



**Health  
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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:	19 June 2025
Centre ID:	OSV-0000242
Fieldwork ID:	MON-0047491

## 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:	79
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## 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
Thursday 19 June 2025	10:30hrs to 18:15hrs	Niall Whelton	Lead

## What residents told us and what inspectors observed

This was an unannounced inspection which took place over one day. Killure Bridge Nursing Home is located in a rural setting on the outskirts of Waterford city. The centre is within a single storey building with 79 residents living in the centre on the day of inspection.

The premises was laid out to meet the needs of the residents. The centre had an unrestricted environment, except for the ancillary spaces which were appropriately secured. The building had three main spine corridors leading to a central entrance area with multiple communal areas and ancillary spaces such as the staff facilities, kitchen and administration offices. To the rear, linked to the main three corridors, there is a further three smaller blocks of bedrooms, one of which has a large sitting room. Two smaller detached buildings on the site housed the plant room and laundry room. The plant room was kept clear and not used for storage.

On entering the centre, there was a reception area straight ahead, with a large sitting room and dining room each side of the entrance. These areas were used throughout the day and residents were up and about using the day spaces. Some residents remained in their room by their own choice. Further communal spaces included a smaller dining room, activities room, large sitting room, family room and an oratory. The layout of the centre meant that each of the bedroom corridors were linked together, which provided more options for circulating through the centre and provided alternative directions of escape.

There was a pleasant environment in the centre and visitors were seen coming and going throughout the day.

Externally, on arrival to the centre, there were impressive mature gardens which were maintained to a high standard. There were wild flower beds adjacent to a pond and residents were seen enjoying this area. There was a covered pergola in the garden with pathways leading to it. There were secure courtyard gardens with unrestricted access to them. These area too were maintained to a high standard and the inspector saw residents coming and going enjoying the sunshine in these areas.

Fire evacuation plans were displayed throughout the centre. In one bedroom corridor, it was explained to the inspector that there were two compartments in this block, however the floor plans showed it an one. This was reviewed and later confirmed to be one compartment. The person in charge immediately altered the evacuation plan and gave a verbal commitment to inform all staff.

Escape corridors were kept clear and ready for evacuation; exits were also clear and available. Exits were fitted with magnetic locks that release when the fire alarm is activated; there was also green break glass units to release the locks in an emergency. The threshold at some exits had a lip that may hinder evacuation.

When checked, the fire alarm panel was functional and free of fault. The inspector tested a number of call bells and they were seen to work and alerts were displayed on staff pagers. One bed pan washer was showing a fault. The provider had actioned this and was awaiting a part to fix it and confirmed if the part was not available the unit would be replaced.

Service records for equipment and fire safety systems were readily available for review and were up to date.

During the walk through of the centre, visually fire containment was to a good standard; there were some deficits to fire doors which are explored further under regulation 28: Fire Precautions.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre, and how these arrangements impacted the quality and safety of the service being delivered.

## Capacity and capability

There was good management systems and oversight of fire safety in the centre, however some action was required to improve means of escape and fire containment. Fire safety training was provided for staff and staff were up to date with this training. The registered provider was proactive in response to the issues arising during the inspection and gave firm assurance to the inspector at the feedback meeting that issues raised would be addressed promptly.

Killure Bridge Nursing Home Limited was the registered provider for this designated centre. The registered provider had operated the centre for over 20 years. The company had four directors, three of whom were involved in the day to day operations of the centre. The governance structure operating the day to day running of the centre consisted of a person in charge who was supported by an assistant director of nursing, a clinical nurse manager, a team of registered nurses and health care assistants, activities staff, catering, housekeeping, laundry, administration, and maintenance staff.

There was a fire safety risk assessment for the centre dated June 2021, which included an action plan. The inspector saw that these had been addressed, however the fire safety risk assessment had not been reviewed since that date.

The inspector saw a fire safety audit which was completed by management; this was a pro-active quality improvement tool.

## Regulation 23: Governance and management

Notwithstanding a good standard of fire safety management and oversight, some improvements were required regarding means of escape and the maintenance of fire doors.

Judgment: Substantially compliant

## Quality and safety

Overall there was good oversight of fire safety risks and fire safety management, and staff were knowledgeable on the evacuation strategy in the centre, however improvements were required by the provider in relation to the means of escape and maintenance of fire doors so they would perform as required to contain fire. Action was required by the provider in relation to Regulation 17: Premises and Regulation 28; Fire Precautions

Personal emergency evacuation plans (PEEP) were in place for residents. The folder containing the PEEPs had a summary sheet at the front of the folder and identified compartments by number and colour and the evacuation aids required by day and night. The PEEPs were up to date and had all been reviewed recently. The individual PEEPs contained pertinent information to inform the evacuation of the resident and included supervision requirements after evacuation.

This inspection found that two of the fire evacuation compartments actually formed one compartment, which impacted the evacuation strategy for that area of the building. The drawing that was displayed showed the correct fire compartment boundaries, however staff knowledge and drill practices reflected two compartments. The provider and person in charge immediately committed to ensuring staff would be made aware of the change and the evacuation procedure would be altered to reflect the larger compartment.

The fire detection and alarm system, emergency lighting system and fire fighting equipment were serviced as required. Owing to a change in the service contractor for the emergency lighting, the annual confirmation of servicing and testing was not available, however the person in charge confirmed this would be completed the following week by the new service contractor.

Overall, the premises was designed and laid out to meet the needs of the residents. It was clean, tidy and well ventilated. External spaces were maintained to a high standard - pathways were clean and clear of obstructions. There was ample external seating and parasols for shade. The inspector reviewed the service records for general equipment and found that records were up-to-date. One of the bedpan washers was awaiting a part and the provider assured this would be actioned once the part was received.

There was a bathroom which had a dual purpose as a hair dressing salon. Assurance

was required that the electrical installation and fittings in this room have been risk assessed and appropriate for use in a bathroom which would contain moisture and steam.

### Regulation 17: Premises

Some improvements were required to ensure the premises conformed to the matters set out in schedule 6 of the regulations, for example;

- the call bell in the oratory was too high and may not be reached from a wheelchair
- one bedpan washer was awaiting a part
- some of the fire doors had a closing force which was strong and may be a risk to a resident if unsteady on their feet
- the hot water in a sample of rooms tested was too hot; the inspector was advised this was due to the hot weather and it was adjusted during the inspection
- the sink in residents' bedrooms did not have a plug to retain water in the sink for personal hygiene.

Judgment: Substantially compliant

### Regulation 28: Fire precautions

Notwithstanding good levels of fire safety management, improvements were required by the provider to ensure adequate precautions against the risk of fire, for example:

- the bathroom on the central corridor is dual purpose and used as a hairdressing room; this required review and risk assessment to ensure the electrical outlets and fittings were safe
- the use of an office, which contained electrical panels, behind the reception required risk assessment by a competent person to determine, and inform staff in relation to, appropriate controls regarding equipment and storage in this area.

Improvements were required by the provider to ensure adequate means of escape:

- the width of pathways outside some exits were not sufficiently wide to ensure evacuation aids would fit around the door edge, when the exit door was open
- the lower frame of some exit doors created an impediment to escape; this meant that egress may be hindered where mobility aids and evacuation aids were used
- the provision of emergency lighting along external escape routes was not



- adequate to safely guide occupants from the exits to a place of safety
- the provision of exit signage was not adequate. In some areas of the centre, exit signage was not visible and required review.

Some improvements were required regarding the maintenance of fire safety systems, building services;

- overall, fire doors were to a good standard, however maintenance deficits were apparent to a number of doors and this required action. There were excessive gaps beneath some doors and gaps had formed where double doors met. The provider confirmed that a fire audit would be conducted to determine any works required
- while there was three monthly service records for the emergency lighting system, there was no record of the annual confirmation of servicing and testing.

In the main, fire containment was to a good standard, however further assurance was required for the following to ensure adequate containment of fire;

- some fire rated doorsets were not fitted with automatic closing device to ensure the fire door would be closed in the event of a fire  
The door to a food store had been removed; this opened onto a fire protected lobby. In addition the door from the lobby to the escape corridor was not a fire rated door. The door to the cleaners sluice had a visible gap between the door frame and the wall in which it was fitted
- assurance was required where recessed lights, attic hatches and mechanical extract ventilation units were located within fire rated ceilings, that the fire rating of the element they were located in was maintained
- there was a small number of service penetrations through fire rated construction which required sealing up.

Staff knowledge and drill practices showed that staff were aware of the procedure to follow in the event of a fire. However, drills were practiced using an incorrect fire compartment boundary in one part of the building. The provider and person in charge assured this would be actioned.

Judgment: Substantially 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
<b>Capacity and capability</b>	
Regulation 23: Governance and management	Substantially compliant
<b>Quality and safety</b>	
Regulation 17: Premises	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant

# Compliance Plan for Killure Bridge Nursing Home OSV-0000242

Inspection ID: MON-0047491

Date of inspection: 19/06/2025

## 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 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>The audit of fire doors commenced on the 14th of July 2025, and all remedial works identified will be completed by 31st July 2026.</p> <p>Management will schedule an audit of fire doors regularly.</p> <p>A Fire Risk Assessment is scheduled for the 6th August 2025 and any actions from this assessment will be completed by the Service Provider</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>A new call bell that could be reached was installed in the oratory</p> <p>2: The part for the bed pan washer was installed and we are awaiting servicing again</p> <p>3: The audit of fire doors commenced on the 14th of July 2025, and all remedial works identified will be completed by 31st July 2026</p> <p>4: The hot water was turned down on the day of inspection and maintenance checks the temperature of the water weekly</p> <p>5: New sink plugs were purchased, and all rooms have sink plugs now</p>	

Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:  A fire risk assessment is scheduled for the 6th of August 2025 by a competent fire specialist. The electrical panels in the office will be assessed by the competent person</p> <p>2: A risk assessment was carried out on the dual-purpose bathroom</p> <p>3: New wider paths were installed to ensure evacuation aids would fit around the door edge and ensure safe egress.</p> <p>4: Door saddles were installed to prevent obstruction to egress</p> <p>5: Extra emergency lighting along external escape routes is booked with the electrician and will be installed by 31st August 2025</p> <p>6: Exit signage will be reviewed by the competent person during the fire risk assessment on the 6th August and the electrician will add in any extra signage recommended by the 31st of August 2025.</p> <p>7: The audit of fire doors commenced on the 14th of July 2025, and all remedial works identified will be completed by 31st July 2026.</p> <p>8: The annual confirmation of servicing and testing of emergency lighting was completed on the 25th June 2025</p> <p>9: All attic hatches have been confirmed as fire rated, new extract ventilation units have been ordered by the electrician and will be installed by September 30th 2025.  The electrician has confirmed that the recessed lights were in fire rated ceilings.</p> <p>10: The ceiling penetrations have been fully sealed on the 20th of June 2025</p> <p>11: A fire drill was carried out on the 23rd June 2025 in the compartment that was incorrectly identified before the inspection, All staff were updated on the compartment layout and all documentation updated on the day of inspection.</p>	



## 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 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Substantially Compliant	Yellow	31/07/2025
Regulation 23(1)(d)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Substantially Compliant	Yellow	23/06/2025
Regulation 28(1)(a)	The registered provider shall take adequate precautions against the risk of fire, and shall provide suitable fire fighting equipment,	Substantially Compliant	Yellow	31/07/2025

	suitable building services, and suitable bedding and furnishings.			
Regulation 28(1)(b)	The registered provider shall provide adequate means of escape, including emergency lighting.	Substantially Compliant	Yellow	30/09/2025
Regulation 28(1)(c)(i)	The registered provider shall make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.	Substantially Compliant	Yellow	31/07/2025
Regulation 28(1)(e)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.	Substantially Compliant	Yellow	23/06/2025
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	30/09/2025