



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:	Announced
Date of inspection:	04 June 2024
Centre ID:	OSV-0000242
Fieldwork ID:	MON-0034954

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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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
Tuesday 4 June 2024	09:00hrs to 17:15hrs	Mary Veale	Lead
Wednesday 5 June 2024	09:00hrs to 16:15hrs	Mary Veale	Lead

What residents told us and what inspectors observed

This was an announced inspection which took place over two days. Based on the observation of the inspector, and discussions with residents, visitors and staff, Killure Bridge Nursing Home was a nice place to live. There was a welcoming and homely atmosphere in the centre. The inspector spoke with 12 residents living in the centre and eight visitors in detail on the days of inspection. All residents spoken with were overwhelmingly complimentary in their feedback and expressed satisfaction about the standard of care provided. Residents appeared to enjoy a good quality of life and had many opportunities for social engagement and meaningful activities and they were supported by a kind and dedicated team of staff. Residents' stated that they were well looked after and that the staff were always available to assist with their personal care.

The inspector spent time observing residents' daily life in the centre in order to gain insight into the experience of those living in the centre. Residents looked well cared for and had their hair and clothing done in accordance to their own preferences. Residents' stated that the staff were kind and caring. Residents' said they felt safe and trusted staff. Residents were observed engaging in a positive manner with staff and fellow residents throughout both days and it was evident that residents had a good relationships with staff, and had build up friendships with each other. There were many occasions throughout the days of inspection in which the inspector observed laughter and banter between staff and residents. The inspector observed that staff knocked on residents' bedroom doors before entering. Residents were extremely complementary of the person in charge, staff and services they received.

Killure Bridge Nursing Home is a purpose built single storey designated centre registered to provided care for 79 residents on the outskirts of Waterford city. There were 79 residents living in the centre on the days of the inspection. The design and layout of the centre promoted a good quality of life for residents. There was a choice of communal spaces which were seen to be used thought out the days 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 decorated beautifully. Armchairs 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 a 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.

Bedroom accommodation consisted of 61 single bedrooms with en-suite toilet, shower and wash-hand-basin facilities. There was six single bedrooms and six twin bedrooms with wash-hand-basin facilities. Residents whom did not have access to en-suite facilities had access to a bathroom which included a bath and a shower, and two shower rooms. One of the two shower rooms was used as a hairdressing

salon during the times the hairdresser attended the centre. Resident's bedrooms were clean and tidy, personalised and decorated in accordance with resident's wishes. Lockable storage space was available and personal storage space comprised of a bedside locker, a set of drawers and double wardrobes. All bedrooms were bright and enjoyed natural light. The inspector observed that residents had access to call bells in their bedrooms and en-suite toilets. The privacy and dignity of the resident's accommodation in the twin rooms was protected, with adequate space for each resident to carry out activities in private and to store their personal belongings. Many of the residents' bedrooms had bottled water, and fresh flowers. The centres resident information booklet was available in residents' bedrooms. Pressure relieving specialist mattresses, and cushions were seen in residents' bedrooms where required.

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 accessing the front garden on the days of inspection, the front garden had a sheltered area and a secure pond.

Residents were very complimentary of the home cooked food and the dining experience in the centre. Residents' enjoyed homemade meals and stated that there was always a choice of meals, and the quality of food was excellent. Many residents told the inspector that they had a choice of having their meals in their bedrooms and could have breakfast in bed up to 10:30 if they wished. The inspector observed the dining experience at dinner time and saw that there were two sittings for dinner. The first sitting was for residents who required assistance and the second sitting was for residents' who were independent. The dinner time meal was appetising and well presented and the residents were not rushed. Staff were observed to be respectful when offering clothes protectors and discreetly assisted the residents during the meal times.

Visitors whom the inspector spoke with were complimentary of the care and attention received by their loved one. Visitors were observed attending the centre over the days of the inspection. Visits took place in communal areas and residents bedrooms where appropriate. There was no booking system for visits and the residents who spoke to the inspector confirmed that their relatives and friends could visit anytime.

Residents' views and opinions were sought through resident committee meetings and satisfaction surveys. Residents said that they felt they could approach any member of staff if they had any issue or problem to be solved.

Residents' spoken with said they were very happy with the activities programme in the centre and some preferred their own company but were not bored as they had access to newspapers, books, radios and televisions. The activities programme was displayed on notice boards throughout the centre and a weekly activities calendars were available at the reception area and in the resident's bedrooms. The inspector observed residents reading newspapers, watching television, listening to the radio, and engaging in conversation. On the first day of inspection, residents were

observed attending an exercise class and a live music event. On the second day residents were observed attending bingo and a live music event. Visits and outings were encouraged and practical precautions were in place to manage any associated risks.

The centre provided a laundry service for residents. All residents' who the inspector spoke with on the days 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, that ensured residents received a good quality of care and support, from a staff team who knew them well.

This was an announced inspection to monitor the provider's compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended) and to follow up on the findings of the previous monitoring inspection of August 2022. Improvement had been made regarding infection prevention and control since this inspection. This was a well-managed service with established management systems in place to monitor the quality and safety of the care and services provided to residents.

The registered provider had applied to renew the registration of Killure Bridge Nursing Home. The application was timely made, appropriate fees were paid and prescribed documentation was submitted to support the application to renew registration.

The registered provider is Killure Bridge Nursing Home Limited. The registered provider had operated the centre for over 19 years. The company had four directors, three of whom were involved in the day to day operations of the centre. One of the directors was the registered provider representative. 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 fire evacuation procedures 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, call bell and medication management audits. Audits were objective and identified improvements. Findings from audits were documented on the agenda for quality improvement meetings. 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 on feedback from resident's satisfaction surveys, post falls analysis, complaints and audits. The annual review for 2023 was available during the inspection. It set out the improvements completed in 2023 and improvement plans for 2024.

Records and documentation, both manual and electronic 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 days 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.

The registered provider had integrated the update to the regulations (S.I 628 of 2022), which came into effect on 1 March 2023, into the centre's complaints policy and procedure. The management team had a good understanding of their responsibility in this regard. The inspector reviewed the records of complaints raised by residents and relatives. Details of the investigations completed and communication with the complainants were included. The complaints procedure was available in the main entrance area in the centre. Residents spoken with were aware of how and whom to make a complaint to.

Registration Regulation 4: Application for registration or renewal of registration

All documents requested for renewal of registration were submitted in a timely manner.

Judgment: Compliant

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 at the time of inspection.

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

All records as set out in schedules 2, 3 & 4 were available to the inspector. Retention periods were in line with the centres' policy and records were stored in a safe and accessible manner.

Judgment: Compliant

Regulation 22: Insurance

There was a valid contract of insurance against injury to residents and additional liabilities.

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 24: Contract for the provision of services

Residents had a written contract and statement of terms and conditions agreed with the registered provider of the centre. These clearly outlined the room the resident occupied and additional charges, if any.

Judgment: Compliant

Regulation 3: Statement of purpose

Amendments were made to the centre's statement of purpose during the inspection. The statement now contained all of the information set out in schedule 1 of the regulations and in accordance with the guidance.

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 inspectors 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

Regulation 4: Written policies and procedures

Policies and procedures as set out in schedule 5 were in place, up to date and available to all staff in the centre.

Judgment: Compliant

Quality and safety

Management and staff strived to provide a good quality of life for the residents living in Killure Bridge Nursing Home, with residents reporting high levels of satisfaction. Residents health, social care and spiritual needs were well catered for.

Residents' health and well-being was promoted and residents had timely access to general practitioners (GP), specialist services and health and social care professionals, such as psychiatry of old age, physiotherapy, dietitian and speech and language, as required. The centre had access to GP's from local practices and the person in charge confirmed that GP's called to the centre. Residents had access to a mobile x-ray service referred by their GP which reduced the need for trips to hospital. Residents had access to nurse specialist services such as advanced nurse practitioners, community mental health nurses, and tissue viability nurses. Residents had access to local dental, optician and pharmacy services. Residents who were eligible for national screening programmes were also supported and encouraged to access these.

The centre had arrangements in place to protect residents from abuse. There was a centre-specific policy on the protection of the resident from abuse. Safeguarding training had been provided to all staff in the centre and staff were familiar with the types and signs of abuse and with the procedures for reporting concerns. All staff spoken with would have no hesitation in reporting any concern regarding residents' safety or welfare to the centre's management team. The centre did not act as a pension agent for any of the residents.

The centre was bright, clean and tidy. Improvements had been made to the premises since the previous inspection, areas of the centre had been painted, the reception area had been refurbished and floor coverings were replaced in some rooms and corridor areas. A schedule of maintenance works was ongoing, ensuring the centre was consistently maintained to a high standard. Bedrooms were personalised and residents had ample space for their belongings. The inspector observed that the twin rooms had privacy curtains, wash hand basins and ample storage for resident's belongings. Overall the premises supported the privacy and comfort of residents. Grab rails were available in all corridor areas, bathroom, shower rooms and toilets. Residents has access to a call bells in their bedrooms, en-suite rooms, bathroom, shower rooms and toilets.

The centre was cleaned to a high standard, with good routines and schedules for cleaning and decontamination. Alcohol hand gel was available in all communal rooms and corridors. Personal protective equipment (PPE) stations were available on all corridors to store PPE. 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 and weekly environment checks were carried out by the person in charge 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. The assistant director of nursing had completed infection prevention control (IPC) link nurse training.

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, who confirmed they were also able to eat where they wanted. There were adequate staff to provide assistance and ensure a pleasant experience for resident at meal times.

The provider had effective systems in place for the maintenance of the fire detection, alarm systems, and emergency lighting. There were automated door closures to bedrooms and compartment doors, and the doors were seen to be in working order. All fire safety equipment service records were up to date and there was a system for daily and weekly checking, of means of escape, fire safety equipment, and fire doors to ensure the building remained fire safe. Fire training was completed annually by staff and records showed that fire drills took place regularly in each compartment with fire drills stimulating the lowest staffing levels on duty. Records were detailed and showed the learning identified to inform future drills. Each resident had a personal emergency evacuation plan (PEEP) in place which were updated regularly. The PEEP's identified the different evacuation

methods applicable to individual residents and staff spoken with were familiar with the centres evacuation procedure. There was evidence that fire safety was an agenda item at meetings in the centre.

There was a comprehensive centre specific policy in place to guide nurses and carers on the safe management of medications; this was up to date and based on evidence based practice. Through observation, the inspector could see medicines were administered in accordance with the prescriber's instructions in a timely manner. Medicines were stored securely in the centre and returned to pharmacy when no longer required as per the centres guidelines. Records showed that controlled drugs balances were checked at each shift change as required by the Misuse of Drugs Regulations 1988 and in line with the centres policy on medication management. A pharmacist was available to residents to advise them on medications they were receiving.

Residents' needs were comprehensively assessed prior to and following admission. Assessments were undertaken for all residents using a variety of validated tools and care plans were developed following these assessments. The care plans viewed by the inspector were comprehensive and person- centred describing residents preferences, like and dislikes. Care plans were sufficiently detailed to guide staff in the provision of person-centred care and had been updated to reflect changes required in relation to incidents of infections and falls. Consultation had taken place with the resident to review the care plan at intervals not exceeding 4 months.

There was a rights based approach to care in this centre. Residents' rights, and choices were respected, for example there was a focus on gaining their views in residents meetings, and taking steps to follow up any suggestions or improvements. The centre promoted the residents independence and their rights. Residents were observed walking on the grounds of the centre and enjoyed trips on the centres trishaw bicycle. The residents had access to SAGE advocacy services and an independent advocate. The advocacy service details were displayed on a notice board at the entrance to the centre. Residents has access to daily national newspapers, weekly local newspapers, Internet services, books, televisions, and radio's. Mass took place in the centre weekly which residents said they enjoyed. A number of residents had completed a resident's questionnaire sent from the Office of the Chief Inspector prior to this announced inspections to allow residents to provide feedback on what it is like to live in a designated centre. Satisfaction surveys showed high rates of satisfaction with all aspects of the care and service.

Regulation 10: Communication difficulties

Residents' with communication difficulties were being facilitated to communicate freely. Their care plans reflected residents' personal needs with communication difficulties and were appropriately reviewed and updated. All residents had access to audiology, ophthalmology and speech and language services, as required.

Judgment: Compliant

Regulation 11: Visits

Arrangements were in place for residents to receive visitors. The centre had arrangements in place to ensure the ongoing safety of residents. There was suitable private spaces for residents to receive a visitor if required.

Judgment: Compliant

Regulation 17: Premises

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

Judgment: Compliant

Regulation 27: Infection control

The registered provider was implementing procedures in line with best practice for infection control. Effective housekeeping procedures were in place to provide a safe environment for residents and staff.

Judgment: Compliant

Regulation 28: Fire precautions

Measures were in place to ensure residents' safety in the event of a fire in the centre and these measures were kept under review. Each resident's evacuation needs were regularly assessed and the provider assured themselves that residents' evacuation needs would be met with completion of regular effective emergency evacuation drills. All staff had completed annual fire safety training specific to Killure Bridge Nursing home and were provided with opportunities to participate in the evacuation drills.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

There was an appropriate pharmacy service offered to residents and a safe system of medication administration in place. Policies were in place for the safe disposal of expired or no longer required medications.

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 6: Health care

There were good standards of evidence based healthcare provided in this centre. GP's routinely attended the centre and were available to residents. Allied health professionals also supported the residents on site where possible and remotely when appropriate, for example the dietitian, and physiotherapist. There was evidence of ongoing referral and review by allied health professional as appropriate.

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	
Registration Regulation 4: Application for registration or renewal of registration	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 10: Communication difficulties	Compliant
Regulation 11: Visits	Compliant
Regulation 17: Premises	Compliant
Regulation 27: Infection control	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant