



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

Issued by the Chief Inspector

Name of designated centre:	Windmill House Care Centre
Name of provider:	Windmill Nursing Home and Retirement Village Limited
Address of centre:	Churchtown, Mallow, Cork
Type of inspection:	Unannounced
Date of inspection:	04 February 2025
Centre ID:	OSV-0005522
Fieldwork ID:	MON-0040278

About the designated centre

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

Windmill Nursing Home is located in the village of Churchtown in North Cork. It is a purpose-built single-storey centre which was established in 2004. The centre accommodates forty residents in twenty four single and eight twin bedrooms, all of which are en suite with shower, toilet and wash hand basin. Communal rooms include a large sitting room, which is referred to as the atrium; a library room; a lounge; a small oratory; and a dining room. The centre provides 24-hour nursing care to predominantly older adults with varying levels of need. Staff are trained in all required aspects of older adult care and protection. There is a varied, individualised activity programme in place including outings to local areas of interest. The large peaceful garden is easily accessible to residents and the centre is located within the local community.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	35
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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 February 2025	10:30hrs to 17:30hrs	Mary O'Mahony	Lead

What residents told us and what inspectors observed

This was an unannounced inspection of Windmill House nursing home. There was a happy, warm atmosphere evident to the inspector, on arrival. During the day, the inspector met all residents, and spoke with seven residents in detail. From what residents told the inspector, and from what the inspector observed, this was a comfortable, homely place to live. Residents reported that they felt supported by staff and they described staff as, "couldn't be better", "they go above and beyond" and were "understanding". They spoke very positively about how staff had "rallied around" during the recent snowstorm. Everybody, from the director, to the household staff, came into work and were engaged in clearing the driveway of snow, ferrying staff to and from their homes and even staying overnight, to ensure there was no gap in any aspect of the care provision.

All residents were observed to be well dressed and well cared for, on the day of inspection. Family members gave positive feedback about the quality of communication from the staff team, and they told the inspector that they were confident that their relatives had a good, and fulfilled, life in the centre. Relatives said that they availed of the electronic communication system, set up by the centre to enable them to exchange photographs and messages on a daily basis with residents. Throughout the day, it was evident that residents had access to a committed and consistent team of staff, who worked hard to ensure that residents were supported to meet their holistic, needs.

The designated centre is located near the village of Churchtown, in north Cork, in a scenic rural setting. The front gardens were landscaped and externally the centre had a very nice, modern, appearance. There were adequate car parking spaces for staff and visitors, in front of the single-storey building. On the day of inspection, there were 35 residents living there, with 5 vacant beds. Three of these vacant beds were booked for residents. Following an introductory meeting with the person in charge, and the operations manager, the inspector was accompanied on a walk around the premises and external garden areas.

During the day the inspector observed that the centre was clean and well maintained. The layout and design of the premises met residents' individual and collective needs. The building was warm and well ventilated throughout. There were grab rails on each corridor to assist residents to mobilise independently. Call bells were available throughout the centre and these were heard to be responded to promptly. Bedroom accommodation consisted of 24 spacious, single, and eight twin rooms. All rooms had full en-suite facilities and were painted and renovated on an annual basis, or when required. The inspector saw that each resident had sufficient wardrobe, and personal space, in their bedroom, to store their belongings and personal items. Bedrooms were seen to be decorated with, for example, flowers, photographs, items of grand-children's, and personal, art and other memorabilia from home.

Residents had access to a number of spacious, communal areas, including the atrium, the dining room, the oratory, as well as a library and family/visitors' room. The library was in use all day for private family visits. Relatives spoken with were delighted with this facility and said that it "made the place very like being at home", to have somewhere to sit and spend the afternoon, watching TV and snacking on treats, with their resident. The inspector observed that the centre was decorated in a modern, but traditional style with, flat screen televisions, internet access, wooden flooring, comfortable armchairs and fashionable interior design. All areas of the centre opened onto an easily accessible, secure garden area, part of which was currently cordoned off, due to the new extension works. The inspector saw that a new, safe, outdoor, walking and sitting area was being fenced off, for the enjoyment of residents, during the spring and summer months, while awaiting final landscaping.

The inspector saw that there was a lively atmosphere in the centre throughout the day and a number of thoughtful interactions were seen to occur, between staff and residents. Residents stated that their choices were respected and that the activities on offer to them, were enjoyable. One resident, who told the inspector that they would be 100 years old next year, was seen to be really enjoying the live music, and they chatted with the inspector about how happy they were to be facilitated to lead a long and healthy life, which they said "was in the genes". Residents also said that they felt their opinions were listened to, and that their rights were respected. Minutes of residents' meetings confirmed that issues were followed up on, and the actions taken were discussed at the next meeting. Throughout the day activity staff members were seen to accompany residents on walks, to organise singing and live music and to provide one to one conversations and support. Residents, who were present at the activities, were observed to be fully engaged, and interacted well with each other and with staff. They particularly enjoyed the live music session and they took turns, along with very talented, staff members, to sing favourite songs and dance with staff.

The inspector saw there was a well-equipped hairdressing salon in the centre, which was used weekly, or as requested by residents. The male residents said they had benefited from recent haircuts, and the female residents informed the inspector that they had their hair done, as well as being afforded the experience of a "relaxing spa day", in the salon. A number of residents said they were supported to go on outings with their families, for shopping trips, to restaurants and to avail of overnight stays during celebratory weekends. They especially enjoyed attending the external shows and "plays", in which their activity coordinator played a starring role. Residents told the inspector that they were happy with the laundry service. Laundry personnel were described as "careful" and "thorough" and there were no open complaints about the service. Residents informed the inspector that they knew to approach if they had a complaint and they said they "felt safe" in the centre.

Residents spoke positively with regards to the quality of food in the centre. The inspector was informed that the dining experience was reviewed regularly and would be audited monthly, with the aim of continuous improvement. Residents, spoken with at mealtimes, said they appreciated the relaxed approach to dining, as they felt

they could take time to enjoy the food. Sufficient staff were available to support those who required help to eat their meal.

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

This one day, unannounced, inspection was carried out to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centre for Older People) Regulations 2013 (as amended). Overall, this inspection found that Windmill House nursing Home was a well-managed service, where residents were in receipt of a high standard of care, by staff that were responsive to their needs.

The provider of the centre was Windmill Nursing Home and Retirement Village Ltd. It was established in 2004. The company is comprised of two directors, both of whom are involved in the operation of other designated centres in the country. One of these directors, was the named person representing the provider, and there was evidence that they were actively engaged in the day to day operation of the centre. Additionally, an operations manager, a health and safety manager, as well as a maintenance manager, provided an overall governance structure for the group and were available to the person in charge on a daily basis. At the time of inspection a 40 bedded extension was well underway and the builders were operating independently of the active centre, without encroaching on residents' privacy and safety.

Within the centre, the management team consisted of an appropriately qualified person in charge and two assistant directors of nursing. They were supported by a team of nurses, health care assistants, activities, catering, administrative and maintenance staff. Staff, spoken with, were aware of their role and responsibilities and to whom they were accountable. It was evident that there was a defined management structure in place and the lines of authority and accountability were outlined, in the centre's statement of purpose.

The number, and skill-mix, of staff on duty was appropriate to meet the needs of the residents, on the day of inspection. There were systems in place to ensure appropriate communication between the management team and staff. These included detailed handover reports, staff and management meetings, as well as governance meetings, to discuss residents' care requirements and resources. There was an ongoing comprehensive schedule of training in place, to ensure all staff had relevant and up-to-date training, to enable them to perform their respective roles. A training matrix was maintained to monitor staff attendance at training.

A range of audits were carried out, which reviewed practices such as, care planning, incident management, medication management and infection prevention and

control. The centre was appropriately insured and residents were issued with a contract for the provision of services, as required by the regulations.

A complaints policy and procedure had been developed, as described further under regulation 34. The person in charge had submitted specified notifications, such as an injury requiring hospitalisation, to the Chief Inspector, within the required time frames.

Records were seen to be maintained and stored adequately and the sample seen met legislative requirements, as set out in Schedule 2, 3 and 4 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended).

Regulation 15: Staffing

Staffing levels were in accordance with the roster, made available to the inspector:

On the day of the inspection the inspector found there were sufficient staff on duty in the centre, to meet the assessed needs of residents, and given the size and layout of the centre.

Judgment: Compliant

Regulation 19: Directory of residents

The directory of residents was maintained.

It contained all the required elements, as set out in the regulations.

Judgment: Compliant

Regulation 21: Records

The regulatory records were well maintained and accessible for inspection.

The inspector reviewed a sample of staff personnel files. These contained the necessary information, as required under Schedule 2, including evidence of a vetting clearance, in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012 and 2016.

Judgment: Compliant

Regulation 22: Insurance

The centre was appropriately insured, as evidenced by the up-to-date insurance policy.

Judgment: Compliant

Regulation 23: Governance and management

The registered provider had a defined governance and management structure in place, with clear lines of authority and accountability established.

Monitoring and oversight systems had been developed, to ensure the service provided was safe, appropriate, consistent and effectively monitored.

Quality improvement plans seen, provided evidence that there was an ongoing commitment to enhance the quality and safety of the service provided to residents.

Judgment: Compliant

Regulation 34: Complaints procedure

A complaints policy was in place.

Complaints were addressed and the outcome of any complaint was recorded.

Information, regarding advocacy services, and the ombudsman, was available to residents or their relatives, if they required assistance with the complaints process.

A review officer, and the process for requesting a review, was clearly set out.

Judgment: Compliant

Regulation 24: Contract for the provision of services

Each resident was provided with a contract of care on admission.

The inspector examined a sample of these.

They were signed by both parties, and contained details of the care to be provided, as well as, the fees payable.

Judgment: Compliant

Quality and safety

Findings of this inspection were that residents, living in Windmill House nursing home, enjoyed a good quality of life, and were in receipt of a high standard of quality care. Residents' needs were being met, through good access to healthcare services and great opportunities for social engagement. Improvements were required, in the area of infection control, which will be detailed under the relevant regulation.

A written, detailed, pre-admission assessment of residents' health and social care needs was completed, to ensure the service had the resources to meet their needs. This was updated again on admission, and this attention to detail ensured that residents' individual care and support needs were being identified. Residents' care plans and daily nursing notes were recorded on a computerised system. Care planning documentation was updated four monthly, or whenever a significant change occurred.

The inspector was satisfied that the health care needs of residents were met. The person in charge said they had good access to medical care, provided by local general practitioners (GP's), who visited the centre weekly. There was evidence of these regular medical, and medicine, reviews seen in residents' care plan documentation. Services such as, pharmacy, occupational therapy (OT), physiotherapy, dietetics, wound care, speech and language (SALT), chiropody, ophthalmology, dental and psychiatry of old age, were available, as required. Evidence was available, that these reviews were appropriately scheduled, and that the recommendations made, were followed.

Each resident had a nutritional assessment completed, using the MUST tool (malnutrition universal screening tool). Where weight loss was identified, the nursing staff informed the GP, and referred the resident for expert input, as required. Residents were provided with wholesome and nutritious food choices, and snacks and refreshments were made available at residents' request.

There was a low incidence of pressure wound development, which indicated good nursing care and attention. The inspector saw that residents' skin integrity was assessed regularly and appropriate preventative measures, including pressure relieving equipment, were utilised. All staff had safeguarding training completed and

those spoken with, demonstrated good knowledge, in relation to protecting residents and reporting abuse. The inspector was satisfied that every effort was being made, to protect residents from abuse.

In general, the premises was well maintained. Painting was underway at the time of inspection. While some areas of the flooring was worn there was no evidence of this creating a hazard at present. Bedrooms were decorated to residents' preferences and items from home were apparent in each room, such as, crocheted bedspreads, fresh flowers, soft toys and books. The provider explained that, as there was a new 40-bedroom extension underway, all the flooring would be renewed and merged, throughout the whole building, when the extension was completed.

A senior staff member had been trained as an IPC practitioner, to take the lead in infection control (IPC), and provide advice and guidance to other staff members. External audit of infection control was scheduled and staff were trained in infection control processes. Overall, there were good monitoring and auditing systems in place, which ensured that high standards of infection control were met within the centre, including the judicious use of antibiotics. Nevertheless, action was required to ensure that the national standards and regulations were met. This is detailed under regulation 27. Fire safety was well managed, as described further, under regulation 28. Staff were trained as fire wardens and they had access to expert advice, on ensuring that fire evacuation drills were comprehensive and effective. "Fire safe" doors (doors that inhibit the spread of smoke and fire, for defined periods), were being upgraded at the time of the inspection.

Management and staff promoted and respected the rights, and choices, of residents living in the centre. It was evident that the staff knew residents' needs and preferences, as evidenced by observation on the day, by conversations, by the individualised decor in the bedrooms and by reviewing individual care plans. Residents' meetings took place every couple of months, and these were well attended, according to the minutes reviewed. Dedicated activity staff implemented a varied and interesting schedule of activities. There was an activities programme available over seven days of the week. Advocacy services were available to all residents in the centre and these groups had assisted some residents with personal matters. Residents were supported and encouraged to visit their families in their homes and to go on trips outside the centre, with staff, friends and family. Nonetheless, some residents informed the inspector that they were always glad to "come home", to Windmill, after the days out.

Regulation 17: Premises

The premises was appropriate to the number and needs of residents in the centre and it was laid out in accordance with the statement of purpose.

The premises conformed to the matters set out in Schedule 6 of the regulations.

All communal areas of the centre were bright and spacious, with comfortable furnishings, photographic displays, and colourful wall hangings.

Directional signage was displayed throughout the centre, to support residents to navigate their environment.

Residents had access to the outdoors, and to an enclosed, garden with suitable furniture, and seasonal plants.

Judgment: Compliant

Regulation 18: Food and nutrition

Food of a suitable quantity, and quality, was carefully prepared for residents.

Residents, who spoke with the inspector, were complimentary, regarding the variety and the quality of the food and the overall dining experience.

Menus were developed, taking into account residents' individual preferences, as well as their specific dietary needs, such as modified diets, or gluten free diets.

Food was seen to be attractively presented, and residents requiring assistance were supported, with careful attention.

Drinks, home baking and snacks were provided to residents throughout the day.

The majority of residents dined in the nicely furnished dining room for all meals, where two sittings were facilitated.

The chef and staff were praised by residents, for their happy demeanour, personal attention and individualised care.

Judgment: Compliant

Regulation 20: Information for residents

The registered provider had prepared, and made available, a guide in respect of the centre, which contained a summary of the facilities and services, the terms and conditions of residence, the complaints procedure, arrangements for visits, and information on independent advocacy arrangements.

Judgment: Compliant

Regulation 27: Infection control

The infection prevention and control management in the centre did not fully comply with the requirements of regulation 27: infection control. Action was required to ensure that procedures, consistent with the national standards for infection prevention and control in community services, as published by HIQA, were implemented:

- Sufficient, specifically designed, clinical sinks, for staff hand washing purposes, had yet to be installed.
- The centre had no bedpan washer, or macerator, in the sluice room. Even though, currently there were no bedpans or commodes in use for the cohort of residents, appropriate sluicing facilities were required, for sterilising jugs used to empty catheter bags and urinals
- The woodwork on some bed frames had become worn, which would impede effective cleaning.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The provider had taken action to protect residents and prevent fire.

For example:

Fire safety training was up to date, for all staff working in the centre.

Residents had personal emergency evacuation plans (PEEPs), in place.

Appropriate service records were available, for the maintenance of fire fighting equipment, the fire detection system and emergency lighting.

Fire safety drills were undertaken on a regular, scheduled basis. In particular, these drills took into account the lowest level of staff at any given time, to ensure that staff were confident that they could safely evacuate residents at more critical times.

Emergency evacuation, "ski", sheets were seen to be correctly placed on a number of beds checked.

The remaining work on the "fire safe" doors was underway, at the time of the inspection, and completed shortly afterwards.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Care plans were detailed and comprehensively maintained.

In the sample of care plans reviewed, it was apparent that validated assessment tools were used to identify clinical risks such as, malnutrition, behaviour issues or maintaining skin integrity. These assessments underpinned detailed care plans, which guided staff in delivering person-centred care, focusing on the rights of residents.

Where necessary, referrals were made to a range of health care professionals, such as the GP, dietitian, the occupational therapist (OT) and the speech and language therapist (SALT).

Reviews of care plans were carried out, at intervals not exceeding four months, or as necessary.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

The centre had very little restraint (such as bedrails) in use, and where restraint was used, it was risk assessed, and used in line with the national policy.

Residents, exhibiting responsive behaviours (how residents with dementia respond to changes in their environment, or express distress or pain through behaviour), were well managed.,

Staff had received appropriate training in this aspect of care, and care plans reflected best practice, including the use of a clinical assessment tool, to analyse any antecedent to the event and describe the consequence of the behaviour.

Judgment: Compliant

Regulation 9: Residents' rights

Residents said they felt that their rights were protected and supported, and records indicated that all staff had undertaken training modules in, 'applying a human rights-based approach', to care.

Examples of this included:

The provider ensured that there were appropriate facilities for occupation and recreation available to residents, and that opportunities for residents to participate in meaningful group and individual activities, were promoted. Residents said that activities, were interesting and varied and they praised the accommodation, the staff and the support available in the centre.

Residents reported that they felt safe and "at home" in the centre and they attributed this to the staff, who had an in-depth understanding of residents' backgrounds and interests.

Residents had access to social outings, activity, gardening, religious services, external and internal musicians, and celebrations with family.

Preparations were well under way, with colourful decorations displayed, to celebrate St Brigid's day, pancake day and St Valentine's day.

Staff were observed to support residents to exercise choice, in how they led their daily lives.

Residents had unrestricted access to visits, computers, television, radio, newspapers, the mobile library and personal phones.

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 19: Directory of residents	Compliant
Regulation 21: Records	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 24: Contract for the provision of services	Compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Windmill House Care Centre OSV-0005522

Inspection ID: MON-0040278

Date of inspection: 30/01/2025

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 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <ol style="list-style-type: none"> 1. Meeting with Maintenance Manager, DON and Quality Manager to review the findings of the inspection with regards IPC Compliance completed 28.02.2025 Maintenance schedule updated and works commenced to address the findings of the inspection with regards to the furniture. 2. Independent IPC review of the Centre completed by 28.02.2025 3. A meeting with the Maintenance Manager and the ADON/IPC lead to identify appropriate location for clinical hand wash sinks. Completed by 7th of March 2025 4. A schedule of works to be developed and implemented to meet with IPC regulatory compliance. Completed by 30th of September 2025 5. Sluice room to be upgraded to provide appropriate sluicing facilities. Completed 30th of September 2025 	

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 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Substantially Compliant	Yellow	30/09/2025