



**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:	12 February 2025
Centre ID:	OSV-0000242
Fieldwork ID:	MON-0046192

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
Wednesday 12 February 2025	09:30hrs to 17:30hrs	Mary Veale	Lead

What residents told us and what inspectors observed

This was an unannounced inspection which took place over one day. Over the course of the day, the inspector spoke with residents, staff, and visitors to gain insight into the residents' lived experience in the centre. All residents spoken with were overwhelmingly complimentary in their feedback and expressed satisfaction about the standard of care provided. The inspector spent time observing the environment, interactions between residents and staff, and reviewing various documentation. From the observations of the inspector and from speaking with residents and their families, it was evident that residents were supported by a kind and dedicated staff and management team who treated the residents with the utmost courtesy, dignity and respect. Staff were observed to be familiar with the needs of residents, and to deliver care and support in a respectful and calm manner.

Killure Bridge Nursing Home is a single-storey designated centre registered to provide care for 79 residents on the outskirts of Waterford city. There were 77 residents living in the centre, one resident was in hospital and one resident was on a planned trial discharge at home on the day of the inspection.

The premises was laid out to meet the needs of residents. There were appropriately placed handrails along corridors to support residents to mobilise safely and independently. Residents using mobility aides were able to move freely and safely through the centre. There was a sufficient number of toilets and bathroom facilities available to residents. The centre was bright, warm, and well-ventilated throughout. Call-bells were available in all areas and answered in a timely manner.

There was a choice of communal spaces which were seen to be used throughout the day of inspection by residents. Residents had access to two dining rooms, two large sitting rooms, a library, a sun room, a family room and oratory. The environment was homely, clean and beautifully decorated. Armchairs and chairs were available in all communal areas and the entrance lobby. The sitting rooms had fireplaces, large televisions and one had a piano. The sun room had bookshelves, large tables and was a space in which residents could read the newspaper, listen to music or partake in activities. The main dining room had the daily menu displayed at the entrance door and contained a kitchen dresser. The centre was found to be visibly clean and tidy. Overall, the building was maintained to a high standard.

Bedroom accommodation in the centre consisted of 61 single bedrooms with en-suite toilet, shower and wash-hand-basin facilities. Six single bedrooms and six twin bedrooms had wash-hand-basin facilities. Residents' bedrooms were suitably styled with adequate space to store personal belongings. Residents were encouraged to decorate their bedrooms with personal items of significance, such as ornaments and photographs.

Residents had access to enclosed garden areas, the doors to the garden areas were open and were easily accessible. The garden areas were attractive and well

maintained with flower beds, brightly coloured mural walls and garden benches. Residents were seen walking on around the grounds of the centre on the day of inspection, the front garden had a sheltered area and a secure pond. There was a designated smoking area located in one of the garden areas.

As the inspector walked through the centre, residents were observed to be content as they went about their daily lives. The inspector spent time observing staff and residents' interaction. Residents sat together in the communal rooms watching television, listening to music, or simply relaxing. Other residents were observed sitting quietly, observing their surroundings. Residents were relaxed and familiar with one another and their environment, and were observed to be socially engaged with each other and staff. A small number of residents were observed enjoying quiet time in their bedrooms. It was evident that residents' choices and preferences in their daily routines were respected. Staff supervised communal areas appropriately, and those residents who chose to remain in their rooms, or who were unable to join the communal areas were supported by staff throughout the day. One resident told the inspector that staff were always passing by their room and 'popping in' to see them.

The inspector observed that personal care needs were met to an excellent standard. Staff who spoke with the inspector were knowledgeable about the residents and their needs. While staff were seen to be busy attending to residents throughout the day, the inspector observed that staff were kind, patient, and attentive to their needs. There was a very pleasant atmosphere throughout the centre, and friendly, familiar chats could be heard between residents and staff.

The inspector chatted with a number of residents about life in the centre. Residents spoke positively about their experience of living in the centre. Residents commented that they were very well cared for, comfortable and happy living in the centre. Residents stated that staff were kind and always provided them with assistance when it was needed. One resident said 'I cannot find fault with the place' and that 'the staff are brilliant, every one of them'. Another resident told the inspector 'life is good'. A number of residents explained their reasons for moving to the centre and told the inspector that they were very happy with their decision. Residents said that they felt safe, and that they could speak with staff if they had any concerns or worries. There were a number of residents who were not able to give their views of the centre. However, these residents were observed to be content and comfortable in their surroundings.

Friends and families were facilitated to visit residents, and the inspector observed many visitors in the centre throughout the day. Visitors who spoke with the inspector were very complimentary with the care and support their loved ones received.

A range of recreational activities were available to residents, seven days a week, which included exercise, ball games, movies, music and bingo. The centre employed activities staff who facilitated group and one-to-one activities throughout the day. Residents told the inspector that they were free to choose whether or not they participated. On the day of the inspection, the inspector observed residents enjoying

a knitting class and a lively music session. The inspector observed that staff supported residents to be actively involved in activities, if they wished. Residents also had access to television, radio, newspapers and books.

The residents had access to adequate quantities of food and drink. Residents were offered a choice of wholesome and nutritious food at each meal, and snacks and refreshments were available throughout the day. Residents were supported during mealtimes, those and residents who required help were provided with assistance in a respectful and dignified manner. Residents were overwhelmingly complimentary about the catering staff and the quality of the food provided in the centre.

The centre provided a laundry service for residents. All residents' who the inspector spoke with on the day of inspection were happy with the laundry service and there were no reports of items of clothing missing.

The next two sections of this report will present findings in relation to governance and management in the centre, and how this impacts on the quality and safety of the service being delivered.

Capacity and capability

There were effective governance and management arrangements in place, which ensured residents received a good quality of care and support, from a staff team who knew them well. This was an unannounced inspection carried out to monitor compliance with the regulations and standards and to follow up all statutory notifications received by the Chief Inspector of Social Services since the previous inspection.

The registered provider is Killure Bridge Nursing Home Limited. 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 an ongoing schedule of training in the centre and management had good oversight of mandatory training needs. An extensive suite of mandatory training was available to all staff in the centre and training was up to date. There was a high level of staff attendance at training in areas such as fire safety, manual handling, safeguarding vulnerable adults, management of challenging behaviour, and infection prevention and control. Staff with whom the inspector spoke with, were knowledgeable regarding infection control and safe guarding procedures.

There were good management systems in place to monitor the centre's quality and

safety. There was evidence of a comprehensive and ongoing schedule of audits in the centre, for example; infection prevention and control, falls, care planning and medication management audits. Audits were objective and identified improvements. Records of management and staff meetings showed evident of actions required from audits completed which provided a structure to drive improvement. Regular management meeting and staff meeting agenda items included key performance indicators (KPI's), training, fire safety, care planning, and resident's feedback. It was evident that the centre was continually striving to identify improvements and learning was identified in post falls analysis, complaints and audits. The annual review for 2024 was available during the inspection. It set out the improvements completed in 2024 and improvement plans for 2025.

Records and documentation were well presented, organised and supported effective care and management systems in the centre. All requested documents were readily available to the inspector throughout the day of inspection. Staff files reviewed contained all the requirements under Schedule 2 of the regulations. Garda vetting disclosures in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012 were available in the designated centre for each member of staff.

Incidents and reports as set out in schedule 4 of the regulations were notified to the Chief Inspector of Social Services within the required time frames. The inspector followed up on incidents that were notified since the previous inspection and found these were managed in accordance with the centre's policies.

The management team had a good understanding of their responsibility in respect of managing complaints. The inspector reviewed the records of complaints raised by residents and relatives and found they were appropriately managed. Residents spoken with were aware of how to make a complaint and whom a complaint could be made.

Regulation 15: Staffing

On the inspection day, staffing was found to be sufficient to meet the residents' needs. There was a minimum of two registered nurse on duty in the centre at all times for the number of residents living in the centre.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had access to training appropriate to their role. Staff had completed training in fire safety, safe guarding, managing behaviours that are challenging and, infection prevention and control. There was an ongoing schedule of training in place to ensure all staff had relevant and up-to-date training to enable them to perform their

respective roles. Staff were appropriately supervised and supported.
Judgment: Compliant
Regulation 21: Records
The registered provider had established and maintained a Directory of residence which included all the information as specified in Schedule 3 of the regulations.
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, for example; falls, nutrition, and quality of care. These audits informed ongoing quality and safety improvements in the centre. There was a proactive management approach in the centre which was evident by the ongoing action plans in place to improve safety and quality of care.
Judgment: Compliant
Regulation 31: Notification of incidents
Incidents and reports as set out in schedule 4 of the regulations were notified to the office of the Chief Inspector within the required time frames. The inspector followed up on incidents that were notified and found these were managed in accordance with the centre's policies.
Judgment: Compliant
Regulation 34: Complaints procedure
The registered provider provided an accessible and effective procedure for dealing with complaints, which included a review process. The required time lines for the investigation into, and review of complaints was specified in the procedure. The procedure was prominently displayed in the centre. The complaints procedure also provided details of the nominated complaints and review officer. These nominated persons had received suitable training to deal with complaints. The complaints

procedure outlined how a person making a complaint could be assisted to access an independent advocacy service.

Judgment: Compliant

Quality and safety

The inspector found that residents were supported and encouraged to have a good quality of life and saw evidence of individual residents' needs being met.

Care planning documentation was available for each resident in the centre. An assessment of each resident's health and social care needs was completed on admission and ensured that resident's individual care and support needs were being identified and could be met. Residents' needs were comprehensively assessed using validated assessment tools at regular intervals and when changes were noted to a resident's condition.

The overall premises were designed and laid out to meet the needs of the residents. Bedrooms were personalised and residents had ample space for their belongings. Overall, the general environment including residents' bedrooms, communal areas and toilets appeared visibly clean and well-maintained.

The centre was clean and there was good adherence to the prevention and control of infection. For example, waste, used laundry and linen was segregated in line with national guidelines. The provider had implemented a number of antimicrobial stewardship measures. The volume of antibiotic use was monitored each month. This data was analysed and used to inform practice. Alcohol hand gel was available in all communal rooms and corridors. Used laundry was segregated in line with best practice guidelines and the centres laundry had a work way flow for dirty to clean laundry which prevented a risk of cross contamination. There was evidence that infection prevention control (IPC) was an agenda item on the minutes of the centres management and staff meetings. IPC audits were carried out by the assistant director of nursing and actions required were discussed at the centres management meetings. There was an up to date IPC policies which included guidance on COVID-19 and multi-drug resistant organism (MDRO) infections. Housekeeping staff were knowledgeable of correct cleaning and infection control procedures. Intensive cleaning schedules had been incorporated into the regular cleaning programme in the centre.

There were arrangements in place to safeguard residents from abuse. All staff spoken with were clear about their role in protecting residents from abuse and of the procedures for reporting concerns. The registered provider was not a pension-agent for any resident.

A choice of home cooked meals and snacks were offered to all residents. A daily menu was displayed and available for residents' outside both dining rooms. Menus

were varied and had been reviewed by a dietician for nutritional content to ensure suitability. Residents on modified diets received the correct consistency meals and drinks, and were supervised and assisted where required to ensure their safety and nutritional needs were met. Meal times varied according to the needs and preferences of the residents. The dining experience was relaxed. There were adequate staff to provide assistance and to ensure residents safety and nutritional needs were met. Residents' weights were routinely monitored.

The inspector reviewed residents' records and saw that where residents were temporarily absent from the centre, relevant information about the resident was provided to the receiving hospital. Upon a residents return to the centre, the staff ensured that all relevant information was obtained from the discharge service, hospital and health and social care professionals.

There was a rights based approach to care in this centre. Residents' rights, and choices were respected. Resident feedback was sought in areas such as activities, meals and mealtimes and care provision. Records showed that items raised at resident meetings were addressed by the management team. Information regarding advocacy services was displayed in the centre and records demonstrated that this service was made available to residents if needed. Residents has access to daily national newspapers, weekly local newspapers, Internet services, books, televisions, and radio's. Mass took place in the centre monthly. Residents had access to a oratory room in the centre.

Regulation 17: Premises

The premises was appropriate to the needs of the residents and promoted their privacy and comfort.

Judgment: Compliant

Regulation 18: Food and nutrition

A validated assessment tool was used to screen residents regularly for risk of malnutrition and dehydration. Residents' weights were closely monitored and there was timely referral and assessment of residents' by the dietician.

Meals were pleasantly presented and appropriate assistance was provided to residents during meal-times. Residents had choice for their meals and menu choices were displayed for residents.

Judgment: Compliant

Regulation 25: Temporary absence or discharge of residents

The inspector reviewed residents' records and saw that where residents were temporarily absent from a designated centre, relevant information about the residents' was provided to the receiving designated centre or hospital. Upon residents return to the designated centre, the staff ensured that all relevant information was obtained from the discharge service, hospital and health and social care professionals.

Judgment: Compliant

Regulation 27: Infection control

The centre was very clean and there was adequate cleaning staff employed. Staff were observed to be adhering to good hand hygiene techniques. There were sluicing facilities on the premises which were clean and well maintained. There were four cleaning staff on duty daily. These staff members were knowledgeable about cleaning practices, processes and chemical use. Handwashing facilities were available for staff throughout the centre.

Judgment: 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

Measures were in place to protect residents from abuse including staff training and an up to date policy. Staff were aware of the signs of abuse and of the procedures for reporting concerns.

Judgment: Compliant

Regulation 9: Residents' rights

Residents' rights and choice were promoted and respected in this centre. There was a focus on social interaction led by staff, and residents had daily opportunities to participate in group or individual activities. Access to daily newspapers, television and radio was available. Details of advocacy groups was on display in the centre.

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 21: Records	Compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 25: Temporary absence or discharge of residents	Compliant
Regulation 27: Infection control	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant