and assessment of capacity, each resident is encouraged to take responsibility for his or her own medication, in accordance with his or her wishes and preferences and in line with his or her age and the nature of his or her disability.	Substantially Compliant	Yellow	31/10/2023