

**Health Information and Quality Authority
Regulation Directorate**

**Compliance Monitoring Inspection report
Designated Centres under Health Act 2007,
as amended**



Centre name:	The Sheil Community Hospital
Centre ID:	ORG-0000624
Centre address:	College Street, Ballyshannon, Donegal.
Telephone number:	071 985 1300
Email address:	donnaj.reid@hse.ie
Type of centre:	The Health Service Executive
Registered provider:	Health Service Executive
Provider Nominee:	Kieran Doherty
Person in charge:	Donna Gallagher Reid
Lead inspector:	Geraldine Jolley
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	18
Number of vacancies on the date of inspection:	0

About monitoring of compliance

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:

- Registration: under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
- Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgements about the ongoing fitness of the registered provider and the provider's compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

- to monitor compliance with regulations and standards
- to carry out thematic inspections in respect of specific outcomes
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or wellbeing of residents.

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. In contrast, thematic inspections focus in detail on one or more outcomes. This focused approach facilitates services to continuously improve and achieve improved outcomes for residents of designated centres.

Compliance with Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the National Quality 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 ongoing regulatory compliance. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

From:

07 February 2014 09:30

To:

07 February 2014 17:00

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

Outcome 01: Statement of Purpose
Outcome 03: Suitable Person in Charge
Outcome 06: Safeguarding and Safety
Outcome 07: Health and Safety and Risk Management
Outcome 08: Medication Management
Outcome 09: Notification of Incidents
Outcome 11: Health and Social Care Needs
Outcome 12: Safe and Suitable Premises
Outcome 14: End of Life Care
Outcome 15: Food and Nutrition
Outcome 18: Suitable Staffing

Summary of findings from this inspection

This inspection was an unannounced monitoring inspection and was conducted over one day. During the inspection care practice and documentation related to care was reviewed. The inspector talked to residents and visitors about their experiences and contacts with the centre. The inspector observed the overall operation of the service and reviewed the premises layout.

The inspector found that care was provided in a safe manner and that the staff numbers and skill mix was appropriate to meet the needs of residents accommodated. Residents told the inspector that they felt well cared for and said that staff were attentive to their needs. Relatives said that they were welcomed when they came to visit and were kept up to date with changes in their relatives care needs.

The designated centre is now located entirely on the upper floor which has undergone a major refurbishment over the past 2 years. Residents have access to separate sitting and dining areas and sluice, cleaning and bathroom facilities have all been upgraded to appropriate standards. The centre was clean, tidy and well organised when inspected. All areas were comfortably warm. There are bedrooms that accommodate more than two residents and it is a requirement of this report that

the provider advises the Authority on how they will meet the provisions of the Chief Inspector's Regulatory notice of April 2013.

The inspector found that the person in charge and staff team conveyed a very positive attitude to the care of older people. They were knowledgeable about the care needs of all residents and conveyed a commitment to supporting residents to maintain their independence. Residents who were very frail were noted to have appropriate input from staff. There was a programme of social activities available and residents said they enjoyed a variety of social opportunities and were free to participate or not depending on their choice.

There were 8 areas of non compliance outlined in the action plan of the previous inspection conducted in December 2012. These were reviewed during this inspection. The inspector found that six actions had been completed satisfactorily. Two actions that related to the security of the building and aspects care planning were substantially progressed. The inspector found that overall there was good compliance with regulations with some improvements required to care planning particularly in the areas of end of life care and documentation of wound care problems to ensure that care plans accurately reflected residents needs.

The areas for improvement are further discussed in the body of the report .The Action Plan at the end of this report identifies mandatory improvements required to come into compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended).

Section 41(1)(c) of the Health Act 2007 Compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland.

Outcome 01: Statement of Purpose

There is a written statement of purpose that accurately describes the service that is provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.

Theme:

Leadership, Governance and Management

Judgement:

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

The centre now accommodates residents who need long term care on the first floor of the centre. This area has had a comprehensive refurbishment over the past two years. A revised statement of purpose that outlined the way the service is organised and the number of residents that could be accommodated following the refurbishment was required following the last inspection. This action had been completed. A variation to the registration had reduced the number to be accommodated to eighteen and a revised statement of purpose reflected this change. The ground floor is now used to provide short term care for residents who need periods of respite care or who need rehabilitation/ convalescence care before returning home.

Outcome 03: Suitable Person in Charge

The designated centre is managed by a suitably qualified and experienced nurse with authority, accountability and responsibility for the provision of the service.

Theme:

Leadership, Governance and Management

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

The person in charge Donna Reid is the registered person in charge. She has demonstrated during regulatory activity that she has the knowledge, experience and

qualifications to address the responsibilities of this role. She works full-time and is supported in her role by the provider, the service manager for older people and two clinical nurse managers. The clinical nurse managers take responsibility in the absence of the person in charge.

During this inspection she conveyed good knowledge of residents care needs including residents who were particularly frail and had high levels of care needs. In discussions with residents and relatives the inspector was told that she addressed issues before problems arose and resolved concerns promptly.

Outcome 06: Safeguarding and Safety

Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse.

Theme:

Safe Care and Support

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

There had been several changes to the centre that had improved the safety for residents. The entrance and exit doors on the first floor leading to the residential area were secured with a key code on the inside so residents could not walk out in error. There were closed circuit television cameras around the perimeter of the building and exit doors.

There was a policy in place to guide staff on the prevention, detection and management of elder abuse. Staff training records confirmed that staff had completed training in the protection of vulnerable people and the person in charge had identified the staff that required refresher training during 2014. The training programme had been updated and includes an overview of varied situations that can arise and is accompanied by a series of questions to assess staff knowledge when the training session is complete. Staff could outline the reporting and management arrangements that were in place if they had a concern about abuse.

The staff the inspector talked to could describe how they ensured residents safety and conveyed that they felt that ensuring appropriate health and social care, addressing concerns and being alert to changes all contributed to the protection of residents. The policies and procedures that underpinned the protection of residents were readily available for staff to consult if required.

Staff were observed to provide care safely, ensuring their environment was safe and ensuring that there was ready access to their call bell when residents were unsupervised in bedroom areas. Residents in the communal areas of the centre were supervised at all times during the inspection.

Outcome 07: Health and Safety and Risk Management

The health and safety of residents, visitors and staff is promoted and protected.

Theme:

Safe Care and Support

Judgement:

Non Compliant - Moderate

Outstanding requirement(s) from previous inspection:

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

There were a number of health and safety matters outlined for attention during the last inspection. These included:

- Access to the basement and doors not secure
- Rubbish not disposed of efficiently
- Chemicals not stored securely and
- The safety statement was out of date
- The fire door by room 16 was leaking water onto the floor.

The majority of these matters had been addressed. Cleaning materials were noted to be secure and not left unattended when in use and there was no unsafe discarded rubbish. The defective fire door had been replaced. There were some security matters that were receiving attention. External fire doors which provided ease of egress in the event of fire were not alarmed which posed a risk if residents opened these doors. Remedial work to address this and install appropriate alarms was in progress. The visitors' book was noted to have some gaps which meant staff could not be fully aware of who was in the building.

The refurbishment of the centre included the installation of new external fire escapes. Training including simulated fire evacuations via the new escapes had taken place on a number of dates in November 2013 and had included an evacuation with night time staffing levels. The fire alarm, fire equipment and emergency lighting were all serviced on a contract basis and were checked routinely to ensure they were in working order. Clear, concise and organised records of these routine fire safety checks were available for review. In addition, records of the daily fire escape checks were available. The inspector saw that ski sheets were available on residents' mattresses.

The safety statement had been updated in January 2014 and provided information on the responsibility of the employer and staff for the maintenance of a safe environment. The centre has a health and safety committee of senior staff on the site. The issues that are discussed at regular meeting include falls prevention, ensuring the safety of chemicals and while the building works were in progress included discussions on how to maintain a safe, clean environment for residents.

There were appropriate infection control procedures in place. There was access to hand gels and personal protective equipment and these were used by staff when moving from one area to another. Staff informed the inspector that all residents except two had had the influenza vaccine in 2013. A review of three residents medical and prescription records confirmed the administration of the vaccine. Fourteen staff had the vaccine this season and the centre had nominated one of the nurses to promote the take up of the vaccine among staff as part of good infection control practices and in keeping with the Health Service Executive Public Health Guidelines on the Prevention and Management of Influenza Outbreaks in Residential Care Facilities in Ireland.

Moving and handling procedures were noted to be carried out safely. There was ongoing training for staff on this topic with 3 dates for further training scheduled for March, April and May to ensure all staff remained up to date.

Outcome 08: Medication Management

Each resident is protected by the designated centres policies and procedures for medication management.

Theme:

Safe Care and Support

Judgement:

Non Compliant - Minor

Outstanding requirement(s) from previous inspection:

Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:

There was a policy in place for the management of medication. The inspector found that staff were well informed about the medications in use and safe practices were in place for the ordering, storing and administration of medications.

An action plan in the last report identified that prescribing practices required improvements including legible signatures and coordination of times between prescriptions and medication administration charts. These matters had largely been addressed. The inspector found that medications were individually and appropriately signed. Medications that were required in a crushed format were identified and items discontinued were signed off. Emergency medication for situations such as seizures was available and in date. Allergies and sensitivities were described were relevant.

The inspector noted that medication was supplied in the original packaging from the local general hospital. There were some changes that were required to ensure appropriate stocks were maintained such as returning medication that had been supplied for residents no longer in the centre.

There were secure and safe arrangements in place for the management of medication that required special precautions. Controlled drugs were appropriately stored a controlled drugs register was maintained. There was a check of the supply at the beginning and end of each shift and in the sample record and supply reviewed the stock balance and record were correct.

Outcome 09: Notification of Incidents

A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.

Theme:

Safe Care and Support

Judgement:

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

Accidents and incidents were appropriately notified to the Authority. There was a monthly audit of all incidents. The inspector reviewed the December 2013 audit. There had been 8 incidents, one of which had been notified to the Authority. The remaining issues had not resulted in injury or in minor injuries. Falls were audited to determine what improvements or preventative actions could be put in place. The inspector found that reassessments following falls had resulted in alterations such as the use of different beds such as low/low type beds, the use of PVC footplates which were less hazardous than metal and reminders to residents to use the call bell system.

Outcome 11: Health and Social Care Needs

Each residents wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each residents assessed needs are set out in an individual care plan, that reflect his/her needs, interests and capacities, are drawn up with the involvement of the resident and reflect his/her changing needs and circumstances.

Theme:

Effective Care and Support

Judgement:

Non Compliant - Moderate

Outstanding requirement(s) from previous inspection:

Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:

The inspector found that there was a good standard of evidence-based nursing care in place and that appropriate access to medical and allied health care professionals was in place. The arrangements to meet residents' assessed needs were set out in individual care plans which were maintained on a computerised record system. Evidence based assessment tools were used to determine care needs, evaluate progress and to assess levels of risk in areas such as vulnerability to falls, nutrition, the potential to develop pressure area problems and mobility difficulties. Information from the assessment tools was used to inform care plans and to direct the actions of staff. Care plans were reviewed at the required three month intervals and there was information available that conveyed that staff regularly discussed care and progress with residents and family members.

The centre was fully occupied during this inspection. Of the eighteen residents accommodated sixteen were in the maximum to high dependency care categories.

The inspector noted from a review of care records that all residents were seen routinely by their GP, when there was a change in their health condition or when they became unwell. There was evidence of referral to allied services such as speech and language, physiotherapy and occupational therapy. There was also regular access to the chiropodist and appointments were documented.

Where residents had specialist care needs such as mental health problems or dementia there were established links with the team for old age psychiatry. A member of the psychiatric team will visit the centre to review residents on referral from the GP.

There were two action plans in the last report that outlined where improvements were required. The actions included a requirement to set out each residents needs in an individual care plan developed and agreed with the resident and that care plans should be kept under regular review as required by residents changing needs and circumstances and completed at three month intervals. The inspector found that the first action was complete and that care plans were reviewed regularly but that there were some decisions made that were not consistently followed through to ensure staff had up to date accessible information to guide practice. These included decisions in relation to end of life care. There were also deficits in the information on some wound care problems such as the extent of a leg ulcer wound not evident in care records.

There were two wound care problems receiving attention. One pressure area problem had been present when the resident was admitted and following a rigorous wound care plan this was now showing signs of improvement. Residents identified at risk of developing pressure area problems had preventative plans in place. These included

monitoring strategies such as position changes and pressure relieving equipment to minimise risk. The other wound care problem related to a leg ulcer. While there was a care plan in place that described the dressings to be used the extent of the wound was not clear or the frequency of dressing changes.

Each resident's vital signs and weight were checked on a monthly basis. Residents identified at risk had their weight reviewed regularly and were assessed by their doctor and if required the advice of the dietician was sought. Food was fortified or supplements were prescribed to support residents with weight loss problems. Increases in weight were also monitored closely and the inspector saw that the calorie content of nutrition administered through a percutaneous endoscopic gastronomy system had been reduced on the dietician's advice with a good outcome for the resident. Potential complications for insulin administration consequent to the calorie reduction had been identified and monitored.

Restraint assessments had been carried out in all instances where restraints or enablers were in use. There was evidence in records that the use of restraint was based on a consensus professional judgement that this was the most appropriate method to protect the resident and was usually used as a protection from falls.

There was an activity schedule in place and the inspector saw that an activity was scheduled every day during the week. A member of staff had been allocated a homemaker role and her duties included the coordination of activities and ensuring that opportunities for social engagement were provided. The inspector saw that meal times particularly tea and coffee times were used as opportunities for residents to come together to share the news of the day, chat together and read newspapers. Residents told the inspector that they had enjoyed baking cakes and had made a Christmas cake for the unit.

Outcome 12: Safe and Suitable Premises

The location, design and layout of the centre is suitable for its stated purpose and meets residents individual and collective needs in a comfortable and homely way. There is appropriate equipment for use by residents or staff which is maintained in good working order.

Theme:

Effective Care and Support

Judgement:

Non Compliant - Moderate

Outstanding requirement(s) from previous inspection:

Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:

The designated centre is now located on the refurbished first floor of the building. It had

maximum capacity for 18 residents with 17 places devoted to long-term care and one place allocated for respite or end of life care. The refurbishment work on the first floor had created good communal spaces for residents. There was an attractive sitting room, a well organised dining area and an oratory space all of which residents told the inspector they used and enjoyed every day. The standard of cleanliness was observed to be good and all areas were well organised, warm and safe.

Bedrooms were adequately furnished with arm chairs and storage units by residents' beds. Many rooms had been personalised with photographs and residents own belongings. There are shared rooms that accommodate three and six residents and while these rooms have good space and full screens around each bed there are privacy and dignity shortfalls particularly where residents are living here long term. It is a requirement of this report that the provider outlines how the centre will address the Chief Inspectors regulatory notice in respect of premises which was issued to them in April 2013.

Outcome 14: End of Life Care

Each resident receives care at the end of his/her life which meets his/her physical, emotional, social and spiritual needs and respects his/her dignity and autonomy.

Theme:

Person-centred care and support

Judgement:

Non Compliant - Minor

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

The inspector was satisfied that care at end of life was provided to a high standard that ensured residents' comfort and met their care needs. In the sample of care records reviewed the inspector found that end of life care wishes had been discussed with residents and where this was not possible with family members. There was information in some records that indicated that residents' wishes and family discussions had contributed to end of life care plans. There was an end of life care policy to guide staff.

At the time the inspection there was one resident receiving end of life care. The care plan outlined her needs to be comfortable, pain free and to remain in the centre. The inspector saw that family members were welcomed throughout the day and were being supported by nurses and carers. Staff told the inspector that relatives and visitors were always accommodated and facilitated to stay in the centre as long as they wished when residents were ill or at end of life. There was evidence of regular reviews in respect of pain relief, specialist equipment and general comfort in nursing records. Spiritual care was provided according to residents' wishes and normal practices.

The inspector reviewed two care records where non active interventions to prolong life had been outlined. While there was information in one record that indicated that this had been a multidisciplinary decision the information in the other record was not as comprehensive and did not fully outline the decisions that had been made or when they had been made. The policy on end of life care was reviewed and while it provided guidance on a range of aspects related to end of life care it needed revision to include the procedures for making decisions on non active interventions, indicators for referral to the palliative care team and indicators for when end of life care became care of the dying.

The care and nursing staff were regarded by residents and relatives as caring and compassionate. The inspector heard many positive comments that described how staff enabled residents to make choices and accommodated these choices in day to day care. Relatives also said that staff developed good relationships with them and had effective communication methods in place to ensure they were informed of changes when residents' care needs fluctuated.

Outcome 15: Food and Nutrition

Each resident is provided with food and drink at times and in quantities adequate for his/her needs. Food is properly prepared, cooked and served, and is wholesome and nutritious. Assistance is offered to residents in a discrete and sensitive manner.

Theme:

Person-centred care and support

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

This outcome was not reviewed in detail. The inspector saw that the Health Service Executive guidance on nutrition management was available for staff.

The inspector found that the nursing staff monitored the nutritional status of residents. Residents' dietary needs were assessed and appropriate action taken to ensure that residents had a varied and interesting diet. There was a menu choice each day and the inspector saw that food was available outside of mealtimes if residents wished to eat at other times. Staff were observed to assist residents at mealtimes in a way that protected their dignity and privacy. Plenty of time was allowed to enable residents to eat in comfort at their own pace. Residents were able to have meals in the dining room or in bedrooms if that was their choice. Meals were noted to be presented well and looked appetising. Residents who needed encouragement or assistance to eat were well supported by carers who attended to them at meal times.

Outcome 18: Suitable Staffing

There are appropriate staff numbers and skill mix to meet the assessed needs of residents, and to the size and layout of the designated centre. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.

Theme:

Workforce

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

The inspector found that the centre had a dedicated and committed staff team. Carers and nurses had a good knowledge of residents' care needs, choices and preferences and were able to describe for the inspector how individual choices and expectations were met.

The inspector examined the staff duty rota for a two week period. This described the staff complement on duty over each 24-hour period. The inspector noted that the planned staff rota matched the staffing levels on duty. The care staff team was supported by the centre administrator, maintenance staff, catering and cleaning staff. Residents said that they felt safe in the centre and said that staff responded to their requests for assistance when required.

In addition to the person in charge there were two nurses and two carers on duty each day to meet the needs of eighteen residents. The person in charge was on duty until 17.00 or 18.00 hours each day. After 17.00 hours until 20.00 hours there were two nurses and one carer on duty. At night one nurse and one carer was available. The inspector concluded that the current staffing levels were adequate to meet the needs of residents taking in to account the additional member of staff allocated to the activity role.

There was evidence that staff had been provided with training opportunities. The training records confirmed that staff had attended training on a range of topics. In addition to the mandatory topics such as elder abuse, moving and handling and fire safety staff had attended training on dementia care, infection control and excellence in care which had covered topics such as the aging process, the legislation that applies to designated centres, discharge planning and audit and monitoring aspects of the service. Nursing staff update medication management training regularly the inspector was told. The outline of the training programme and the number of staff who needed refresher training in particular topics during 2014 was available. It included staff that required refresher training in the mandatory topics of elder abuse, moving and handling and fire safety.

Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings, which highlighted both good practice and where improvements were required.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of the residents, relatives, and staff during the inspection.

Report Compiled by:

Geraldine Jolley
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	The Sheil Community Hospital
Centre ID:	ORG-0000624
Date of inspection:	07/02/2014
Date of response:	13/03/2014

Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure Compliance with Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland.

Outcome 07: Health and Safety and Risk Management

Theme: Safe Care and Support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

All external doors were not alarmed to alert staff if residents left the building.

The visitors' record was not fully up to date.

Action Required:

Under Regulation 31 (4) (a) you are required to: Take all reasonable measures to prevent accidents to any person in the designated centre and in the grounds of the designated centre.

Please state the actions you have taken or are planning to take:

The new external upgraded fire doors which have recently been installed will have alarms attached to them that will alarm should the doors be open unintentionally.

The visitor's book has been relocated within view off all visitors entering and leaving the

¹ The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.

residential centre. Extra signage has been put up to advertising its importance. Staff will encourage all visitors to sign the book.

Proposed Timescale: 01/05/2014

Outcome 08: Medication Management

Theme: Safe Care and Support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

Medication no longer required for the resident it had been prescribed for had not been returned to the pharmacy.

Action Required:

Under Regulation 33 (2) you are required to: Put in place suitable arrangements and appropriate procedures and written policies in accordance with current regulations, guidelines and legislation for the handling and disposal of unused or out of date medicines and ensure staff are familiar with such procedures and policies.

Please state the actions you have taken or are planning to take:

Medication has been returned to the pharmacy and the policy has been reinforced to all staff.

Proposed Timescale: 08/02/2014

Outcome 11: Health and Social Care Needs

Theme: Effective Care and Support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

While there were care plans in place that described wound care problems and the dressings to be used the extent of the wound was not clear or the frequency of dressing changes.

End-of-life care plans needed revision to outline all decisions made regarding end-of-life care.

Action Required:

Under Regulation 8 (1) you are required to: Set out each resident's needs in an individual care plan developed and agreed with the resident.

Please state the actions you have taken or are planning to take:

Care plan training will be provided to the Nursing Staff on the importance of recording very clear and precise information in the residents care plan in relation to wound care and end of life care.

Proposed Timescale: 30/05/2014

Outcome 12: Safe and Suitable Premises

Theme: Effective Care and Support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

There are two bedrooms that accommodate more than two residents, one bedroom accommodated three residents and another accommodated six residents. This provision must be reviewed in accordance with the Chief Inspector's Regulatory Notice of 2013 on premises and physical environment.

Action Required:

Under Regulation 19 (3) (a) you are required to: Ensure the physical design and layout of the premises meets the needs of each resident, having regard to the number and needs of the residents.

Please state the actions you have taken or are planning to take:

The long term plan for the Sheil Hospital is for the development of a new Community Hospital in Ballyshannon which will replace the Sheil and the Rock Units. National approval has been given to begin the process of recruiting a design team.

Within the constraints of the existing building significant efforts have been made to improve the quality of life and privacy of clients and to meet Standard 25.

Bed numbers have been reduced from 21 beds to 17 residential beds. Increased space has been provided for each resident and additional en suite, bath and toilet facilities have been provided.

Dining areas have been upgraded and additional sitting areas provided and opportunities for residents to use garden facilities developed.

Proposed Timescale: 2018

Outcome 14: End of Life Care

Theme: Person-centred care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

The policy on end-of-life care provided guidance on a range of aspects but it needed revision to include the procedures for making decisions on non-active interventions, indicators for referral to the palliative care team and indicators for when end-of-life care became care of the dying to effectively guide staff.

Action Required:

Under Regulation 14 (1) you are required to: Put in place written operational policies and protocols for end of life care.

Please state the actions you have taken or are planning to take:

The End Of Life Care policy will be revised locally to in-corporate guidance to assist staff in making a clinical decision in deciding when end of life care should become care of the dying resident.

Proposed Timescale: 30/06/2014