<table>
<thead>
<tr>
<th>Centre name:</th>
<th>Kilbrew Recuperation and Nursing Care</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0000143</td>
</tr>
<tr>
<td>Centre address:</td>
<td>Curragha, Ashbourne, Meath.</td>
</tr>
<tr>
<td>Telephone number:</td>
<td>01 835 8900</td>
</tr>
<tr>
<td>Email address:</td>
<td><a href="mailto:info@kilbrew.eu">info@kilbrew.eu</a></td>
</tr>
<tr>
<td>Type of centre:</td>
<td>A Nursing Home as per Health (Nursing Homes) Act 1990</td>
</tr>
<tr>
<td>Registered provider:</td>
<td>Kilbrew Recuperation and Nursing Care Limited</td>
</tr>
<tr>
<td>Provider Nominee:</td>
<td>James Keeling</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>Ciara McShane</td>
</tr>
<tr>
<td>Support inspector(s):</td>
<td>None</td>
</tr>
<tr>
<td>Type of inspection:</td>
<td>Unannounced</td>
</tr>
<tr>
<td>Number of residents on the date of inspection:</td>
<td>70</td>
</tr>
<tr>
<td>Number of vacancies on the date of inspection:</td>
<td>4</td>
</tr>
</tbody>
</table>
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, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 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 following receipt of unsolicited information. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 05 November 2015 09:30
To: 05 November 2015 14:30

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

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Our Judgment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outcome 11: Health and Social Care Needs</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 13: Complaints procedures</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 17: Residents’ clothing and personal property and possessions</td>
<td>Compliant</td>
</tr>
</tbody>
</table>

Summary of findings from this inspection

The inspection, which was unannounced, took place over one day as a result of unsolicited information received by the Authority. The information related to care and welfare issues in addition to complaints and resident’s personal possessions.

The inspector reviewed documentation including policies and information with resident's files in addition to the centres policies and procedures. The inspector also reviewed training records, the complaints log and spoke with nursing and housekeeping staff as well as the person in charge.

The inspector, from a review of the above sources, found that the aspects of care and welfare which were reviewed ensured resident's needs were met. The inspector also found that complaints were being recorded and dealt with in line with the centre's policy and procedure. A record of resident's personal possessions were also found to be maintained in each resident's file and should any of these items go missing a system was in place to find same. The inspector concluded the information received into the Authority was unsubstantiated.
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 Quality Standards for Residential Care Settings for Older People in Ireland.

**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:**
Effective care and support

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

No actions were required from the previous inspection.

**Findings:**

The inspector reviewed a sample of four resident’s files which contained their assessments and on-going care needs in addition to other information including, but not limited to, their daily notes and admission information.

The inspector reviewed the care plans in relation to the management of wounds and ulcers. From a review of the resident's files the inspector found the plan of care and related actions met the needs of the resident. For example where a small number of residents were seen to require specific support in relation to skin integrity appropriate care had been prescribed and administered. The inspector found that initially wound assessments had taken place and a wound management plan then implemented. Other risk factors such as mobility or lack thereof had been taken into account. Waterlow assessments, pain assessments and an assessment using the Malnutrition universal Screening Tool (MUST) were completed and reviewed regularly. Manual handling plans were also put in place to support the wound management plans. One resident for example was been assisted to reposition every two hours and corresponding checklists completed. Pressure relieving equipment such as mattresses and cushions were in use. Wound care plans also specified the necessity to elevate resident’s legs to prevent occurrences such as oedema and to promote circulation.

The inspector, from a review of the resident's file and type of wound or ulcer, found that appropriate dressings were being used. For example where a resident had an ulcer a non adherent dressing was being used with a secondary bandage being used also. Dressings were changed for the most part every three days or more frequently if required. The nursing staff took measurements of the wounds and recorded other information relating to the wound area such as odour and the condition of the surrounding skin. Barrier cream was used at times to protect the surrounding skin and
where skin was particularly dry and posed as a risk daily moisturiser was prescribed and administered.

Where necessary the inspector saw that referrals had been made to the dietician and plans of care put in place such as an increase in protein to promote tissue granulation. Tissue Viability Nurses were also sourced when required which for the most part were sourced through the general practitioner. The general practitioner also reviewed residents as requested who had difficulty with skin integrity, For example the inspector saw documented a resident who was reviewed 6th of October 2015. The nursing team had received training in wound management in May 2015.

Judgment:
Compliant

Outcome 13: Complaints procedures
The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.

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 complaints policy, the complaints log and spoke with staff regarding the management of complaints and found appropriate systems to be in place. The inspector found there was a complaints policy in place that staff were familiar with. The person in charge was the complaints officer and had responsibility for reviewing and investigating complaints.

The inspector reviewed the complaints log and found that four complaints were made over the past six month period. Three of the complaints were resolved locally and within acceptable timeframes and to the satisfaction of the complainant. A fourth complaint was in the process of being resolved and had not been closed off at the time of inspecting. For the most part the inspector found complaints were dealt with in a speedy manner and learning was identified. For example a resident complained about his/her choice of meals and that there tea was cold. The chef was informed by a staff member and proceeded to meet with the resident. This resulted in a new meal time plan for that resident and the recognition that further training was required for catering staff.

Judgment:
Compliant
### Outcome 17: Residents’ clothing and personal property and possessions

Adequate space is provided for residents’ personal possessions. Residents can appropriately use and store their own clothes. There are arrangements in place for regular laundering of linen and clothing, and the safe return of clothes to residents.

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

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

No actions were required from the previous inspection.

**Findings:**
The centre was found to respect resident's personal possessions.

On admission to the centre an itinerary of personal possessions was recorded and maintained in each resident's file. As new items were purchased these were added on to the list. If they were items such as, labels were placed on them as to ensure they were returned to the correct resident. The inspector spoke with housekeeping staff who explained if items did go missing there was a protocol in place to find same. The inspector was told that where items had been mislaid they were usually found. On a recent occasion the item could not be found. However, the provider reimbursed the resident for the item.

The centre had a policy in relation to supporting residents maintain their personal possessions.

**Judgment:**
Compliant

---

### 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:**

Ciara McShane  
Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority