

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	The Sheil Community Hospital
<b>Centre ID:</b>	OSV-0000624
<b>Centre address:</b>	College Street, Ballyshannon, Donegal.
<b>Telephone number:</b>	071 985 1300
<b>Email address:</b>	donnaj.reid@hse.ie
<b>Type of centre:</b>	The Health Service Executive
<b>Registered provider:</b>	Health Service Executive
<b>Provider Nominee:</b>	Kieran Doherty
<b>Lead inspector:</b>	Geraldine Jolley
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Unannounced
<b>Number of residents on the date of inspection:</b>	18
<b>Number of vacancies on the date of inspection:</b>	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 judgments 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 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.**

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 1 day(s).

**The inspection took place over the following dates and times**

From: 09 October 2014 08:30 To: 09 October 2014 16:30

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

Outcome 02: Governance and Management
Outcome 08: Health and Safety and Risk Management
Outcome 09: Medication Management
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 part of a themed inspection programme specifically looking at two areas of care practice end of life care and food and nutrition. The inspection was unannounced. The inspector talked to residents and staff and reviewed documents related to care, medication, risk monitoring when exploring aspects of both outcomes. The personal care and treatment plans for a number of residents were reviewed and the inspector checked the arrangements in place at varied stages of treatment and care including the management of weight fluctuations, swallowing problems and terminal care. Training records, care plans, medication management charts and menus were reviewed. The day to day delivery of care and the service of meals were observed.

The care and treatment plans for residents were based on an initial assessment of their needs and where required involved a number of healthcare professionals including doctors, nurses, occupational therapists and physiotherapists. For example, where someone had been assessed as being at risk of poor nutritional intake or swallowing problems dieticians and speech and language therapists had undertaken assessments and provided staff with guidance about how this particular care need could be effectively addressed.

The inspector spoke to staff at all levels and they were clear about the importance of

maintaining and respecting resident's dignity and privacy. Staff were observed to treat residents with kindness and respect and residents confirmed that staff treated them professionally and were "helpful and cheerful always". Residents appeared comfortable and were seated in varied types of chairs and were appropriately dressed. Screens were closed around beds in shared rooms to maintain privacy when care was in progress and staff spoke quietly and clearly when engaging with residents. There was evidence in resident's notes that pain was being managed appropriately. Specific pain monitoring assessments were undertaken by nurses and these formed part of the initial and ongoing assessment of all residents. Two male residents said that staff checked if they had pain, made them comfortable particularly when they were doing dressings and checked at varied times if they needed medication for pain. A visitor told the inspector that nurses generally kept families up to date with what was happening and said they regularly contacted them when changes in their relatives condition was evident.

In preparation for the thematic inspection programme providers and persons in charge had the opportunity to attend an information seminar, received evidenced-based guidance and completed a self-assessment in relation to both outcomes. The inspector reviewed the centres policies and analysed surveys that relatives had submitted to the Authority prior to the inspection. The person in charge who completed the self assessment tool judged that the centre had minor non compliances in relation to both outcomes and the inspector's findings were that the centre had minor non compliances in relation to both outcomes. The preparation of meaningful end of life care plans was in progress and had been completed for some residents. While there was evidence of good standards of care in place the care plans required improvement to effectively guide practice as many contained general comments on what could be done and not resident's expressed wishes for their end of life care management. Staff were well informed about nutrition and had good arrangements in place to ensure residents had appropriate diets however few staff had training on this topic and the inspector judged that this required attention in view of the high dependency needs of residents. The action plan at the end of this report outlines the areas where improvements are required to ensure compliance with the Health Act 2007(Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and National Quality Standards for Residential Care Settings for Older People in Ireland.

While the thematic inspection focused on two outcomes as described above, there was a requirement for the inspector to review matters arising from the action plan related to the previous inspection. This had taken place on 7 February 2014. Five actions had been outlined in respect of improvements to the security of the premises, medication no longer required not returned to the pharmacy, wound care records and premises issues particularly communal bedrooms. The inspector found that three actions were fully complete and that plans were in place or being devised to address the premises issues. These matters are discussed in the body of the report.

**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 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.**

***Outcome 02: Governance and Management***

*The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems and sufficient resources are in place to ensure the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability.*

**Theme:**

Governance, Leadership and Management

**Outstanding requirement(s) from previous inspection(s):**

No actions were required from the previous inspection.

**Findings:**

There had been a change to the governance and management of the centre since the previous inspection. The person nominated person to act as provider on behalf of the Health Service Executive had changed. The reporting arrangements remained the same and the person in charge continued to report to the service manager for older people who in turn reported to the provider. The appropriate notification had been provided to the Authority.

**Judgment:**

Compliant

***Outcome 08: Health and Safety and Risk Management***

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

**Theme:**

Safe care and support

**Outstanding requirement(s) from previous inspection(s):**

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

**Findings:**

An action plan in the last report described deficits in security as the external doors were not alarmed to alert staff if anyone left the building and the visitors' record was not up to date which further compromised security. The inspector found that the visitors' record was completed more fully but that the work on the alarms for the external doors had not been completed. This work was planned but had not commenced. This action is repeated at the end of this report. The present arrangements at exit doors present a risk

as the doors open easily to support an exit in the event of an emergency however residents could easily open the door and there is no alert to inform staff that someone has left the building.

**Judgment:**

Non Compliant - Moderate

**Outcome 09: Medication Management**

*Each resident is protected by the designated centre's policies and procedures for medication management.*

**Theme:**

Safe care and support

**Outstanding requirement(s) from previous inspection(s):**

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

**Findings:**

An action plan in the last report identified that medication no longer in use had not been returned to the pharmacy. The procedure for the return of all unused medication had been reiterated to staff according to the clinical nurse manager and person in charge. There was an audit programme in place to identify non compliance with the centre's policy and procedures for medication management and all medication not required was now returned to the pharmacy and a record of this was maintained.

**Judgment:**

Compliant

**Outcome 11: Health and Social Care Needs**

*Each resident's wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. The arrangements to meet each resident's 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:**

Person-centred care and support

**Outstanding requirement(s) from previous inspection(s):**

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

**Findings:**

The inspector found that the health care needs of residents were met to a satisfactory standard. There are two distinct units in the Sheil Community Hospital. The designated centre is located on the upper floor of the building and provides general care to 18 older

people including end of life and palliative care. The other unit is dedicated to respite/rehabilitation and convalescence care. The inspector found that standards of nursing practice were good and residents had access to appropriate medical and allied healthcare professionals. Care and nursing staff were well informed and could outline residents' abilities and their health care needs.

At the time of inspection the centre was fully occupied. The majority of residents had complex medical needs and 80% were assessed as maximum dependency. The inspector found from reviewing care records and observing care practice in this unit that many residents needed high levels of care and emotional support. There was good access to medical practitioners in the local area and there was evidence that residents were regularly reviewed by doctors. Residents also had access to dietician, physiotherapy and chiropody services. In the review of care plans the inspector found they contained details of referrals and appointments with the various allied health professionals.

An action plan from the last report required that improvements were made to the care plans for wound care as necessary information to guide staff such as information on the extent of the wound and the frequency of dressing changes were not evident. The inspector reviewed the care plan for a wound care dressing for leg ulcers to assess compliance and found that there was appropriate information outlined in wound care plans to guide staff. Records outlined the size and extent of the tissue damage, the dressings in use and the changes /progress evident each time the dressing was renewed. Staff were well informed on wound care practice. There was a wound management policy which guided the staff in the prevention and management of wounds.

There were some residents with behaviours that challenged and these included resistances when personal care was in progress and reluctance to take diet and medication. Residents were noted to be closely supervised and the high levels of observation in place were supported by medical reviews and by medication changes. These interventions had resulted in improved outcomes for residents.

Residents had opportunities to participate in meaningful activities, appropriate to their interests and preferences. There were two staff who shared a full time "home maker" role and varied activities were organised each day according to residents' choice. Baking, music and singing were among the more popular activities residents told the inspector. There was evidence that residents who were highly dependent had one to one contact with staff. The inspector noted staff talking to residents and engaging positively with them in all areas of the centre.

**Judgment:**  
Compliant

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**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. The premises, having regard to the needs of the residents, conform to the matters set out in Schedule 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.*

**Theme:**

Person-centred care and support

**Outstanding requirement(s) from previous inspection(s):**

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

**Findings:**

The communal layout of some bedrooms that accommodate three and six residents does not meet the Authority's standards or the Chief Inspector's Regulatory notice issued in 2013. It was a requirement in the last report and in previous reports that the physical layout of the premises be provided in a way that meets the needs of each resident, having regard to the number and needs of residents. This action was not addressed but the inspector has been informed there are plans under discussion to address the issue of shared bedrooms that accommodate more than two residents.

**Judgment:**

Non Compliant - Moderate

**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

**Outstanding requirement(s) from previous inspection(s):**

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

**Findings:**

The inspector was assured that there were satisfactory systems in place to ensure that end of life care was appropriately and safely managed and that access to specialist support from doctors and palliative care services was readily accessible when required. The self-assessment of compliance identified a minor non-compliance with Outcome 14- End of Life Care and Standard 16. This minor non-compliance referred to the need for more comprehensive care plans to guide staff when addressing individual wishes at end of life. The inspector found that staff had made good progress with this and while some



care plans were generic and lacked detail on specific end of life wishes, there were others that described in good detail the manner residents and families wished end of life care to be managed.

Residents' care records are maintained on a computer programme. The inspector saw instances where staff had captured very personal views and wishes related to end of life care. In instances where residents had memory problems or dementia they continued to be involved in their care plans and family members also made contributions which were recorded. The inspector talked to four residents and discussed their care needs and how they were being addressed. The choices and wishes they expressed to the inspector were captured in their respective care plans. There was evidence to indicate that staff discussed and reflected on how well the care planning for residents at end of life was implemented. The clinical nurse manager and staff nurses on duty were very familiar with all residents and the particular wishes of some residents regarding their end of life care. There was a high level of knowledge conveyed about how to physically care for a resident at end of life and staff voiced how it was a privilege to be there for residents and their families at this time. There were some care plans that were not adequately specific to guide practice and the staff were aware of this and were working to ensure that this was rectified through more effective discussion with residents and families. For example some care records described in general terms the support that would be provided and there was an absence of personal wishes and views on end of life care outlined.

The inspector reviewed the centre's policy on end-of-life care and noted that the policy was up to date, robust and comprehensive. It had been revised to include procedures for the verification of death, indicators for referral to palliative care services, the process for the return of possessions and symptoms to indicate when end of life care becomes care of the dying. Eleven residents had died in the centre in the last two years and questionnaires, asking relatives' opinions regarding end-of-life care had been sent to relatives. The response rate was 60%. All responses reflected a high level of satisfaction with the care received. Without exception responses commented on the kindness and professionalism of staff, the support provided to family members and how this had helped the family in their bereavement.

There was evidence that residents received care which met his/her physical, emotional, social and spiritual needs. Residents who spoke to the inspector were positive about the care provided and said that they regularly had opportunity to talk about their care needs and progress. Some residents stated that in the event of becoming unwell, they would like to go to the acute services while other residents stated that they would prefer to stay in the centre. This information was captured in the residents' care plans. Residents who had a high level of care needs were noted to have appropriate attention during the inspection day. Family members were noted to visit and support their relative and their contributions to care were encouraged and welcomed by staff. The health care staff spent time with residents who were very frail and spent long periods in bed and provided comfort and engagement by talking to them, undertaking activities such as hand massage and passive exercises as their condition allowed. This has proved to be therapeutic and very satisfying for residents and staff.

Staff training records indicated that staff were involved in regular training on end of life care. Health care staff completing Further Education and Training Awards (Fetac) level 5

had included a module on end of life care. One of the staff nurses had completed a recognised palliative care course and the remainder had completed or were scheduled to complete the Health Service Executive Essence of care training which included end of life care.

Religious and cultural practices were facilitated and residents had the opportunity to attend religious services held in the centre. The centre's policy included guidance for staff on a range of cultural/religious practices and particular activities to be observed at end of life. Staff conveyed a high level of knowledge about varied religions and practices. Family and friends were facilitated to be with the resident approaching end of life. There was an oratory area in the centre where residents could pray or spend time quietly.

The centre had a number of multi occupancy rooms but there were single rooms that could be used for end of life care. Tea/coffee/snacks facilities were provided for families and relatives confirmed this in the questionnaires they sent to the inspectorate. Open visiting was encouraged and families were supported to remain in the centre overnight if they wished.

There was evidence in residents' care plans that residents had choice as to the place of death. The inspector reviewed a sample of care plans and noted that the residents had timely access to the general practitioner (GP) and the out-of-hours service and specialist services. Nurses confirmed that there was a good working relationship with the local palliative care service, when required. One resident was in receipt of palliative care at the time of inspection. Documentation indicated that, within the last two years, all deceased residents had their end-of-life care needs addressed without the need for transfer to an acute hospital. There was evidence that medication management was regularly reviewed and closely monitored by the GP, pharmacist and nursing staff. There were records of residents' wishes regarding resuscitation in the event of a medical crisis and clinical decisions made in relation to this which were noted to be reviewed and revised at three month intervals. All staff have regular heart saver training. The person in charge stated that upon the death of a resident, his/her family or representatives were offered practical verbal information on what to do following the death and on understanding loss and bereavement. Staff had recognised symbols to use when end of life care was in progress to alert others, ensure that noise levels were kept to a minimum and that privacy and dignity was fully respected.

There was a protocol for the return of personal possessions. The clinical nurse manager said that the return of possessions was discussed with family members and staff were guided by their decisions.

**Judgment:**

Non Compliant - Minor

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**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

**Outstanding requirement(s) from previous inspection(s):**

No actions were required from the previous inspection.

**Findings:**

The inspector reviewed the person in charge's self-assessment questionnaire and the overall self assessment of compliance with Regulation 18 and Standard 19. The person in charge had assessed the centre as having a minor non compliance. Staff that the inspector spoke to were knowledgeable about the contents of the policies around food and nutrition. A random sample of resident records were examined and all had nutritional assessments and care plans in place. On the day of inspection, based on the information in records, staff knowledge and the views of residents the inspector judged the centre to have good arrangements in place to ensure appropriate diet and nutrition for residents however a minor non compliance with the outcome on staffing was judged to be appropriate as very few staff had the benefit of training in aspects of good nutrition management. This judgement was also made in the context of the high dependency and complex care needs of residents and is outlined under outcome 18.

The centre had up-to-date policies on food and nutrition. They were robust and comprehensive and provided staff with appropriate guidance of the actions to take should nutrition risk become evident from nutrition scores or weight changes. The environmental health officer (EHO) reports were available for inspection and issues raised were addressed.

The inspector observed mealtimes including breakfast, lunch and morning and afternoon tea times. Residents had the option of having their breakfast served in bed, at their bedside or in the dining room and at a time of their choosing. Snacks and hot and cold drinks including cranberry juice, orange juice and fresh drinking water were readily available throughout the day. The inspector noted that staff numbers were adequate to meet the needs of the residents during mealtimes. The person in charge had introduced a "home-maker" role for 2 staff aimed at ensuring coordination between catering and care staff at meal times, improving the service of meals and ensuring that residents had menu choices fully explained to them. Residents were appropriately assisted during meal times. Six residents needed substantial help and this was provided in a sensitive and appropriate manner. Light snacks were available throughout the day. These included sandwiches and a range of baked breads, scones and cakes which were freshly baked each day.

Assistive cutlery and crockery, required for resident with reduced dexterity, was

available. The inspector observed how this facilitated residents to remain independent while eating their meals. Referral to the occupational therapist and physiotherapist was carried out according to the assessed need for this service. The inspector discussed food and mealtimes with residents and they were complementary about the food on offer in the centre. The inspector met with the catering staff who confirmed that they discuss any changes required with the home-makers so that residents have appropriate diets pertinent to their nutrition needs. There was evidence that food choices and preferences, residents experiencing weight loss/gain were discussed at handover meetings and that this information informed residents' care plans, referrals for specialist assessment and changes to their diets.

Staff had in-depth knowledge of residents' likes and dislikes and particular dietary requirements. A four weekly menu was in operation. There was evidence that there was a choice available to residents for breakfast, lunch and evening tea. The lunch and tea menu included a choice each day. The tea menu included cooked options. Fruit formed an integral part of the diet and was included as a fresh fruit choice and as part of cooked desserts. There was evidence that the catering staff sought feedback from the residents with regard to the meals served.

Documentation reviewed during the inspection confirmed that four residents were on diabetic diets, five had food served in modified consistency, one diet was liquidised and there were low salt and low calorie foods prepared for a further two residents. A sample of medication administration charts reviewed showed that nutritional supplements prescribed by the general practitioner for residents were administered as prescribed.

Lunch was served from 12.30 onwards in the dining room or if residents preferred in their rooms. The inspector noted that lunch, in sufficient portions, was plated and presented in an appetising manner. On the day of the inspection, residents using the dining room described how much they liked having their meals there as it was an attractive comfortable room. Residents voiced how the lunch was tasty, lovely and hot. Staff were observed assisting residents, particularly residents with a cognitive impairment, in a sensitive and discreet manner. Meal times were unhurried and staff were observed using the time as an opportunity to communicate, engage and interact with residents. Staff described/reminded residents of what was on the menu before it was served. Relatives who wished to have meals with residents were facilitated to do this.

**Judgment:**

Compliant

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**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. The documents listed in Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are held in respect of each staff member.*

**Theme:**

Workforce

**Outstanding requirement(s) from previous inspection(s):**

No actions were required from the previous inspection.

**Findings:**

Staff were found to be very knowledgeable about residents care needs and were noted to be compassionate and sensitive in their discussions about residents. While several had training on aspects of end of life care, very few were recorded as having formal training on nutrition management and in view of the high dependency of residents and their complex medical conditions it is a requirement of this report that training on this topic is provided to staff according to their roles and responsibilities.

**Judgment:**

Non Compliant - Minor

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**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:**

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 report<sup>1</sup>

<b>Centre name:</b>	The Sheil Community Hospital
<b>Centre ID:</b>	OSV-0000624
<b>Date of inspection:</b>	09/10/2014
<b>Date of response:</b>	14/01/2015

### 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 08: 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.

**Action Required:**

Under Regulation 26(1)(b) you are required to: Ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to control the risks identified.

<sup>1</sup> 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:**

The plan is to address this by installing alarms

**Proposed Timescale:** 31/03/2015

**Outcome 12: Safe and Suitable Premises**

**Theme:**

Person-centred 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 accommodates three residents and another accommodates six residents. This layout and provision must be reviewed in accordance with the Chief Inspector's regulatory notice of 2013 on premises and physical environment.

**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:**

The long term plan for the Sheil Hospital is for the development of a new Community Nursing Unit in Ballyshannon which will replace the Sheil and the Rock nursing units. National approval has been given and the process of design has commenced.

Within the constraints of the existing building significant efforts have been made to improve the quality of life and privacy of residents 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:** 01/06/2018

**Outcome 14: End of Life Care**

**Theme:**

Person-centred care and support

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

In some instances the information recorded in end of life care plans did not inform staff appropriately on how care should be provided in accordance with residents wishes.

**Action Required:**

Under Regulation 13(1)(a) you are required to: Provide appropriate care and comfort to

a resident approaching end of life, which addresses the physical, emotional, social, psychological and spiritual needs of the resident concerned.

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

Since the inspection all staff Nurses have received 'Care plan training' which has addressed the issue of staff being appropriately informed of end of life care in accordance with residents wishes.

**Proposed Timescale:** 12/12/2014

**Outcome 18: Suitable Staffing**

**Theme:**

Workforce

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

Few staff had training on nutrition management.

**Action Required:**

Under Regulation 16(1)(a) you are required to: Ensure that staff have access to appropriate training.

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

Training has been scheduled for the remaining staff on the 4/02/2015 and 4/03/2014

**Proposed Timescale:** 04/03/2015