<table>
<thead>
<tr>
<th>Centre name:</th>
<th>Meath Community Unit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0000477</td>
</tr>
<tr>
<td>Centre address:</td>
<td>1-9 Heytesbury Street, Dublin 8.</td>
</tr>
<tr>
<td>Telephone number:</td>
<td>01 707 7909</td>
</tr>
<tr>
<td>Email address:</td>
<td><a href="mailto:mcu.admin@hse.ie">mcu.admin@hse.ie</a></td>
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<tr>
<td>Type of centre:</td>
<td>The Health Service Executive</td>
</tr>
<tr>
<td>Registered provider:</td>
<td>Health Service Executive</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>Helen Lindsey</td>
</tr>
<tr>
<td>Support inspector(s):</td>
<td>None</td>
</tr>
<tr>
<td>Type of inspection</td>
<td>Unannounced Dementia Care Thematic Inspections</td>
</tr>
<tr>
<td>Number of residents</td>
<td>42</td>
</tr>
<tr>
<td>Number of vacancies</td>
<td>9</td>
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About Dementia Care Thematic Inspections

The purpose of regulation in relation to residential care of dependent Older Persons is to safeguard and ensure that the health, wellbeing and quality of life of residents is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer and more fulfilling lives. This provides assurances to the public, relatives and residents that a service meets the requirements of quality standards which are underpinned by regulations.

Thematic inspections were developed to drive quality improvement and focus on a specific aspect of care. The dementia care thematic inspection focuses on the quality of life of people with dementia and monitors the level of compliance with the regulations and standards in relation to residents with dementia. The aim of these inspections is to understand the lived experiences of people with dementia in designated centres and to promote best practice in relation to residents receiving meaningful, individualised, person centred care.

Please note the definition of the following term used in reports: responsive behaviour (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment).
Compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor compliance with specific outcomes as part of a thematic inspection. This monitoring inspection was un-announced and took place over 2 day(s).

The inspection took place over the following dates and times
From: 22 June 2017 09:15
To: 22 June 2017 17:00
From: 23 June 2017 09:00
To: 23 June 2017 12:30

The table below sets out the outcomes that were inspected against on this inspection.

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Provider’s self assessment</th>
<th>Our Judgment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outcome 01: Health and Social Care Needs</td>
<td>Compliance demonstrated</td>
<td>Substantially Compliant</td>
</tr>
<tr>
<td>Outcome 02: Safeguarding and Safety</td>
<td>Compliance demonstrated</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 03: Residents' Rights, Dignity and Consultation</td>
<td>Substantially Compliant</td>
<td>Substantially Compliant</td>
</tr>
<tr>
<td>Outcome 04: Complaints procedures</td>
<td>Compliance demonstrated</td>
<td>Substantially Compliant</td>
</tr>
<tr>
<td>Outcome 05: Suitable Staffing</td>
<td>Substantially Compliant</td>
<td>Substantially Compliant</td>
</tr>
<tr>
<td>Outcome 06: Safe and Suitable Premises</td>
<td>Substantially Compliant</td>
<td>Non Compliant - Major</td>
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Summary of findings from this inspection
As part of the thematic inspection process, providers were invited to attend information seminars given by the Authority. In addition, evidence-based guidance was developed to guide the providers on best practice in dementia care and the inspection process.

Prior to the inspection, the person in charge completed the self-assessment and scored the service against the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Standards for Residential Care Settings for Older People in Ireland. The previous table outlines the self-assessment and the inspector's rating for each outcome.
Inspector met with residents, relatives, and staff members during the inspection. The journey of a number of residents with dementia was tracked. Care practices and interactions between staff and residents who had dementia were observed and scored using a validated observation tool. Documentation such as care plans, medical records and staff training records were also reviewed.

The centre provided a service for people requiring long term care and support and also dementia care. On the day of the inspection 42 residents were accommodated in the centre. More than half of residents had a dementia diagnosis, and about one third of other residents had some symptoms but no formal diagnosis. There was no dementia specific unit but one area did predominantly support residents with higher needs due to their dementia.

Residents were seen to be receiving a service that met their needs, including those with dementia. Full assessments were completed when residents arrived at the centre, and care plans were developed that gave clear guidance to staff on how to provide person centred care and support. There were sufficient staff to meet the needs of residents, they had relevant experience to support the residents and maintained their skills by completing regular training. Residents were positive about the service they received and the approach of the staff team.

Records showed that staff were responsive to residents changing needs, and there were links with a range of allied professionals to ensure appropriate care and treatment was provided.

There was a range of meaningful activity available in the centre with a strong focus on music, art and exercise to support people to maintain their skills and independence as long as possible. Residents were seen enjoying a range of activities during the inspection and were positive about the options available.

The premises were well maintained and provided a comfortable environment and included approaches to support residents with dementia to navigate their way around. However improvements were required in a number of areas including recreation space in the units, storage and privacy in triple bedrooms. There was a plan in place for the centre to be refurbished later this year.

Improvements were also required in recruitment records, the complaints policy and record keeping, and practice relating to residents who required a modified diet.

These are discussed further in the report and in the action plan at the end.
Compliance with Section 41(1)(c) of the Health Act 2007 and with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

Outcome 01: Health and Social Care Needs

Theme:
Safe care and support

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
Residents’ wellbeing and welfare was being maintained by a high standard of evidence-based nursing care. One area, relating to modified diets, required improvement.

The inspector reviewed a selection of resident’s records and found each had an assessment prior to their admission to ensure the centre was able to meet their needs. Once the resident was admitted a more detailed assessment was carried out by nursing staff in the centre and a care plan was developed. A selection of care plans were reviewed covering residents needs such nutrition, continence, personal care, dementia, mobility and responsive behaviour. All of the care plans focused on the individual needs of the residents and provided clear instruction to staff about how care and support was to be given.

Ranges of nursing assessment tools were being used in the centre to support nursing staff to assess and review resident's nursing and health care needs. These included assessing the risk of falls, malnutrition and pressure areas. Where residents needs changed staff were able to describe the action that would be taken, and this was reflected in the residents records. For example where assessments showed residents risk had raised, appropriate allied professionals were contacted, carried out an assessment and their recommendations were implemented.

An area for improvement was identified in relation to residents who required a modified diet. The inspector reviewed records that did not consistently describe the type of diet that had been recommended for a resident, the dietician was overheard describing the different of the consistency of food and liquids to a staff member as they had said two options were acceptable as they were ‘both soft’ so the dietician clarified the difference, and the list of modified diets in one dining room did not reflect the prescribed diets of residents correctly. The person in charge was aware of the impact on training and staff knowledge of not having a speech and language therapist attached to the centre as had previously been the case, but confirmed they could access the community services for assessments and advise as required.

The inspector found that there was good access to relevant medical professionals and
the wider health and social care team. General Practitioners (GP) visited the centre regularly and there was an out of hours GP service where required. A range of allied health care professionals either worked in or attended the centre. These included physiotherapy, dietician, and psychiatric services. The inspector saw examples where their recommendations were put into place for example with physiotherapy exercises, aid and adaptations.

There were clear records of resident and family involvement in care plans and reviews if they chose to be involved. Nursing staff were heard arranging meetings with families, and also providing updates on residents' wellbeing.

**Judgment:**
Substantially Compliant

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**Outcome 02: Safeguarding and Safety**

**Theme:**
Safe care and support

**Outstanding requirement(s) from previous inspection(s):**
No actions were required from the previous inspection.

**Findings:**
There were systems in place to safeguard residents that included a clear policy, procedure and staff training. Procedures were also followed where any restrictions were in place and where residents had responsive behaviour.

There was a policy on responding to allegations of elder abuse and procedures in place for staff to follow in the event of an allegation being made. It covered categories of abuse, the responsibilities of each staff grade and an implementation plan for how to manage allegations. Staff spoken with were clear of the action to take if they witnessed abuse or had it reported to them. There was a social worker based in the centre who also provided support to the resident following any incidents. The senior team was also clear on the process including ensuring the resident was safe and well supported. Records showed the policy and procedures had been followed when required.

Residents who spoke with the inspector said they felt safe and well supported in the centre.

There was a commitment in the centre to work towards a restraint free environment. Bed rails and keypad locks on main doors were the only restrictions used in the centre, and residents could use the key pads to operate the doors where they were able. Where restrictions had been identified as the most appropriate action to take a full assessment was completed including whether other solutions that were less restrictive would meet the needs of the residents. Risk assessments had been completed where risks were identified, for example when people had a fall. They set out the risk, ways to manage and reduce the risk, and how it was to be monitored. The decision to use the restriction was made by a multidisciplinary group who reviewed all the information provided.
including what alternatives had been trialled before the restriction was approved. For example low beds and soft floor mats were effective for some residents. There was a review of all restrictive practice at least 4 monthly.

There was a clear policy in place on the management of responsive behaviour. Where residents had been identified as having responsive behaviour there was a clear care plan in place that covered the type of responsive behaviour, how the resident may be triggered to become anxious or upset, and the most effective techniques for supporting them to become calm and settled. The details focused on the individual resident and gave clear information to staff about how to provide the most effective support.

There were clear systems in place to manage residents' money. If the HSE was a pension agent for residents they had access to their money through a clear process. Where pocket money was being held in the centre there were clear records of deposits and withdrawals. Each entry was double signed. One balance was cross checked and found to be correct.

**Judgment:**
Compliant

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### Outcome 03: Residents' Rights, Dignity and Consultation

**Theme:**
Person-centred care and support

**Outstanding requirement(s) from previous inspection(s):**
No actions were required from the previous inspection.

**Findings:**
Residents were consulted with and participated in the organisation of the centre, took part in a range of activities and occupations and had their rights and choices respected. However, some improvement was needed to ensure residents privacy and dignity was maintained at all times.

Residents were seen to be making choices about how they spent their time in the centre. This included where they were, what parts of the activity and therapy programme they took part in, and their daily routine. Residents who spoke with the inspector said they were comfortable in the centre, well cared for and had options of how to spend their time, including having time alone in their rooms if they chose.

There was a wide range of opportunities in the centre for residents to engage in activities and meaningful occupation. A number of people were providing activities in the centre. An artist attended for two sessions a week, and the art work completed by residents was displayed around the centre. There was a music therapist in the centre who provided one to one support for residents and ran groups. In the one to one work the therapist would meet with the resident and find out about the music that had been important to them in their lives and try to make it available for them, especially at end of life to support them to feel comfortable and settled. Music from peoples past was also
effective to stimulate memories for people with dementia, and residents were seen singing along to music from the 50s, 60s and from musicals. The group work included a choir which the inspector observed and heard residents singing songs they had learned with the therapist as well as older more familiar tunes. The session was seen to be inclusive of residents with a wide range of needs, engaging for all taking part, and stimulating a range of senses as it included reading songs, listening to instructions, keeping time with the group and singing along to the piano. Residents were seen to be enjoying the session very much. There were also physiotherapy staff in the centre that provided one to one support but also ran groups including an exercise class to support residents to maintain their balance to reduce the risk of falls. Staff were clear on the benefits of movement around the centre and seen supporting residents to get up from chairs and walk around where possible. There was also a ‘Monday club’ which was a tea party where different topics of interest were discussed or presentations were given on a range of subjects.

As well as the main activity program there were groups in each of the units. These ran as an alternative for people who did not want to go to the large activity room, or didn’t like large groups. The sessions were seen to include watching movies, singing to favourite tunes and exercise classes. In each of the units there were televisions, radios, books and magazines for residents who chose to use them. The corridors had also been decorated with tactile displays in some areas for residents to interact with.

Two staff in the centre had received specialist training to review the experience in the centre for people with dementia called ‘dementia care mapping’. The last review had found high levels of residents being actively engaged in things like leisure, exercise, sensory interactions, and opportunities for creative expression. The report from the previous review listed areas for learning that had been shared with all staff. A new review was booked to take place in the month following the inspection to ensure the service continued to maintain the standards for residents with dementia.

Each resident had a clear communication plan in place, and the staff were seen to know each residents needs well. Information was presented in a range of different ways to ensure residents could access it. Posters providing information on the walls were clear and in large print, menus were available in picture versions and residents were seen to have access to written information such as the lyrics for songs in the choir to support memory.

The inspector observed that resident’s views were sought both formally and informally in the centre. Staff were engaging with residents by checking first what they wanted to do, and explaining any support that was being given. Each staff member spoken with expressed the importance of effective and respectful communication including the importance of using positive language and encouragement. Residents were asked what choice of meal, snack or drink they wanted, and were informed about different activities going on in the centre. Their decisions were seen to be respected, for example those choosing not to attend large groups such as the choir. There were also formal surveys carried out, for example to seek the views of people who used the centre for respite, and to seek views on the meals and mealtime experience. There was also a review of the end of life care provided in the centre. It was carried out by seeking feedback from the family. There was also a residents committee meeting every month where subjects
such as activities and the plans for the service were discussed. Actions from these meetings were seen to have been put in to place for example a request was made to meet with the catering department to discuss the menus and this was facilitated and a specific group was set up to review this area run by one of the senior nurses.

There was access to advocacy for residents if they chose, with contact information displayed in prominent places through the centre. Residents were also supported to vote if they chose, with the voting officer attending the centre. There were also religious services in the centre and the rosary was read for those who wished to take part. Resident’s religious preferences and how they chose to follow their religion, if at all, was recorded so it could be supported by staff.

Relatives were seen in the centre throughout the inspection, and residents confirmed they were free to receive them at times that suited them. There were only restrictions where they were agreed.

Due to the way the premises were configured there were some examples where residents’ privacy and dignity was not fully respected. For example in the triple bedrooms the privacy curtains did not fully go around the bed. Access for other residents to go to the bathroom was past the end of the bed where the gap in the curtains was. Further information on the premises is available under outcome 6.

Judgment:
Substantially Compliant

Outcome 04: Complaints procedures

Theme:
Person-centred care and support

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
There was an accessible complaints procedure available in the centre. However improvement was required to the policy and recording of complaints in the centre.

Inspectors spoke with residents and relatives who knew about the process to follow if they needed to make a complaint or give feedback and who they would speak to. The complaints procedure was seen to be displayed in the centre in prominent places through the centre so it could be seen. The posters and information were clear and easy to understand.

The policy set out the procedure to follow when comments or complaints were received, including the process for independent reviews and appeals. However the copy of the policy available named the person in charge as the nominated person, but the posters around the centre named another person. It was also not clear from the policy who was nominated to ensure that complaints were appropriately responded to.
The inspector reviewed any complaints or feedback that had been made. While all were recorded it was not clear from the written information the details of investigations in to the matter, the outcome of the complaint and the complainants satisfaction in one example.

Where complaints had been made actions had been take to make improvements if it was found to be necessary. There was no evidence that making a complaint would adversely affect the residents.

Judgment:
Substantially Compliant

**Outcome 05: Suitable Staffing**

**Theme:**
Workforce

**Outstanding requirement(s) from previous inspection(s):**
The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**
There were appropriate staff numbers with the relevant skills and training to meet the needs of the residents. However one area of recruitment records required improvement.

The staffing levels took in to account the layout of the centre. The person in charge and the assistant director of nursing were supernumerary to the staffing roster. There were two CNMs with oversight of clinical practice in the centre. Each of the three units had a staff team made up of a senior nurse, nurses and health care assistants. The inspector spoke with staff on each of the units and they felt that the staffing needs reflected the needs of the unit, and gave examples where they were increased or shift patterns were changed depending on the needs of both full time and respite residents.

It was notes that agency staff were being used on a regular basis as there were vacancies in the centre. Staff described the process of getting agency staff to cover shifts and confirmed that all vacant shifts were covered. They requested regular staff and stated that they encouraged them to take part in training in the centre so they were familiar with the policies, processes and the needs of the residents. The inspector reviewed the agreements with the agency and saw it provided assurance staff had been recruited using a robust process and garda vetting was in place for all placed in the centre.

There were a range of other staff available to support residents in the centre including two physiotherapists, a social worker, a visiting dietician, visiting pharmacist, and a number of staff supporting the activities program (see outcome 16 for further details). There was also a nurse prescriber available in the centre.

There were housekeeping, catering and administration staff in sufficient quantities to
ensure the needs of residents were being met.

Staff who spoke with the inspector confirmed they had completed all the training required by the provider. One of the CNMs took a lead in practice development and provided regular updates of training dates and future opportunities. Records showed that staff had completed fire safety training or were booked on to a session in the coming weeks. All staff had completed training in protecting residents from elder abuse. Other training courses offered included CPR, manual handling, open disclosure, risk assessment, preventing and responding to challenging behaviours and Safeguarding training.

There were effective recruitment procedures in place in the centre. Staff files of the three most frequent recruits were reviewed. All of these staff files contained the requirements as per Schedule 2 of the regulations with the exception of a complete employment history for two. All nurses employed in the centre were registered with the Nursing and Midwifery Board of Ireland. The person in charge confirmed all staff recently recruited had garda vetting in place. For those in employment for a long time in the centre work was ongoing to ensure it was in place before the end of the year.

All volunteers working in the centre had appropriate checks, including garda vetting prior to commencing their role in the centre.

Judgment:
Substantially Compliant

**Outcome 06: Safe and Suitable Premises**

**Theme:**
Effective care and support

**Outstanding requirement(s) from previous inspection(s):**
Some action(s) required from the previous inspection were not satisfactorily implemented.

**Findings:**
Inspectors found that the centre and grounds were well-maintained with suitable heating, lighting and ventilation. However the premises required improvement.

The statement of purpose described the premises and the description matched the inspectors’ findings.

Residents were accommodated over 3 floors and there was a lift and staircase to all floors so residents could move easily around the centre. The premises had been well maintained and provided a comfortable environment. On the units every attempt had been made to decorate to support orientation and to provide homely domestic size lounge areas for residents to relax in comfortable chairs. Corridors were decorated with art work done by residents, tactile wall hangings, and themes such as Dublin Sports teams, and newborn child items. Signing with pictures and clear words had been used in
the centre to support residents, including those with dementia, to find their way around. Bedrooms had residents’ names, and in some case a picture or objects of reference to help them recognise their room.

The ground floor provided a large communal room with access to a contained garden. The garden had seating and a path for walking, but as it was away from the units residents would not be able to access in independently in most cases. There was also a day centre, main kitchen and offices. The three units contained two single en-suite bedrooms, six twin en-suite bedrooms and one three bedded bedroom with en-suite. Each floor had a treatment room, sluice room, cleaner’s room and two sitting rooms. In addition the second floor has a snoozelene (relaxation) room and a multi-denominational oratory.

Residents had personalised their bedrooms, depending on their own preferences. There was adequate storage for clothing and belongings, and each resident had a lockable storage space and access to a call bell system within reach, and in working order.

The layout of the centre was seen to promote residents dignity and independence of movement in the service, with handrails along the corridors and stairwells. Flooring was non slip and a consistent colour throughout.

There were aids and adaptations available in the centre to meet the needs of the residents. Hoists were available in the centre where people had been assessed as needing that support with their mobility.

The premises did not meet the requirements of the regulations in the following ways:

☐ Adequate recreational space was not provided for residents in the units
☐ Three bedded rooms did not promote residents privacy due to their layout
☐ There was no appropriate space for residents to meet their visitors in private.
☐ There was inadequate storage space for equipment and wheelchairs with bathrooms used to store equipment.
☐ There were no toilets available next to communal areas which meant that residents had to use the bathroom in their bedroom which was some distance away.

The inspector was informed a refurbishment is planned to start on the premises later this year.

Judgment:
Non Compliant - Major
Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

Report Compiled by:

Helen Lindsey
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority
Provider’s response to inspection report

<table>
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<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0000477</td>
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<tr>
<td>Date of inspection:</td>
<td>22/06/2017</td>
</tr>
<tr>
<td>Date of response:</td>
<td>17/11/2017</td>
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Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

Outcome 01: Health and Social Care Needs

**Theme:**
Safe care and support

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:
Examples were seen where there was lack of clarity of the recommended modified diets for residents which could lead to food of the incorrect consistency being provided.

1. **Action Required:**
Under Regulation 05(1) you are required to: Arrange to meet the needs of each resident when these have been assessed in accordance with Regulation 5(2).

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1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
Please state the actions you have taken or are planning to take:
Training for chefs commenced in October 2017 in relation to, modified diets for residents. Modified diets have now been implemented in the Meath Community Unit and there has been positive feedback from residents and staff regarding this issue.

Proposed Timescale: 30/10/2017

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<tbody>
<tr>
<td><strong>Theme:</strong> Person-centred care and support</td>
</tr>
<tr>
<td><strong>The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:</strong> Residential in triple bedrooms were not able to undertake activities in private as curtains provided did not fully go around beds.</td>
</tr>
<tr>
<td><strong>2. Action Required:</strong> Under Regulation 09(3)(b) you are required to: Ensure that each resident may undertake personal activities in private.</td>
</tr>
<tr>
<td><strong>Please state the actions you have taken or are planning to take:</strong> A decision has been made to replace the current curtain rail system in the three bedded rooms and to replace the old curtain rails with a more robust curtain/divider system to ensure maximum privacy for residents. It is envisaged that once the quotations are finalised that the new system will be implemented as soon as possible. This will afford more privacy for residents in the centre.</td>
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<tr>
<td><strong>Proposed Timescale:</strong> 31/12/2017</td>
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<tr>
<td><strong>Theme:</strong> Person-centred care and support</td>
</tr>
<tr>
<td><strong>The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:</strong> One complaint had not been recorded in sufficient detail to identify the action taken, the outcome, and the satisfaction level of the complainant.</td>
</tr>
<tr>
<td><strong>3. Action Required:</strong> Under Regulation 34(1)(f) you are required to: Ensure that the nominated person maintains a record of all complaints including details of any investigation into the complaint, the outcome of the complaint and whether or not the resident was satisfied.</td>
</tr>
<tr>
<td><strong>Please state the actions you have taken or are planning to take:</strong> This requirement has been completed.</td>
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**Proposed Timescale: 26/07/2017**

**Theme:**  
Person-centred care and support

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:  
The policy did not clearly identify a nominated person to oversee the complaints process. There was also conflicting information about who the person was in the centre nominated to deal with complaints.

4. **Action Required:**  
Under Regulation 34(3) you are required to: Nominate a person, other than the person nominated in Regulation 34 (1)(c), to be available in a designated centre to ensure that all complaints are appropriately responded to and that the person nominated under Regulation 34 (1)(c) maintains the records specified under in Regulation 34 (1)(f).

**Please state the actions you have taken or are planning to take:**  
The local policy has been updated to outline management of complaints. Details of all complaints including investigations, outcomes of any action taken and whether the person was satisfied with the outcome are kept in the complaints log in nursing administration.

A complaints protocol has been completed regarding the management of complaints in Community Health organisation (CHO 7). All complaints relating to residents care within the Meath Community Unit are dealt with the Director of Nursing Ms Netta O Doherty.

**Proposed Timescale: 31/12/2017**

### Outcome 05: Suitable Staffing

**Theme:**  
Workforce

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:  
Two examples were seen where staff did not have a full employment history in place, together with satisfactory gaps in employment.

5. **Action Required:**  
Under Regulation 21(1) you are required to: Ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.

**Please state the actions you have taken or are planning to take:**  
This requirement has been forwarded to HR, who has a designated person dealing with this issue to ensure that all aspects of recruitment are followed in line with HSE policy.
Proposed Timescale: 25/08/2017

Outcome 06: Safe and Suitable Premises

Theme:
Effective care and support

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:
There was inadequate recreational space for residents, and a number of residents shared three 3 bedded rooms which did not promote their privacy. There was no private space for residents to meet their visitors in private. There was also inadequate storage space for equipment and wheelchairs and bathrooms were used to store equipment. There were no toilets available next to communal areas which meant that residents had to use the bathroom in their bedroom which was some distance away.

6. Action Required:
Under Regulation 17(2) you are required to: Provide premises which conform to the matters set out in Schedule 6, having regard to the needs of the residents of the designated centre.

Please state the actions you have taken or are planning to take:
A decision has been made to replace the current curtain rail system in the three bedded rooms and to replace the old curtain rails with a more robust curtain/divider system to ensure maximum privacy for residents. It is envisaged that once the quotations are finalised that the new system will be implemented as soon as possible. This will afford more privacy for residents in the centre.

Each floor has two sitting rooms. One is a communal room where residents tend to sit during the day and one sitting room is specifically for visitors. In addition, a small space has been created on the ground floor with tea and coffee facilities to allow relatives to take residents downstairs for privacy.

An audit is currently being undertaken with all equipment in the centre with a view to reconfiguring storage areas on the wards. Once this is complete it is envisaged that adequate storage space for equipment on each floor.

Residents are offered toileting before going to the communal area and this process is reviewed regularly. The availability of toilets next to the communal area will be addressed in the new build in 2021.

Proposed Timescale: 31/12/2017