



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:	Unannounced
Date of inspection:	23 April 2025
Centre ID:	OSV-0003468
Fieldwork ID:	MON-0046887

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:	6
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How we inspect

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Wednesday 23 April 2025	09:30hrs to 17:00hrs	Mary Costelloe	Lead

What residents told us and what inspectors observed

This inspection was an unannounced focused regulatory inspection to review the arrangements the provider had in place to ensure compliance with the Care and Support of Residents in Designated Centres for Persons with Disabilities Regulations (2013) and the National Standards for Adult Safeguarding (2019). It followed a regulatory notice issued by the Chief Inspector of Social Services in June 2024 in which the safeguarding of residents was outlined as one of the most important responsibilities of a designated centre and fundamental to the provision of high quality care and support.

The inspection was facilitated by the person in charge. The inspector also met and spoke with a team leader and with three staff members who worked in the centre. Seven residents lived in this centre and predominately required support in the area of social care, mental health 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. Many of the residents had an acquired brain injury, and much emphasis was placed on enhancing their quality of life through social engagement, promoting independence, positive risk-taking and integration within their local community. On the day of inspection, one resident was staying with family, one resident was at work, three residents were out and about partaking in activities and two residents were going about their own routines in the centre. The inspector met and spoke with two residents who had remained in the centre on the morning of inspection and briefly met with a third resident on their return to the centre.

The designated centre comprised of a large two-storey detached building located in residential area on the outskirts of a city. The building contained four separate apartments, two of which were single occupancy and two shared occupancy. There was also a separate single occupancy self-contained apartment located on the grounds and a shared patio area to the rear of the apartments. Each apartment had a kitchen and living area, either one or two bedrooms, some had an en suite toilet and shower and separate bathroom facilities were also provided. There was a staff office and separate sleep over room available to staff within the main building. Each apartment was furnished and decorated in a homely style to the personal taste of each resident. Apartments were decorated with personal photographs, artwork, memorabilia and furniture of their choosing. Each apartment was provided with adequate personal storage space. One apartment was designed to meet the needs of a resident using a wheelchair. It contained an accessible kitchen with height adjustable cooker and food storage cupboards, sensors to open doors, window blinds operated via remote and an intercom system so that they could communicate with staff in the main building, should they require assistance. There was a lift and two stairs provided between floors in the main building. Residents had access to a shared patio garden area to the rear which also was provided with a smoking shelter for residents' use. Some residents enjoyed gardening activities and there were a number of potted planters and raised beds which they tended to. While many areas

of the building had been repainted during the past year, the inspector noted that some areas required further painting, repair and maintenance. The person in charge outlined that these areas requiring improvements had been identified and that the provider had plans in place to address these issues. They advised that new windows were ordered and due to be fitted to the entire building, that a schedule of internal maintenance and repair works were due to be completed in the coming weeks and further works to the external areas were scheduled to take place once the new windows were fitted. A recent infection, prevention and control audit had also identified these areas for improvement, as well as, the need for enhanced cleaning of many areas.

Residents whom the inspector met were in good form, they advised that they were happy to speak with the inspector and show them around their apartments.

Residents spoken with told the inspector that they liked their apartments, and that having their own space was very important to them. They advised that the apartments were warm and comfortable, how they felt safe living in the centre and got on well with one another and with the staff team. They advised that if they had any concerns or worries that they could speak with the local management team.

They were complimentary of staff supporting them and advised that there were sufficient staff available to support them with personal needs and in getting out and about to partake in their preferred activities. In addition to the staffing compliment available in the centre, some of the residents had allocated support hours provided by the 'Outreach' day services staff team and others availed of services provided by the Irish Wheelchair Association (IWA) on some days during the week. Residents' daily and weekly planners were prominently displayed, which informed of their planned activities.

Residents spoken with told the inspector how they enjoyed having choices around how they spent their days and were being supported to live more independent lives. One resident mentioned how they enjoyed partaking in activities such as painting, baking, going shopping, attending mass and planned to get back to attending other activities at a day service hub and horse riding. They informed the inspector how they had planned a trip to the city later in the morning to complete some personal shopping. They advised that they also enjoyed spending quiet time in the apartment, listening to music, watching television, preparing and cooking meals and competing laundry. They spoke about having enjoyed spending time at home with family over the Easter weekend. Another resident told the inspector how they enjoyed spending time outdoors, and going for walks in nature. They spoke of enjoying painting and proudly showed the inspector some of their completed artworks. They also enjoyed time relaxing in the apartment listening to music. They liked their apartment which they had personally decorated with lots of ornaments and bric-a-brac objects collected over the years. They spoke of their plans to go out with the support of staff to complete some personal shopping later in the day. They mentioned how they preferred to eat at home and cooked their own meals with the support of staff.

From a review of documentation and staff spoken with, it was clear that residents led active lives and had choices in how they spend their days. Some residents used public transport independently, went to work during the weekdays or went about

their own preferred activities such as going shopping or meeting up with friends for coffee. Others enjoyed attending the gym, going to the cinema, going bowling, going for walks, attending music events and discos. Residents also enjoyed planning their meals, grocery shopping, preparing and cooking their own food.

Residents were supported and encouraged to maintain connections with their friends and families. Visiting to the centre was facilitated in line with national guidance. There was plenty of space for residents to meet with visitors in private if they wished. Some residents received regular visits from friends and family and some regularly visited their family members at home. Residents also spoke of how they stayed in contact with family and friends through regular use of their own mobile telephones.

Residents' rights were promoted and residents had access to information in a suitable format. Important information such as the complaints process, the human right charter, safeguarding information, advocacy services, assisted decision-making information as well as staffing information was made available to residents, displayed and regularly discussed. There was evidence of on-going communication with residents on a daily basis, as well as, through regular house and key worker meetings, satisfaction surveys and through the personal planning process.

It was evident throughout the inspection that both staff and management were person centred in their approach to care and support, and that residents were supported to make their own decisions, and that the safeguarding of residents was balanced with their right to positive risk taking. It was also clear that the provider had systems in place to protect residents from abuse, and that there were robust systems in place to respond to any allegations in a way that ensured that residents' safety was maintained.

The next two sections of the report outline the findings of this inspection, in relation to the governance and management arrangements in place in the centre, and how these arrangements impacted on the quality and safety of the residents lives.

Capacity and capability

There was a clear organisational structure in place to manage the service. The management systems in place ensured that service's approach to safeguarding was appropriate, consistent and effectively monitored. The person in charge worked full-time and was responsible for the day to day operation of the service. The person in charge was supported in their role by two team leaders who normally worked on opposite shifts and alternative weekends. There were on-call management arrangements in place for weekends and out-of-hours.

The provider had ensured that the staff numbers and skill mix were in line with the assessed needs of the residents and appropriate to meet the safeguarding needs of residents. Staffing levels were kept under regular review and had been increased in

recent months in response to a safeguarding concern. The inspector noted that there were adequate staff on duty to support residents on the day of inspection. The staffing rosters reviewed for 20 April 2025 to 27 April 2025 indicated that a team of consistent staff known to residents was in place.

Staff recruited to work in the service completed an induction programme which included instruction and guidance on the safeguarding policy and procedures, the role of designated officer, safeguarding plans in place and notifications that were required to be submitted to the Chief Inspector of Social Services. All staff recruited were also subjected to checks to ensure their suitability for the role. On request, the inspector was provided with a sample of Garda vetting disclosures for four staff members which were found to be up-to-date.

Staff training records reviewed indicated that all staff had completed mandatory training including safeguarding and further refresher training was scheduled as required. Additional training had also been provided to staff to support them in their roles. Staff spoken with were able to discuss the learning from their training. They were also knowledgeable about the care and support needs of each resident, and of the individual risks posed to each resident, whether due to behaviours of concern, choice of activities, or vulnerability.

The provider had systems in place to monitor and oversee the quality and safety of care in the centre. These systems included a weekly services monitoring report, six monthly provider led audits and an annual review of the service. Incidents and concerns relating to safeguarding, positive behaviour supports, restrictive practices, complaints and resident's rights were monitored as part of these reviews. The annual review for 2024 had been completed and included feedback from residents and their families indicating general satisfaction with service, however, some negative feedback was also received. The person in charge had subsequently logged all negative feedback as complaints and followed up on the issues raised which had since been addressed.

Regulation 15: Staffing

The provider had ensured that the staff numbers and skill mix were in line with the assessed needs of the residents and appropriate to meet the safeguarding needs of residents.

There were sufficient numbers of staff to meet the needs of residents both day and night. The roster reviewed showed that the planned numbers and skill mix of staff was maintained and that there was a consistent staff team who were known to the residents. The person in charge advised that there were no staffing vacancies at the time of inspection.

Staffing levels had been kept under review and increased in recent months to provide additional 1:1 support for a resident throughout the day and evening and

ensure the safety of all residents.

The inspector spoke with the person in charge and two staff members during the course of the inspection, and found them to be knowledgeable about the support needs of residents, and they could readily answer questions relating to the safeguarding of residents. They were also knowledgeable about the ways to respond to behaviours of concern for each resident, so as to ensure the safety of both the resident engaging in behaviours of concern, and of the other residents living in the designated centre.

During the course of the inspection the inspectors observed staff interacting with residents in a caring and professional manner, and in accordance with their assessed needs. It was evident that residents were comfortable with the staff supporting them, and that they were familiar with them.

Judgment: Compliant

Regulation 16: Training and staff development

The provider had ensured that all staff who worked in the centre had received mandatory training in areas such as safeguarding, fire safety, positive behaviour support and manual handling to reduce the risk of harm and promote the well-being of residents. Additional training was provided to staff to support them to safely meet the support needs of residents including various aspects of infection prevention and control, and administration of medications. Some staff had also completed training in relation to assisted decision making, open disclosure and a human rights approach to care and support. Further refresher training was scheduled for some staff and training was planned to take place in relation to mental health.

The person in charge had ensured that copies of the Act, regulations and National Standards for Adult Safeguarding were available to staff in the centre.

Staff were provided with regular supervision meetings from their line manager to support their work practice and development, and a schedule of supervision meetings was documented.

Judgment: Compliant

Regulation 23: Governance and management

There were effective leadership and management arrangements in place to govern the centre and to ensure the provision of a good quality, safe service and to ensure that residents were safeguarded. The provider had ensured that the designated centre was resourced in terms of staffing and other resources to ensure the

effective delivery of care and support in line with the assessed needs of the residents. The regulations reviewed on this inspection were found to be compliant. The provider and local management team had systems in place to maintain oversight of the safety and quality of the service including an annual review of the service. There was evidence of ongoing consultation with residents and their representatives.

Where safeguarding incidents had taken place, investigations had commenced immediately, and immediate steps had been taken to ensure the safety of all residents. The inspector was satisfied that safeguarding incidents had been managed appropriately in line with the safeguarding policy. When required, safeguarding plans had been put in place following consultation with the designated officer, behaviour support specialist and neuropsychologist. All the appropriate authorities had been informed, and the necessary notifications had been made, including, the Chief Inspector of Social Services, the Health Service Executive and an Garda Síochána.

Support for staff had been made available, and communication with the staff team was on-going. Regular monthly staff meetings were held, and safeguarding was a standing item at each of these meetings. This included a review of any incidents, and any learning from them, but also a discussion around safeguarding plans, the on-going safety of residents in all areas of daily life, for example the use of any restrictive practices was kept under constant review. Safety in relation to the management of any health care issues was also discussed.

The inspector reviewed the management of complaints, and found that any complaints made by residents and their families had been responded to appropriately. All complaints were logged and included follow up action taken.

Overall it was apparent that any concerns were taken seriously, appropriate actions and investigations were undertaken, and that safeguarding was given high priority by the provider, the management team and the staff.

Judgment: Compliant

Quality and safety

The provider had measures in place to ensure that the well-being, rights and independence of residents was promoted. Residents were observed to be comfortable in their environment and with staff supporting them. The provider had adequate resources in place to ensure that residents got out and engaged in activities that they enjoyed on a regular basis and the staff team promoted and supported residents to exercise their rights and achieve their personal and individual goals. Conversations with residents indicated that they liked living in the centre. The provider had systems in place to protect residents from abuse, and there were robust systems in place to respond to any allegations in a way that ensured that

residents' safety was maintained.

Staff spoken with were familiar with and knowledgeable regarding residents' up to date healthcare and support needs. Residents had access to general practitioners (GPs), out of hours GP service and a range of allied health services. The inspector reviewed the files of two residents. Residents had a recently updated assessment of their needs completed which was used to develop an individualised support plan. Support plans in place including those to guide the specific health care needs of residents were found to be comprehensive, informative, person centered and had been recently reviewed.

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 transport and 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 was based in the centre two days each week to review this aspect of residents' care, to provide additional guidance and training to staff on specific interventions as to how best to support residents manage behavioural issues. The behaviour therapist also provided support to residents with task analysis in order to promote self-care and independence, for example, completing laundry tasks, cooking tasks, and applying make-up.

Regulation 5: Individual assessment and personal plan

Residents' health, personal and social care needs were regularly assessed and care plans were developed, where required. Care plans reviewed by the inspector were found to be individualised, clear and informative. Staff spoken with were familiar with, and knowledgeable regarding the care and support needs of residents. The inspector reviewed the files of two residents. There were assessments of need completed, individual risk assessments, as well as, care and support plans in place for all identified issues including specific health care needs. There was evidence that risk assessments and support plans were regularly reviewed.

Each resident had been assigned a key-worker who regularly met with residents to discuss and review various aspects of their care, ensuring residents' participation was maximised in decisions surrounding their care. Some residents took responsibility for aspects of their health care.

Residents were supported to identify and achieve personal goals. Annual meetings were held with residents and regular reviews took place to discuss progress of identified goals. The documentation reviewed was found to clearly identify meaningful goals for residents, with a clear plan of action to support residents

achieve their goals. The inspector noted that goals set out for 2024 had generally been achieved.

Judgment: Compliant

Regulation 7: Positive behavioural support

Residents that required support with behaviours that challenged were being responded to appropriately, had access to specialists in behaviour management, psychology and written plans were in place. All staff had received training in order to support residents manage their behaviour. The person in charge had plans in place to arrange further training for staff on mental health issues. The behaviour support plans in place outlined supportive strategies, detailed information about situations which might trigger distress for residents and guidance for staff on managing difficult situations. It was evident that there was sufficient detail in the positive behaviour support plans that staff were familiar with, to ensure that residents were protected as far as possible, from any negative consequences of their behaviours of concern. The behaviour support specialist was based in the centre two days each week and available to review and update behavioural support plans as required and also provided staff with additional guidance and training on specific interventions.

The local management team promoted a restraint free environment and continued to regularly review restrictive practices in use. There were some restrictive practices in use for some residents such as restricted access to ovens and cooker hobs, restricted access to cigarettes and alcohol. A risk benefit analysis had been completed which outlined a clear rationale for each restriction along with other alternatives tried or considered. There was input from the multidisciplinary team evident and restrictions were regularly reviewed by the organisations human rights committee. Staff had been provided with restrictive practice awareness training from a human rights based perspective.

Judgment: Compliant

Regulation 8: Protection

The provider had taken measures to safeguard residents from being harmed or suffering abuse. All staff had received specific training in the protection of vulnerable people to ensure that they had the knowledge and the skills to treat each resident with respect and dignity and were able to recognise the signs of abuse and or neglect and the actions required to protect residents from harm. Staff spoken with were aware of the various types of abuse, the signs of abuse that might alert them to any issues, and their role in responding to any concerns. Staff were confident that any concerns raised would be listened to, taken seriously and acted upon in a timely

manner in line with the safeguarding policy.

The name, photograph and contact details of the designated officer were clearly displayed for both staff and residents. Residents spoken with confirmed that they could raise any concerns or issues with the local management team. They also mentioned how they could raise any issues or worries at the resident's house meetings or with their key workers.

The inspector was satisfied that a safeguarding incident reported in recent months to the Chief Inspector had been managed appropriately in line with the safeguarding policy as discussed under regulation: 23. There was a safeguarding plan in place which included strategies to protect residents from harm. The person in charge advised that the plan was working well and there had been no further incidents.

The behaviour support therapist had completed educational training with some residents in relation to 'assertiveness and how to say no', in order to promote self-awareness and self-protection skills.

Judgment: Compliant

Regulation 9: Residents' rights

The local management team and staff were committed to promoting the rights of residents. There was an emphasis on ensuring that residents were supported to make their own decisions, and that their right to live safely was recognised. The privacy and dignity of residents was well respected by staff. Staff were observed to interact with residents in a caring and respectful manner. Residents had access to televisions, the Internet and information in a suitable accessible format. Residents were supported to avail of advocacy services. Details explaining 'what is advocacy', as well as information regarding the contact details of the local advocacy officer and national advocacy service were clearly displayed. Advocacy had recently been discussed with residents at their house meeting and the person in charge advised that two residents had linked in with the local advocacy officer who was due to visit the following week. Other topics relating to the human rights charter were discussed with residents at each house meeting. Some staff had completed training on human rights and the Assisted Decision-Making (Capacity) Act 2015 and one resident was currently being supported to have their say in decisions under the Act.

Residents were supported to visit and attend their preferred religious places of interest with some residents confirming that they were supported to attend their local church services. Some residents were registered to vote and could choose to vote in elections if they wished.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Quality and safety	
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant