Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Report of an inspection of a Designated Centre for Older People.

Issued by the Chief Inspector

Name of designated centre:	Killure Bridge Nursing Home
Name of provider:	Killure Bridge Nursing Home Limited
Address of centre:	Airport Road, Waterford
Type of inspection:	Unannounced
Date of inspection:	13 May 2026
Centre ID:	OSV-0000242
Fieldwork ID:	MON-0045552

About the designated centre

The following information has been submitted by the registered provider and describes the service they provide.

Killure Bridge Nursing Home is a designated centre registered to provide care to 79 dependent people. It is a purpose built single story building opened in December 2004 and consists of 62 single en suite bedrooms, five single bedrooms and six twin rooms surrounded by four acres of landscaped gardens. It is situated three kilometres outside Waterford city. The communal space includes two large comfortably furnished day rooms, two dining rooms and a number of smaller rooms including a library and oratory which are quiet spaces for residents and relative use. It is a mixed gender facility that provides care predominately to people over the age of 65 but also caters for younger people over the age of 18. It provides care to residents with varying dependency levels ranging from low dependency to maximum dependency needs. It offers care to long-term residents and short term care including respite care, palliative care, convalescent care and dementia care. Nursing care is provided 24 hours a day, seven days a week supported by a General Practitioner (GP) service. A multidisciplinary team is available to meet residents additional needs. Nursing staff are supported on a daily basis by a team of care staff, catering staff, activity staff and household staff.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	78

How we inspect

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Wednesday 13 May 2026	09:00hrs to 17:00hrs	Sinead Corbett	Lead

What residents told us and what inspectors observed

This inspection was a one day inspection conducted by one inspector to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres) Regulations 2013 (as amended). The inspector also followed up on the compliance plan submitted by the provider following the inspection of the centre in June 2025.

Overall, based on the observations of the inspector and discussions with residents, the centre appeared to be a nice place to live. The inspector spent time observing the environment, interactions between residents and staff, and reviewing various documentation. The inspector spoke in depth with nine residents and three visitors. Residents were generally complimentary about their lived experiences in the centre, providing positive feedback, for example the inspector was told that the staff 'could not do enough', 'are amazing' and 'lovely'. Residents said that their needs were responded to in a timely manner. Residents confirmed that they had choices in how they wished to spend their day and what food they wished to eat. One resident said 'this is my home and I would not wish to leave'. Residents said that staff were responsive to their needs, and the inspector observed kind and respectful interactions between residents and staff.

The inspector arrived at the centre in the morning and conducted a walkaround of the premises and began speaking with residents, this was followed by an introductory meeting with the person in charge and the assistant director of nursing. Killure Bridge Nursing Home is a single storey building located in a rural location close to Waterford City. The centre had four main corridors leading to a central reception area with a large dining area and sitting room. Each main corridor was also linked by smaller corridors, allowing people to circulate within the premises. Residents had access to a choice of communal spaces, such as a sun room, family room, a second sitting room and an oratory. The inspector found that the centre was bright and warm. Handrails on corridors and in bathrooms supported residents to mobilise as independently as possible. On the day of the inspection works were underway in the centre to upgrade fire doors, and efforts to minimise disruption to residents included keeping corridors clear and completing some of the work outdoors. Residents had access to secure garden areas and the doors to the garden areas were open and were easily accessible. The garden areas appeared well maintained with raised planters, garden furniture and level pathways.

Bedrooms were a mixture of single and twin rooms. They were clean and comfortable and personalised with the resident's own belongings. Residents had access to ample storage space and call bells in their bedrooms. Curtains in twin rooms afforded each resident with privacy.

Residents enjoyed homemade meals and stated that there was always a choice of meals, and the quality of food was good. The daily menu was displayed outside the

dining room, listing the options available for breakfast, main meal, supper and snacks. There were two dining rooms available to residents to enjoy their meals, and two sittings were held for the main meal. On the day of the inspection, residents had a choice of two main courses. Jugs of water and cordial and condiments were available for residents on each table. Residents that required assistance were supported by staff in a respectful manner. All meals were well presented and the food appeared nutritious.

The centre provided an in-house laundry service to residents, there were no complaints about the laundry service or reports of items of clothing missing. Residents' clothing could be labelled on-site.

Residents spoken with said they were happy with the activities programme in the centre. The activities programme for the week ahead was displayed and included bingo, music, knitting, choir practice, arts and crafts, and exercise. The inspector was told that the rosary was held weekly in the centre. During the day the inspector saw residents participating in different activities such as, a weekly knitting and crochet group in the sun room, sing-along in the sitting room and bingo. Residents' views and opinions were sought through resident meetings and satisfaction surveys and residents said they felt they could approach staff if they had any issue or problem to be solved. Residents had access to advocacy services and information on safeguarding and independent advocacy service was displayed in the centre.

Visitors were seen to come and go throughout the day of inspection and visited residents in their bedrooms or in communal spaces. Visitors spoken to were very complimentary about the overall quality of care in the centre and the friendliness of the staff.

Capacity and capability

Overall, there were effective governance and management arrangements in place, which ensured residents received good quality care and support. The centre appeared to be adequately resourced and there was a clearly defined management structure in place with clear lines of authority and accountability. Many actions outlined in the compliance plan submitted by the registered provider following the previous inspection in June 2025 were completed and resulted in improvements in premises and fire safety. Some actions relating to fire safety were still in progress, this is discussed further in the report.

Killure Bridge Nursing Home Limited is the registered provider for the designated centre. The registered provider had four company directors, two of whom were involved in the operational management of the centre. The person in charge worked full-time and was supported by a team consisting of an assistant director of nursing,

clinical nurse manager, registered nurses, health care assistants, kitchen staff, housekeepers, activities staff, administration and maintenance staff.

On the day of the inspection, the staffing and skill mix were appropriate to meet the care needs of the residents. The inspector was told there was a low turnover of staff. Residents were observed to receive support in a timely manner. Staff had access to an ongoing schedule of training in the centre, including fire safety, managing responsive behaviours, safeguarding and infection control, with full compliance in attendance for each.

There were good local governance systems in place to monitor the effectiveness of care delivered to residents and to identify areas for improvement. A schedule of monthly audits was identified to be completed in 2026 across many areas, such as fire safety, safeguarding, staff training and records. In May 2026, audits were completed on care planning, medication management and safeguarding and each audit identified high quality practice with actions recorded to address any areas of improvement. The annual review was conducted for 2025 and a quality improvement plan was completed for 2026. Data from incidents such as safeguarding, complaints, antibiotic use, pressure ulceration and falls was analysed to drive quality improvement in the centre.

Records of meetings were reviewed and it was evident that there were good systems in place to facilitate communication in the centre, for example regular meetings were held between the senior management team and also for individual staff groups, such as nurses, care staff, household staff and kitchen staff. Discussion points and actions were recorded. In addition, oversight of infection control was facilitated by an infection prevention and control committee. The committee met regularly and a review of minutes showed that areas such as training, audits and guidelines were discussed.

A review of the incident log showed that incidents were recorded with the actions taken and outcome specified on the incident report. The incident records were overseen by the person-in charge, who signed each and recorded the action plan.

A sample of four contracts were reviewed and each included the terms, including that of the bedroom provided for the resident to reside in, and the services and fees charged to the resident.

Regulation 15: Staffing

Based on the inspectors' observations of staffing levels, a review of the worked and planned rosters and from speaking with residents, it was evident that the provider had sufficient staff with an appropriate skill mix to meet residents' needs

Judgment: Compliant

Regulation 16: Training and staff development

Staff had access to a wide range of training and a review of documentation identified that all staff had completed training in topics such as fire safety, infection prevention and control, safeguarding and managing responsive behaviours.

Judgment: Compliant

Regulation 23: Governance and management

Management systems were effectively monitoring quality and safety in the centre. Clinical audits were routinely completed and scheduled across many areas, for example; falls, infection control and care planning and they informed ongoing quality and safety improvements in the centre. A comprehensive annual review of the quality and safety of care provided to residents in 2025 had been completed by the person in charge, with targeted action plans for improvement set out for 2026. There was good oversight and communication in the centre. as evidenced by meeting records.

Judgment: Compliant

Regulation 24: Contract for the provision of services

A review of a sample of residents' contracts for the provision of service confirmed that residents had in place a signed contract of care which outlined the services to be provided and the fees which were to be charged, including fees for additional services.

Judgment: Compliant

Regulation 31: Notification of incidents

Incidents as set out in paragraphs 7(1)(a) to (i) of Schedule 4 are notified to the Office of the Chief Inspector within the required timeline of two working days. Quarterly notifications are submitted to the Office of the Chief Inspector to notify of incidents as set out in paragraphs 7(2)(a) to (e) of Schedule 4. A paper record of incidents is maintained in the centre.

Judgment: Compliant

Quality and safety

Overall, from what residents told inspectors and what the inspector observed, residents were supported to have a good quality of life in Killure Bridge Nursing Home. Staff and resident interactions were kind and respectful. Residents and visitors that spoke with the inspector were complimentary about the centre and care from the staff.

The inspector reviewed a sample of residents' care plans and good practice was observed in the area of care planning for residents, for example care plans were included resident's preferences and information on their life story. Care plans were documented within 48 hours of a resident's admission to the centre. Care plans were developed following an assessment of the residents' needs and were detailed sufficiently to direct care, including recommendation made by other health and social care professionals. A wide range of validated assessment tools were utilised to identify risks of falls, pressure ulceration, and malnutrition. Care plans were reviewed frequently and at a minimum of every four months.

Residents told inspectors that they could choose how they wished to spend their day and they had a choice at mealtimes and in relation to activities. A varied activity schedule was available for residents to join as they wished, with activities facilitated by the employed activities staff and by volunteers and external services. Residents had adequate space to participate in activities and had access to books, television, radio and WiFi. Residents were provided with opportunities to be consulted with and participate in the organisation of the designated centre, for example the registered provider issued a questionnaire to residents in 2025 to seek their views on living in the centre. In addition, resident meetings were held frequently in the centre and actions were recorded following each.

On the day of the inspection, the centre was clean and comfortable. Premises appeared well maintained internally and externally and household staff were observed cleaning the centre on the day of the inspection. Residents had access to call bells in their bedrooms and in bathrooms. While locked storage was identified in all rooms, one resident in a twin room did not have access to lockable storage, the inspector was told that two new lockers with lockable storage had been ordered and this would be rectified. Service records were available for the service of hoist and slings and the three bedpan washers in the centre. One bedpan washer was serviced and recorded as being in overall poor condition and to consider replacement.

Staff that spoke with inspectors were knowledgeable of their role in protecting residents from abuse and in reporting concerns, a review of records showed that all staff had completed safeguarding training. Residents told the inspector that they felt

safe in the centre and could raise concerns. Safeguarding committee meetings were held in the centre and had a resident representative on the committee. The person in charge investigated all incidents of concern in regards to safeguarding, this included any incidents of unexplained bruising. A review of records showed that Garda Siochana (Police) Vetting is recorded as complete for all staff.

Residents were provided with wholesome and nutritious food choices for their meals and snacks and refreshments were made available at the residents' request. The quality and presentation of the meals were of a high standard. Some residents required a prescribed special diet or modified consistency diet and these were presented well. The daily menu was displayed and choice was available at every meal.

Good systems were in place to manage the risk of fire in the centre and since the previous inspection in June 2025 many actions outlined in the registered providers compliance plan had been completed. A fire safety risk assessment was completed by an external service in August 2025, this identified actions to be completed and the inspector was told that they were addressed. A fire door audit had been completed by an external service since the last inspection, a small percentage of fire doors met the required standard. The inspector was told that all cross-corridor fire doors and the bedroom doors in the Ballinamona wing have been repaired, and there is an action plan to replace all remaining bedroom fire doors in 2026. Fire exits and escape routes were noted to be clear. Service records showed there was a system to service fire extinguishers, the fire alarm panel and emergency lighting. The centre's fire safety management policy was updated in August 2025. Staff had completed training in fire safety. Emergency evacuation drills were documented with the scenario, number of residents and staff involved and learning identified. Personal Emergency Evacuation Plans (PEEPs) were stored in separate folders for each unit, a sample were reviewed and they included all relevant information to support the safe evacuation of a resident and they were updated monthly. Notwithstanding the actions taken to improve fire safety in the centre, further actions are required to ensure that fire containment measures are sufficient and that staff are competent to meet the assessed evacuation needs of all residents, this is discussed further under Regulation 28: Fire Precautions.

Regulation 17: Premises

The layout and design of the premises met residents' individual and collective needs. The premises conformed to the matters set out in Schedule 6 of the regulations and was very well-maintained both internally and externally.

Judgment: Compliant

Regulation 26: Risk management

The centre had a written risk management policy, which set out all requirements according to Schedule 5 of the regulations.

Judgment: Compliant

Regulation 28: Fire precautions

Notwithstanding that an action plan to make further necessary improvements was underway in the centre, the requirements of the regulation were not fully met, this was evidenced as follows:

- While each resident's evacuation needs were regularly assessed and recorded in PEEPs, a review of evacuation drill records since the previous inspection in June 2025 identified that ski-sheets were not used, therefore assurance is required that staff can competently meet the evacuation needs of residents who require ski-sheets.
- Not all staff were clear on the compartments in the centre, despite evacuation drill records identifying learning to have a discussion with staff regarding fire compartments.
- Fire doors in bedrooms have been identified as requiring repair or replacement in a fire door audit completed by an external service. While an action plan is underway to replace the identified fire doors, this work will not be completed within the specified timeframe of July 2026 provided in the previous compliance plan.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

Based on a sample of care plans viewed appropriate interventions were in place for residents' assessed needs. Care plan reviews were comprehensively completed on a four monthly basis to ensure care was appropriate to the resident's changing needs.

Judgment: Compliant

Regulation 8: Protection

The registered provider had taken reasonable measures to protect residents from abuse, for example all staff had received training in safeguarding and staff spoken

with were clear about their role in protecting residents from abuse and of the procedures for reporting concerns. Information on safeguarding was on display in the centre for staff, residents and visitors. The person in charge investigated incidents and allegations of abuse.

Judgment: Compliant

Regulation 9: Residents' rights

The provider had provided facilities for residents' occupation and recreation and opportunities to participate in activities in accordance with their interests and capacities. Residents expressed their satisfaction with the variety of activities on offer. Residents were provided with the opportunity to be consulted about, and participate in, the organisation of the designated centre by participating in residents meetings

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 26: Risk management	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Killure Bridge Nursing Home OSV-0000242

Inspection ID: MON-0045552

Date of inspection: 13/05/2026

Introduction and instruction
This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant 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 document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant -** A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.

- **Not compliant -** A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 28: Fire precautions	Substantially Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:
We provided a Fire Training update for all staff in June 2026 which included information on compartments and evacuation needs of residents.

A fire drill was carried out post inspection

Fire training for all staff in November 2026 will focus on the issues staff were not clear on during the inspection.

Evacuation and compartments were discussed at handovers and at staff meetings in June 2026.

The replacement of doors is ongoing to minimize disruption to the residents and the date to be completed is 31st December 2026

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 28(1)(d)	The registered provider shall make arrangements for staff of the designated centre to receive suitable training in fire prevention and emergency procedures, including evacuation procedures, building layout and escape routes, location of fire alarm call points, first aid, fire fighting equipment, fire control techniques and the procedures to be followed should the clothes of a resident catch fire.	Substantially Compliant	Yellow	30/06/2026
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting,	Substantially Compliant		31/12/2026

	containing and extinguishing fires.			