



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 House Care Centre
Address of centre:	Churchtown, Mallow, Cork
Type of inspection:	Unannounced
Date of inspection:	18 January 2023
Centre ID:	OSV-0005522
Fieldwork ID:	MON-0038297

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:	39
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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
Wednesday 18 January 2023	10:00hrs to 18:00hrs	Mary O'Mahony	Lead

What residents told us and what inspectors observed

There was a warm and welcoming atmosphere in Windmill House Care Centre which was apparent to the inspector on entry to the centre. The first person the inspector met was a resident who was sitting in the dining room just off the entrance foyer. The resident had just sat down to a lovely breakfast of porridge, home-made scones, toast and tea and declared that they could not be happier with their lived experience. During the day, the inspector spoke with six other residents in detail and spent time observing residents' daily lives and care practices, in order to gain insight into life in the centre. Residents reported that they felt very well cared for by staff who were kind and committed to their care. One resident informed the inspector that staff were "obliging, kind and courteous". All residents were observed by the inspector to be content and well cared for.

The designated centre is located near the village of Churchtown in spacious rural grounds with adequate car parking spaces for staff and visitors. On the day of inspection, there were 39 residents in the centre and one vacant bed. The inspector arrived unannounced to the centre and followed the infection control protocol in place. Following an introductory meeting with the person in charge and the assistant person in charge, the inspector was accompanied on a walk through the premises and external garden areas. Bedroom accommodation consisted of 24 single rooms and eight twin rooms. All rooms had en-suite facilities and had been upgraded and renovated on an annual basis. The inspector saw that each resident had sufficient wardrobe and personal space in their bedroom to store their belongings. Some bedrooms, particularly single bedrooms, were seen to be personalised with furniture items, pictures and memorabilia from home. The painter and decorator was present in the centre when the inspector arrived and he told the inspector that he had an ongoing schedule of works to attend to.

Residents had access to a large sitting area, the hub of the home, known as "the atrium", which was where most residents were seen to spend their day. The inspector observed that this area was decorated in a personalised manner, with pictures of inspirational sayings, plants, suitable furniture and a large flat screen television. This space had natural lighting provided by the double height ceiling and roof lights. It opened onto a easily accessible large secure garden. There was also a patio courtyard available to residents, as well as a further communal space in the library room, the lounge, a dining room and the oratory.

There was a calm but lively atmosphere in the centre throughout the day and the inspector observed respectful interactions and a good, personal rapport between staff and residents. Residents stated that choices were respected and that the activities provided were fun and enjoyable. Residents also said that they felt their opinions were listened to at residents' meetings and that their rights were respected. Minutes of the meetings confirmed that an action plan was developed following each meeting. Activity staff members spoke with the inspector. They said that they regularly consulted with residents on what activities and events they would

like to celebrate. The inspector saw that there were activities arranged for residents to partake in throughout the day. One resident said that he liked watching "westerns" on his personal TV in the bedroom or in the TV room in the evenings. Residents who were present at the activities said they really enjoyed them. They were seeing carrying out chair based exercises to music, discussing the news, quizzing and singing their favourite songs. In addition, a physiotherapist, who said she spent a full day in the centre each week, also spoke with the inspector about the benefits of this service. Residents were seen to enjoy a Sonas class (activation of the potential to communicate through the senses), songs, games and two group exercise classes, as well as individual board games and physiotherapy sessions. Residents were supported to leave the centre with their families for scenic trips, or shopping, and some said they availed of overnight stays away during the recent Christmas period.

Residents spoke very positively with regards to the quality of food in the centre. Food was observed to be attractively and carefully presented. Menus were available on all tables and there were a sufficient amount of staff available to assist residents as required. Assistance was seen to be offered in a sensitive way while encouraging independence also. The inspector was informed that the dining experience was reviewed regularly with the aim of enhancing the experience as it was seen as an important social event. Two sittings were arranged for each meal which further improved the experience as there was sufficient space and time afforded to each person.

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 was an unannounced risk inspection conducted by an inspector of social services to assess compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended). The provider had applied to renew the registration of the centre as this was due to expire in May 2023. Overall, findings of this inspection were that Windmill Care Centre was a well managed centre, where residents received a high standard of care by staff that were responsive to their needs. Some improvements were required in fire safety management and infection control, which are detailed under the quality and safety dimension of this report.

Windmill House Care Centre is owned and operated by Windmill Nursing Home and Retirement Village Limited, who is the registered provider. It was established in 2004. The company was 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 for Windmill House and there was

evidence that they were actively engaged in the day to day operation of the centre. This director attended the centre on two occasions during the inspection and attended the feedback meeting at the end of the inspection day. There was also additional support available from the quality and safety manager in the group. From a clinical perspective care was directed by a suitably qualified person in charge. She was found to be aware of her responsibilities as a person in charge and to carry out these duties in a person-centred, caring manner which was acknowledged by all those spoken with. She was supported in her role by two assistant directors of nursing, a clinical nurse manager and a team of nurses, health-care assistants, household, administration, catering and activities staff.

There was evidence of good communication processes within the centre which included daily handover reports and regular meetings with all groups of staff. Comprehensive systems had been implemented to monitor the service including the annual review of the quality and safety of care. A schedule of audits was being carried out in areas such as infection control, documentation, antibiotic stewardship, and medication management. Clinical indicators were being monitored in areas such as wounds, infections, restraint and dependency levels. The registered provider had a suite of written policies and procedures available to guide care provision, as required under Schedule 5 of the regulations.

Staffing numbers and skill mix on the day of inspection were appropriate to meet the individual and collective need of residents, with due regard to the layout of the centre. The inspector examined staff training records which confirmed that all staff had up-to-date training to support them in their respective roles, such as fire safety, medicine management, manual handling and safeguarding residents from abuse.

The inspector found that records and additional documents required by Schedule 2, 3 and 4 of the regulations were available for review. A sample of staff personnel files reviewed were maintained in line with the requirements of the regulations. Vetting disclosures, in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012 and 2016, were in place for all staff prior to commencement of employment. There was a complaints management system in place which conformed with regulatory requirements.

Registration Regulation 4: Application for registration or renewal of registration

The regulatory documents required to be submitted with the application were received.

Judgment: Compliant

Registration Regulation 8: Annual fee payable by the registered provider of a designated centre for older people

The required annual fees were paid in a timely manner.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge was knowledgeable and was seen to be well known to residents and relatives. The person in charge fulfilled the requirements of the relevant regulations.

Judgment: Compliant

Regulation 15: Staffing

From an examination of the staff duty rota and communication with residents and staff it was found that the levels and skill-mix of staff at the time of inspection were sufficient to meet the needs of residents.

There was a stable and dedicated core team of staff in Windmill Care Centre, which ensured that residents benefited from continuity of care from staff who knew them very well.

Judgment: Compliant

Regulation 16: Training and staff development

From records seen and staff spoken with there was an emphasis placed on the importance on training in the centre and attendance at the sessions was monitored by the management team.

All mandatory training, as per the centre's policy and appropriate to the sector, was found to be up-to-date.

Staff demonstrated competence in their work and told the inspector that training was easily accessible. Additionally, two health-care assistant staff (HCAs) were currently undertaking a Level 6 course in aspects of caring for older adults. These extra opportunities for progression were offered to all staff.

Staff were appropriately supervised and supported to perform their respective roles, including the role of senior carer and health and safety officer. There was a comprehensive induction and appraisal programme in place to support robust

recruitment and retention of staff. Training was updated on a one-to-one basis for any staff who was identified as requiring an update following appraisal or when necessary.

Judgment: Compliant

Regulation 19: Directory of residents

The registered provider maintained a directory of residents in the centre, which contained all information, as specified under Schedule 3 of the regulations.

Judgment: Compliant

Regulation 21: Records

Records were well maintained and stored securely. The records listed in Schedule 2, 3 and 4, to be kept in a designated centre were made available to the inspector when requested. The inspector reviewed a random sample of four staff files and found that they contained the information required under Schedule 2 of the regulations.

Judgment: Compliant

Regulation 22: Insurance

There was an appropriate, up-to-date contact of insurance in place.

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 24: Contract for the provision of services

Each resident had a written contract of care that outlined the services to be provided and the fees to be charged, including fees for additional services. Contracts of care had been updated since the previous inspection, to include clarification on additional fees.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose was updated annually as required under the regulations. It contained a description of the premises and a statement on the ethos of the centre, residents' rights and the management structure.

Judgment: Compliant

Regulation 34: Complaints procedure

An accessible and effective complaints procedure was in place. Residents' complaints and concerns were listened to and acted upon in a timely, supportive and effective manner. The complaints log was reviewed and showed that all concerns and complaints were recorded in line with the regulations.

Judgment: Compliant

Quality and safety

Overall, this inspection found that residents were in receipt of a good standard of care in Windmill Care Centre. Residents' health and welfare was maintained by the delivery of evidence-based care. The inspector found that residents received person-centred and safe care from a team of staff who knew their individual needs and preferences. The quality of residents' lives was enhanced by the provision of a choice of meaningful activity during the day. On this inspection, some improvements

were required in infection control and fire safety, as described under the relevant regulations.

The inspector was assured that residents' health-care needs were met to a high standard. There was weekly access to the general practitioners (GPs) who were described as attentive and supportive. Systems were in place for referral to specialist services as described under Regulation 6: Health-care. Residents' records evidenced that a comprehensive assessment was carried out for each resident prior to admission which underpinned the development of a relevant plan of care.

The registered provider had invested in continuously upgrading the premises, which had a positive impact on residents' quality of life. Painting of the centre was underway and floor coverings in two rooms were scheduled to be replaced the week following the inspection. The laundry was outsourced and was well managed. The centre was observed to be very clean and staff were seen to adhere to good infection control practices in relation to hand hygiene protocol and the wearing of face masks. Some aspects of infection control requiring action were detailed under Regulation 27.

There was good practice observed in the area of fire safety management within the centre in general. For example, the provider had arranged for a centre-wide risk assessment in this area to be carried out by an external contractor. The actions from this formed part of an action plan seen by the inspector, which was being incrementally addressed. Certification was available in relation to servicing of fire safety equipment. Fire safety checks were comprehensive. Advisory signage was displayed in the event of a fire. Training records evidenced that drills were completed, taking into account times when staffing levels were lowest. This meant that staff became familiar with the challenge of evacuating a number of residents at times of higher risk. However, there were a number of aspects of fire safety management which had yet to be actioned, as highlighted under Regulation 28.

A safeguarding policy provided guidance to staff with regard to protecting residents from the risk of abuse. Staff demonstrated an appropriate awareness of their safeguarding training and their related responsibilities. The provider was pension agent for three residents and adequate arrangements had been progressed for the management of these finances since the previous inspection. All three people now had access to a personalised client account. This meant that residents' money was protected and managed independently of the centre's account.

Residents' nutritional and hydration needs were met. Systems were in place to ensure residents received a varied and nutritious menu based on their individual food preferences and dietetic requirements such as, gluten free diet or modified diets.

The inspector found that residents were free to exercise choice on how they spent their day. It was evident that residents were consulted about the running of the centre, formally, at residents' meetings every three months and informally through the daily interactions with the management team. Some of these interactions and conversations were witnessed during the inspection.

Regulation 17: Premises

The premises was appropriate to the number and needs of residents in the centre and in accordance with the statement of purpose prepared under Regulation 3.

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

All communal areas of the centre were bright, spacious and had comfortable and colourful furnishings. Directional signage was displayed throughout the centre to support residents to navigate their environment. Residents had access to an enclosed garden with colourful, substantial outdoor furniture, a smoking shelter and raised flower boxes and pots planted by residents and staff.

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.

- A separate janitorial room was required to enable housekeeping staff to have separate facilities for equipment, emptying buckets, storing clean mop heads and chemicals. This would prevent any risk of cross infection.
- Some large chairs had been highlighted as requiring resurfacing. Any breach in the covers would impede effective cleaning.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Some aspects of fire safety management required action to ensure compliance with the regulations as evidenced by:

A number of fire safe doors required repair or had unacceptable gaps. While repairs had been undertaken on a number of doors there were still some outstanding works. These doors were designed to contain smoke and flames in the event of fire for a designed period of between 30 minutes to an hour.

Any break in their design, such as unacceptable gaps would negate the purpose of the door and the compartmentation of the centre (where these doors provide sealed off areas for the purposes of horizontal fire safety evacuation) would be compromised.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

Care plans in general were well maintained. They were developed on an electronic system and reflected the assessed needs of residents.

A range of best evidence-based clinical assessment tools were used to inform the development of relevant, personalised care plans. This documentation was subject to audit and training was provided for new staff in completing and understanding the plan of care for each residents. Updates were entered into the system on a four monthly basis and when required.

Judgment: Compliant

Regulation 6: Health care

Residents' health care needs were met to a very good standard. Residents had timely access to medical assessments and treatment by their GPs. The GPs reviewed the use of medicines on a regular basis and revised the prescriptions where necessary. Residents also had access to a range of allied health care professionals such as physiotherapist, dietitian, speech and language therapy (SALT), psychiatry of old age, gerontology and palliative care.

Judgment: Compliant

Regulation 9: Residents' rights

Residents reported that they felt safe and at home in the centre and they attributed this to the staff, many of whom had been working in the centre for a number of years. Some staff were known to individual residents and they had a great understanding of residents' previous lives and family circumstances. Visitors and residents both confirmed that they were treated with dignity and respect by the management staff and wider staff group. Resident felt that their rights were respected and they could exercise choice in how they spend their day. They expressed their satisfaction with the activities programme. Residents were provided

with daily newspapers. One resident spoken with said that he particularly liked to read the paper on Monday as he was interested in articles about the weekend sports. A review of minutes of residents' meetings evidenced that where residents made suggestions for improvement, these were acted upon by the team of staff in the centre.

The activity coordinators on duty were found to be enthusiastic, interested and aware of residents' preferences, hobbies and interests. This supported a well-developed, meaningful social programme which met residents' needs and interests.

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
Registration Regulation 8: Annual fee payable by the registered provider of a designated centre for older people	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	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 34: Complaints procedure	Compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Windmill House Care Centre OSV-0005522

Inspection ID: MON-0038297

Date of inspection: 18/01/2023

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
Outline how you are going to come into compliance with Regulation 27: Infection control: 1. A separate janitorial room has been allocated to enable housekeeping staff to have separate facilities for equipment, emptying buckets, storing clean mop heads and chemicals. 2. Large care chairs will be resurfaced to ensure effective cleaning.	
Regulation 28: Fire precautions	Substantially Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: 1. A fire safety maintenance schedule and action plan is in place for all fire doors to ensure compliance in fire precautions.	

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	02/04/2023
Regulation 28(1)(a)	The registered provider shall take adequate precautions against the risk of fire, and shall provide suitable fire fighting equipment, suitable building services, and suitable bedding and furnishings.	Substantially Compliant	Yellow	31/07/2023
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for	Substantially Compliant	Yellow	31/07/2023

	detecting, containing and extinguishing fires.			
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