

Health Information and Quality Authority
Social Services Inspectorate

Inspection report
Designated centres for older people



Centre name:	Killure Bridge Nursing Home
Centre ID:	0242
Centre address:	Airport Road Waterford
Telephone number:	051-870055
Fax number:	051-870037
Email address:	Info@killurebridge.com
Type of centre:	<input checked="" type="checkbox"/> Private <input type="checkbox"/> Voluntary <input type="checkbox"/> Public
Registered providers:	Kenneth Walsh and David Hyland
Person in charge:	Mary Burke
Date of inspection:	16 May 2011
Time inspection took place:	Start: 12:00hrs Completion: 21:30hrs
Lead inspector:	Íde Batan
Support inspector:	Catherine O'Keeffe
Type of inspection:	<input checked="" type="checkbox"/> Announced <input type="checkbox"/> Unannounced
Purpose of this inspection visit:	<input checked="" type="checkbox"/> Application to vary registration conditions <input type="checkbox"/> Notification of a significant incident or event <input checked="" type="checkbox"/> Notification of a change in circumstance <input type="checkbox"/> Information received in relation to a complaint or concern <input checked="" type="checkbox"/> Follow-up inspection

About the inspection

The purpose of inspection is to gather evidence on which to make judgments about the fitness of the registered provider and to report on the quality of the service. This is to ensure that providers are complying with the requirements and conditions of their registration and meet the Standards, that they have systems in place to both safeguard the welfare of service users and to provide information and evidence of good and poor practice.

In assessing the overall quality of the service provided, inspectors examine how well the provider has met the requirements of the Health Act 2007, the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the *National Quality Standards for Residential Care Settings for Older People in Ireland*.

Additional inspections take place under the following circumstances:

- to follow up matters arising from a previous inspection to ensure that actions required of the provider have been taken
- following a notification to the Health Information and Quality Authority's Social Services Inspectorate of a change in circumstance for example, that a provider has appointed a new person in charge
- arising from a number of events including information received in relation to a concern/complaint or notification to the SSI of a significant event affecting the safety or wellbeing of residents
- to randomly "spot check" the service.

All inspections can be announced or unannounced, depending on the reason for the inspection and may take place at any time of day or night.

All inspection reports produced by the Health Information and Quality Authority will be published. However, in cases where legal or enforcement activity may arise from the findings of an inspection, the publication of a report will be delayed until that activity is resolved. The reason for this is that the publication of a report may prejudice any proceedings by putting evidence into the public domain.

About the centre

Description of services and premises

Killure Bridge is a single-storey, purpose-built structure established in 2004. It is registered to accommodate 79 residents. The centre originally provided accommodation for 54 residents. Twenty five new single en suite bedrooms have been added bringing the final proposed overall occupancy to 79 residents. At the time of inspection there were 71 residents living in the centre who were in receipt of continuing care, dementia, convalescence and palliative care. All of the 71 residents were aged 65 years and over.

The centre is divided into seven different wings which branch out from the main reception area. A wing consists of a day room, dining room, kitchen, staff canteen, dining room, six toilets, two of which are allocated to staff, and two offices. B wing comprises of 15 resident bedrooms which include two twin-bedded rooms. Eleven of these bedrooms are en suite with toilet, wash-hand basin and shower. Other facilities available in this wing are one bathroom, treatment room, dispensary, laundry and sluice room.

C wing consists of 16 bedrooms, which include two twin-bedded rooms. Fourteen of these bedrooms are en suite with toilet, shower and wash-hand basin. There is also one toilet, hair salon and sluice located in this wing. D wing consists of 17 bedrooms which include two twin-bedded rooms, 14 of which are en suite with toilet, wash-hand basin and shower. There is also one bathroom, kitchenette and sluice.

E wing contains ten bedrooms, all of which are en suite. There is also an oratory, library, sluice, storage area, and lounge. F wing and G wing contain 15 bedrooms, all of which are en suite. There is a storeroom and housekeeping store located in these wings. There is also a linked corridor containing a storage room between F and C wings.

The philosophy of the centre as outlined in the statement of purpose and function is to "provide the best possible individual and social care to each resident to enable them to maximise their potential ability and so enhance their quality of life".

It is situated in landscaped gardens and has ample car parking facilities.

Location

The centre is located in open country between Waterford City and Waterford Airport.

Date centre was first established:	6 December 2004
Number of residents on the date of inspection:	71 (Six residents in hospital)

Number of vacancies on the date of inspection:	2
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Dependency level of current residents	Max	High	Medium	Low
Number of residents	32	12	17	10

Management structure

The centre is owned by Killure Bridge Partnership. The nominated Registered Providers are David Hyland and Kenneth Walsh. The newly appointed Person in Charge is Mary Burke who reports to the nominated Registered Provider. The Person in Charge is supported by an Acting Assistant Director of Nursing who deputises for the Person in Charge.

A team of nursing staff care staff, catering, administration and household staff also support and report directly to the Person in Charge. The nominated Registered Provider meets with the Person in Charge on a weekly basis.

Staff designation	Person in Charge	Nurses	Care staff	Catering staff	Cleaning and laundry staff	Admin staff	Other Staff
Number of staff on duty on day of inspection	1	4	10	3	4	1	4*

*3 on work experience, 1 maintenance

Background

Killure Bridge Nursing Home was first inspected by the Health Information and Quality Authority's Social Services Inspectorate in December 2009. This was followed by a scheduled registration inspection in February 2010. That inspection was a scheduled announced registration inspection and the inspectors found that overall the residents were in receipt of a good standard of care in a clean, comfortable and well maintained environment.

A number of improvements were required to comply with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the *National Quality Standards for Residential Care Settings for Older People in Ireland*. This resulted in an immediate action plan being sent to the registered provider/person in charge to increase staffing levels during the night.

Other improvements were:

- quality and safety of care
- staff files
- elder abuse training
- staff training and development.

The provider's response to these and further requested improvements to meet with the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) are outlined in the action plan of the inspection report which can be found at www.hiqa.ie, inspection report number 0242.

The primary purposes of this third inspection were to follow-up on the action plan, conduct fit person interviews with the appointed person in charge and additional nominated registered provider. The centre had also applied to vary its conditions of registration.

Summary of findings from this inspection

This follow-up inspection was announced; the inspectors arrived at 12:15hrs and found the centre was warm, clean and well staffed. There were four nurses on duty, the provider/person in charge and ten care staff, all attending to direct resident care. Residents appeared to be well cared for and were enjoying mid-morning refreshments.

The progress of the actions agreed with the provider to address the findings of the inspection in February 2010 were reviewed and discussed. Overall the inspectors were satisfied that the person in charge and staff had made improvements and addressed the actions in the action plan. Outstanding issues were staff files and all staff to receive elder abuse training.

Fit Person interviews were completed with the person in charge and registered provider and this was satisfactory. Inspectors found that there was a willingness to comply with and meet the requirements of the regulations. The person in charge had a good working knowledge of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended).

Inspectors found that the premises were clean, well maintained, well equipped and in good decorative order. Services shared with Killure Bridge Nursing Home raised some issues that are dealt with in detail in the report and Action Plan. Staff were seen and heard to engage with each other, with residents, and with relatives in a meaningful and respectful manner.

A number of improvements were required to comply with the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the *National Quality Standards for Residential Care Settings for Older People in Ireland*. These required actions are dealt with in detail in the Action Plan at the end of this report.

These improvements included:

- systems to facilitate review and quality improvement of shared services
- review of staffing and skill mix appropriate to the assessed needs of residents and the size and layout of the building
- medical records
- timely access to healthcare services.

Issues covered on inspection

The action plan from the previous inspection, application to vary conditions of registration and fit person interviews were the main issues dealt with by the inspectors. Inspectors also spent time observing care practices and spoke with residents and relatives. Required actions from this inspection are outlined in the Action Plan at the end of this report.

Actions reviewed on inspection:

1. Action required from previous inspection:

The person in charge shall ensure at all times the numbers and skill mix of staff are appropriate to the assessed needs of residents and the size and layout of the designated centre.

Inspectors saw that as occupancy levels had increased staffing levels had partially increased. However, rosters viewed by the inspector did not indicate that the agreed staffing levels from the previous inspection that were to be maintained as occupancy levels increased were being adhered to.

It had been agreed with the previous person in charge/provider that three nurses would be rostered for night duty once full occupancy had been reached and would be subject to regular review in relation to dependencies of residents. Rosters viewed by inspectors indicated that from 00:00hrs until 07:00hrs there were only two nurses on duty.

2. Action required from previous inspection:

Complete individualised assessments on residents' dependency levels.

This action was met. Inspectors saw that Barthel dependency levels were carried out on a monthly basis and mini-mental test scores on a six-monthly basis.

3. Action required from previous inspection:

Provide formal systems to collect data for auditing, risk management and quality assurance purposes.

This action was met. Inspectors saw that an audit schedule had been developed and audits in relation to medication management, falls, hygiene and care planning had been carried out. Action plans had been put in place on foot of the audit results.

4. Action required from previous inspection:

Provide full and satisfactory information in relation to all staff as outlined in Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended).

This action was not met. Staff files sampled by the inspector did not show evidence of three references or evidence that the person is physically and mentally fit for the purposes of the work that they are to perform.

5. Action required from previous inspection:

Ensure all staff receive induction and training in prevention, detection and response to elder abuse as outlined in the Health Act 2007.

Inspectors saw that the majority of staff had completed elder abuse training. However, not all staff had completed training.

6. Action required from previous inspection:

Provide staff members with access to education and training to enable them to provide care in accordance with contemporary evidence-based practice and maintain records of same.

Inspectors saw that since the new person in charge had taken over a significant amount of training had taken place which included stroke care, continence care, venopuncture, catheterisation and infection control.

7. Action required from previous inspection:

The person in charge shall ensure that all staff members receive ongoing appraisals.

This action was met. Inspectors saw evidence of appraisals being carried out in staff files.

Other Issues identified during inspection:

Health Care Needs - Palliative Care

On the day of inspection there were three residents who required palliative care. Two residents' care plans and medical notes, which included one recent admission, were examined.

Palliative care advice and support was provided by Waterford Hospice Homecare team who reviewed residents on admission, as observed by inspectors.

Inspectors saw that residents were referred to and advice sought from multi-disciplinary professionals, such as the homecare team. However, it was observed that the resident's general physical and mental health was not maintained continuously through appropriate health promoting interventions devised and reviewed by the relevant medical professionals.

On examining the two care plans and medical notes there was a lack of evidence to suggest that pain management symptom control was assessed and best practice adhered to. For example, there was no evidence that the resident who had been admitted two weeks previously was seen by the general practitioner (GP) and there was no supporting documentation by the GP in the medical notes. There was evidence on file that staff had tried to contact the GP. However, there was no evidence in a resident's medical notes of regular or timely service provided by the GP.

While generic nursing care plans were in place, there was no specific care pathway for end-of-life care outlined in the care plans, with no assessment for pain and symptom control management. One resident stated to an inspector that he had pain during the night and had to wait for some time for a nurse who gave him "a large white tablet" The inspector followed up on this and examined the medication record. There was documented evidence that the resident was given a mild analgesic for pain control.

There was no evidence in residents' care plans to support that the psychological, social and spiritual needs of residents were met; for example, there was no bereavement support in place and no evidence that end-of-life wishes, choices and preferences were discussed with the resident/relatives.

Medication Management

The medication management policy outlined the procedure in place for transcribing medication. However, medication charts reviewed by inspectors which had been transcribed by nursing staff were signed by the transcribing nurse and not signed and dated by a GP as required by the regulations.

Staffing

The lead inspector had agreed with the previous person in charge that staffing levels would increase as occupancy levels increased. In particular, the night duty hours were to increase. Additional nursing staff had been recommended by the previous person in charge but initially was not agreed by all the partners of Killure Bridge. However, following the registration inspection this was agreed by all partners to be corrected. While partial increase of staffing levels had taken place, rosters reviewed by inspectors did not indicate that there were sufficient staffing numbers and skill mix at night appropriate to the assessed needs of residents. All residents and relatives who spoke with inspectors said that there were often long delays answering call bells and in particular during the night one would have to wait for assistance.

Staff Training

One staff member had attended a three-day course on palliative care and another was undertaking a degree in counselling. Staff had received training and support from the hospice team in relation to syringe drivers. However, there was a lack of evidence to suggest that staff training was adequate to ensure that staff are confident, competent and guided by clearly defined person-centred and evidence-based objectives in carrying out their roles in end-of-life care

Report compiled by:

Íde Batan
Inspector of Social Services
Social Services Inspectorate
Health Information and Quality Authority

19 May 2011

Chronology of previous HIQA inspections	
Date of previous inspection:	Type of inspection:
9 December 2009	<input type="checkbox"/> Registration <input checked="" type="checkbox"/> Scheduled <input type="checkbox"/> Follow-up inspection <input type="checkbox"/> Announced <input checked="" type="checkbox"/> Unannounced
17 February 2010 and 18 February 2010	<input checked="" type="checkbox"/> Registration <input type="checkbox"/> Scheduled <input type="checkbox"/> Follow-up inspection <input checked="" type="checkbox"/> Announced <input type="checkbox"/> Unannounced

Provider's response to inspection report *

Centre:	Killure Bridge Nursing Home
Centre ID:	0242
Date of inspection:	16 May 2011
Date of response:	3 June 2011

Requirements

These requirements set out what the registered provider must do to meet the Health Act, 2007, the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the *National Quality Standards for Residential Care Settings for Older People in Ireland*.

1. The provider has failed to comply with a regulatory requirement in the following respect:

To establish and maintain a system for reviewing shared services with the objective of improving the quality of care provided at, and the quality of life of residents in, the designated centre.

Action required:

Ensure that operational management systems enable each person in charge to have authority, responsibility and accountability for fulfilling their duties and legislative responsibilities.

* The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.

Action required:	
Ensure that management systems facilitate a culture of ongoing review, quality assurance, continuous improvement and implementation of corrective action so as to enhance the experience of the resident.	
Reference:	
Health Act 2007 Regulation 35: Review of Quality and Safety of Care and Quality of Life Standard 27: Operational Management Standard 29: Management Systems Standard 30: Quality Assurance and Continuous Improvement	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
<p>Provider's response:</p> <p>Shared services includes all primary care, secondary care, specialist services and allied health professionals.</p> <p>Due to moratorium on staffing in the HSE there is no cover for the speech and language therapist or social worker at present. The person in charge has sent numerous requests to the occupational therapists for assessments and the response received is that seating assessments should be dealt with in the residents' care plan.</p> <p>A letter was sent to Pat Walsh Local Health Manager, HSE South in February 2011 and May 2011 regarding inadequate access to allied health professionals, awaiting response.</p> <p>All GPs were contacted and informed of their duty to review residents within 48 hours of admission under regulation 25 of the regulations 2009. If the GP is unable to call out, Caredoc emergency service is to be contacted to review the resident, admission policy updated to reflect this practice.</p> <p>The psychiatry of old age team visit the nursing home on a monthly basis or more often if required. Residents requiring review by the geriatrician are reviewed in the age related care unit Waterford Regional Hospital. Homecare team from Waterford Regional Hospital review palliative care residents on a daily basis if required and each palliative care resident is discussed at weekly case conference in Waterford Regional Hospital with palliative care consultant and multidisciplinary team.</p>	Completed

<p>Physiotherapist on site eight hours per week. Access to dietician from Nutricia. Residents who required visual testing were reviewed and new glasses obtained in March 2011. Chiropodist on site once a week.</p> <p>An audit of shared services will be implemented and action plans developed in consultation with the HSE Community services.</p>	<p>31 August 2011</p>
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2. The provider has failed to comply with a regulatory requirement in the following respect:

End-of-life care was not guided by current best national and international practice.

Palliative care was documented in a generic care plan and there was evidence that nursing staff did not discuss with the resident their end-of-life wishes, choices and preferences as this was not completed in care plans reviewed.

Action required:

Decisions regarding consent to further treatment in the event of sudden deterioration must be underpinned by policy based on the best available evidence and key ethical and legal principles. Devise and implement such a policy.

Action required:

Implement a specific care pathway for the dying with the appropriate training and support for staff to ensure that staff are confident, competent, supported and guided by clearly defined person-centred and evidence-based objectives in carrying out their roles in end-of-life care.

Reference:

- Health Act 2007
- Regulation 6: General Welfare and Protection
- Regulation 14: End of Life Care
- Regulation 25: Medical Records
- Standard 13: Healthcare
- Standard 3: Consent
- Standard 16: End of Life Care

Please state the actions you have taken or are planning to take with timescales:

Timescale:

Provider's response:

End of life care policy implemented February 2011.

End of life care wishes record implemented. Liverpool care pathway to be implemented. Nurses booked on palliative care and end of life care courses in Waterford Regional Hospital, Milford Care Centre and Marymount Hospice for Autumn 2011.	31 October 2011
Care plan education sessions planned for nursing staff.	31 July 2011

3. The provider has failed to comply with a regulatory requirement in the following respect:

There were indicators as evidenced on inspection that residents did not have timely access to healthcare services.

Action required:

Ensure that all residents are provided with suitable and sufficient care to maintain their welfare and well-being, having regard to the nature and extent of the resident's dependency and needs.

Action required:

Ensure that each resident has access to healthcare services including primary care, secondary care, specialist services and allied health professionals, irrespective of geographical location or place of residence.

Reference:

Health Act 2007
Regulation 6: General Welfare and Protection
Regulation 9: Health Care
Standard 13: Healthcare
Standard 12: Health Promotion

Please state the actions you have taken or are planning to take with timescales:

Timescale:

Provider's response:

As Action 1.

Due to moratorium on staffing in the HSE there is no cover for the speech and language therapist or social worker at present. The person in charge has sent numerous requests to the occupational therapists for assessments and the response received is that seating assessments should be dealt with in the residents' care plan.

A letter sent to Pat Walsh Local Health Manager HSE South in

<p>February 2011 and May 2011 regarding inadequate access to allied health professionals, awaiting response.</p> <p>All GPs contacted and informed of their duty to review residents within 48 hours of admission under regulation 25 of the regulations 2009. If GP unable to call out, Caredoc emergency service contacted to review resident, admission policy updated to reflect this practice.</p> <p>The psychiatry of old age team visit the nursing home on a monthly basis or more often if required. Residents requiring review by the geriatrician are reviewed in the age related care unit Waterford Regional Hospital. Homecare team from Waterford Regional Hospital review palliative care residents on a daily basis and each palliative care resident is discussed at weekly case conference in Waterford Regional Hospital with palliative care consultant and multidisciplinary team. Physiotherapist on site eight hours per week. Access to dietician from Nutricia. Residents who required visual testing were reviewed and new glasses obtained in March 2011.</p>	<p>Completed May 2011</p>
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<p>4. The provider/person in charge has failed to comply with a regulatory requirement in the following respect:</p> <p>The designated centre did not have appropriate and suitable practices relating to the transcribing of medications. Systems and procedures left a margin for error as evidenced on inspection.</p>
<p>Action required:</p> <p>Ensure that a medical record with details of investigations made, diagnoses and treatment given, and a record of all drugs and medicines prescribed, signed and dated by a medical practitioner are maintained.</p>
<p>Action required:</p> <p>Review existing systems and procedures and implement standard operating procedures that outline the manner in which medications are transcribed.</p>
<p>Action required:</p> <p>Ensure that policies and procedures reflect clinical practices in the centre and ensure that audits are carried out on the practice of transcribing.</p>

Reference: Health Act 2007 Regulation 6: General Welfare and Protection Regulation 25: Medical Records Regulation 33: Ordering, Prescribing, Storing and Administration of Medicines Standard 14: Medication Management Standard 15: Medication Monitoring and Review	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: Nurses were adhering to An Bord Altranais medication management guidelines 2007, The Scope of Nursing Practice 2000. Local policy regarding transcribing now includes a designated timeframe for prescriptions to be co-signed by the prescribing doctor. The decision to transcribe a prescription is made in the best interest of the resident (An Bord Altranais 2007.) A new system has been implemented to fax GP on a weekly basis drug administration records that require signing. Nurse prescriber approved since 23 May 2011.	Completed

5. The person in charge has failed to comply with a regulatory requirement in the following respect: The person in charge had not established a process for determining staffing levels and skill mix based on the assessed needs of residents and size and layout of the building. Inspectors found that there were indicators that suggested there were inadequate staffing levels and skill mix during the night.
Action required: Establish a process to determine the numbers and skill mix of staff that are appropriate to the assessed needs of residents, specific care categories and the size and layout of the designated centre.
Reference: Health Act 2007 Regulation 16: Staffing Standard 23: Staffing Levels and Qualifications

Please state the actions you have taken or are planning to take with timescales:	Timescale:
<p>Provider's response:</p> <p>A staffing review was planned when the new extension was at full capacity for a significant period of time in order to make judgement regarding staffing levels.</p> <p>The person in charge had redeployed 7 hours from night duty shift to day duty. A 18:00hrs – 00:00hrs and 07:00hrs -13:00hrs shift was in operation prior to inspection.</p> <p>The 7 hours has been re-instated on night duty to increase the staffing levels on night duty to 3 nurses.</p> <p>There is staff allocation on a daily basis determined by the person in charge based on the assessed needs of residents.</p> <p>A new GPS tracking system for residents and staff will be installed by September 2011. Following installation an in depth review of staffing will be carried out. This system will also be used to review call bell response times. This will address issues regarding the size and layout of the building.</p>	<p>30 September 2011</p> <p>6 June 2011</p> <p>30 November 2011</p>

<p>6. The provider has failed to comply with a regulatory requirement in the following respect:</p> <p>Not all staff had received training in elder abuse.</p>	
<p>Action required:</p> <p>Ensure that all staff receive induction and training in prevention, detection and response to elder abuse as outlined in the Health Act 2007.</p>	
<p>Reference:</p> <p>Health Act 2007 Regulation 6: General Welfare and Protection Standard 8: Protection</p>	
Please state the actions you have taken or are planning to take with timescales:	Timescale:

<p>Provider's response:</p> <p>All staff who have direct care with residents in the nursing home had completed training on elder abuse, the staff identified on the day of inspection as requiring training, maintenance man, external independent service providers of activities, hairdresser and chiropodist have all undertaken the training on 24 May 2011 and 26 May 2011.</p>	<p>Completed</p>
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<p>7. The provider has failed to comply with a regulatory requirement in the following respect:</p> <p>Some staff personnel files were incomplete. They did not contain Garda Síochána vetting, three references or evidence of mental and physical fitness.</p>	
<p>Action required:</p> <p>Put in place a system to ensure that personnel files meet the requirements set out in the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended).</p>	
<p>Reference:</p> <p>Health Act 2007 Regulation 18: Recruitment Standard 22: Recruitment</p>	
<p>Please state the actions you have taken or are planning to take with timescales:</p>	<p>Timescale:</p>
<p>Provider's response:</p> <p>Applications for Garda Síochána vetting have been sent but due to delays in processing applications Garda Síochána vetting is out of the control of the person in charge.</p> <p>Third references had been requested by the person in charge prior to inspection and follow up phonecalls have taken place.</p> <p>All staff had medical self declaration signed which was accepted on previous inspection. The person in charge was not aware that self declaration of medical fitness was no longer acceptable. All staff have been requested to submit medical cert.</p>	<p>31 August 2011</p>

Recommendations

These recommendations are taken from the best practice described in the *National Quality Standards for Residential Care Settings for Older People in Ireland* and the registered provider should consider them as a way of improving the service.

Standard	Best practice recommendations
Standard 17: Autonomy and Independence	Care practices should reflect a person-centred approach to care. There are clear communication and information processes to facilitate the resident exercising choice.

Any comments the provider may wish to make:

Provider's response:

We value the feedback from the Health Information and Quality Authority as it is an opportunity for continuous quality improvement.

The Partnership of Killure Bridge Nursing Home, the Person in Charge and staff are committed to ensuring the highest standard of care is provided for residents, adhering to HIQA standards.

Kilure Bridge Nursing Home provides a home from home environment and aims to provide the best possible care to all our residents. We would like to acknowledge the wonderful work of all our staff in providing a 'high quality' home for our residents.

Provider's name: Mr Kenneth Walsh

Date: 3 June 2011