



**Health
Information
and Quality
Authority**

An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	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:	30 September 2021
Centre ID:	OSV-0005522
Fieldwork ID:	MON-0034014

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:	28
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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
Thursday 30 September 2021	09:15hrs to 18:30hrs	Mary O'Mahony	Lead

What residents told us and what inspectors observed

Residents who resided in Windmill Nursing Home told the inspector that they were happy to be living there as it was located near their home places, adjacent near to a scenic village. The inspector met with most of the residents and spoke with five residents in more detail. They said they were satisfied with activities, the staff, their accommodation and the food. They spoke positively with the inspector about the care they received and their comments about the management were complementary. Residents were aware of the role of the inspector and understood the inspection process.

The inspector arrived to the centre unannounced on the morning of the inspection. The inspector was met by the nurse in charge, who ensured that all necessary infection prevention and control measures, including hand hygiene and temperature check were implemented, prior to entering the centre. Following an opening meeting with the nurse manager the inspector was guided on a tour of the premises and external grounds.

At the time of inspection the centre had recently experienced an outbreak of COVID-19 and residents and staff had completed their required period of isolation. During the outbreak 30 residents and 15 staff members tested positive for COVID-19. The inspector acknowledged that this had been a challenging time for staff, residents and relatives. Residents who were no longer in the centre were sadly missed by residents and staff. Residents had stated it "was sad to see the empty chairs" and they missed the "familiar faces". Another resident described how she had lost her "sense of taste". Residents spoke with the inspector about the isolation and worry of the outbreak and pandemic restrictions in relation to visiting. They praised staff who supported them through this difficult period with conversation, shopping, phone calls and video-links to their families. Documentation relating to resident meetings and surveys were reviewed which indicated that a range of issues, such as the pandemic, the loss of their friends and other matters were discussed with them. One lady spoke about how she coped during the crisis by doing "crochet, letter writing to her daughter and reading Alice Taylor books". The inspector also met with three relatives during the inspection who reiterated the above positive comments. Relatives were seen to have had their temperature taken before the scheduled visits and were required to wear masks when interacting with their relative. One lady spoken with said she "couldn't fault" the centre. They said they welcomed the on-going regular communication about their relatives, especially those who relatives were newly admitted. They emphasised the importance of regular communication for their peace of mind, particularly when restrictions on visits were in place. Those spoken with had been very worried about the recent outbreak and one person said that they were glad to see that their relative had made a good recovery.

Residents informed the inspector that there was very attentive medical care available. The doctor was in the centre on a regular basis even during the outbreak and they said that they felt safe in the centre. Meals were carefully presented with a

choice at each meal. For example, the inspector saw that there was a choice of scones, sausage rolls and yogurts along with cereals for breakfast on the day of inspection. There were five residents seated in the dining room for breakfast and this was seen to be a nice leisurely occasion. Residents were satisfied that the chef was accessible to them if required and they praised the fresh home made products and the quality of the meals. They were satisfied that their likes and dislikes were known and that their dietary needs were met. At dinner time the inspector observed that tables in the dining room were attractively set and assistance was given to residents in a discrete and respectful manner when required. Mealtimes in the dining room were found to be social occasions and a number of residents told the inspector that they looked forward to their meals for this reason.

Staff kept residents updated with news from the community. Daily newspapers were available, residents were seen reading the papers and the activity coordinator was heard to discuss local news with them. Residents said that they were supported and encouraged to personalise their bedrooms. This was apparent to the inspector as quilts, photographs and ornaments from residents' homes were seen in the rooms. Residents felt that it was great to have a choice of outfits in the wardrobe, similar to their home arrangements. They were glad that staff in the centre accommodated their need to have their personal possessions around them. They said that this added to their feeling of being "welcome" in the centre, their feeling of "homeliness" while living in residential care. Residents said that they enjoyed the company of other residents in the communal areas, within the social distance guidelines. During the COVID-19 outbreak staff members had attended to residents' hairdressing needs, however now that the outbreak had resolved the hairdresser's salon was being painted and decorated for a grand reopening. Residents were very happy to hear this and they stated that they always felt good when they had their hair done.

The inspector observed aspects of residents' daily lives throughout the day of the inspection, in order to gain insight into the experience of those living there. Some residents spent their day in the sitting room, other came and went from their bedrooms while another group liked to sit in the foyer, within hearing distance of the busy atrium area. Residents said that staff were respectful and kind. Residents reminisced about the outings to local scenic areas in August this year during the beautiful sunny days. They spoke with the inspector about the daily events which kept them occupied and they discussed upcoming outings, the planned remembrance mass for those who had died, the return of live music and visits from pet dogs, which brought great solace. Activity sessions had been maintained on an individual basis during the outbreak which was much appreciated by residents. The very enthusiastic and kind activity coordinator explained how he had brought music around on his tape recorder to residents' rooms, made cards with them and did board games, which were suitable disinfected between rooms, at that time. The Sonas (activating communication through the senses) programme was also available to residents and the last session had been attended by 14 residents, suitably distanced.

Exercise classes were seen to be led by the activity coordinator and two staff members on the afternoon of the inspection. The inspector saw that these were a source of great fun. Resident participated according to their different abilities which

ranged from full participation to foot tapping to the accompanying music. Other residents were observed doing individual board games of their choice, card playing, listening to music, using mobile phones, dozing, having snacks or watching TV. The activity coordinator spoke with the inspector about his involvement with David Brophy's national "health care choir" initiative, which he had been chosen to join, and said that residents were very excited that this was to be televised in the near future. He described how all the staff had become involved with him in the recent staging of an 'Abba' tribute concert for residents, which was a great success in cheering them at a time of worry. Residents sat together with their resident friends and were seen to have built close relationships during the pandemic. The inspector found that there was a great sense of support for residents' well-being generated among staff who remained cheerful and smiling despite their own feelings of loss. The provider stated that he had organised counselling sessions for all those involved, staff and residents, and hoped that these sessions would be helpful in their emotional recovery.

The next two sections of the report will present the findings of this inspection in relation to the governance and management arrangements in place, and how these arrangements impact on the quality and safety of the service being delivered.

Capacity and capability

The inspector found that the governance and management of the centre was well organised and resourced and that the management team was committed to ongoing quality improvement in the centre. While a cautionary meeting had been held prior to the inspection in relation to the post of person in charge, on this inspection the inspector found that the provider had taken action to ensure continuity in the management structure by promoting suitably qualified managers to the vacant posts. This action provided assurance that the governance system was safe, appropriate, consistent and effectively monitored. Overall, this inspection found that improvements had been implemented since the previous inspection and the provider had displayed a commitment to maintaining regulatory compliance following the aforementioned cautionary meeting. However, additional improvements were required to ensure compliance with the regulations on fire, infection control and premises, discussed under the quality and safety dimension of this report.

The registered provider for the centre was Windmill Nursing Home and Retirement Village Limited. Windmill House Care Centre was established in 2004. The two directors of the company were involved in the centre on a day to day basis. From a clinical perspective the care and support team in the centre was comprised of the person in charge, an assistant director of nursing, a clinical nurse manager, a director of quality and safety, a team of nurses and health-care staff, as well as administrative, catering, household, and maintenance staff. There was evidence of regular meetings between the director, who represented the provider, and the nurse management team to promote best practice, particularly in relation to preparedness

for COVID-19. Complaints management and key performance indicators were reviewed and discussed at these meetings as evidenced in the minutes. Staff handover meetings ensured that information on residents' changing needs was communicated effectively according to staff spoken with. Information recorded in the sample of the daily communications sheets in residents' care plans provided evidence that key information was accessible.

The inspector reviewed the systems that had been put in place for monitoring the quality and safety of care provided to residents. Key clinical data was collected including on the management of medicines, falls, restrictive practice and health and safety issues. The audit schedule was set out annually and audits were undertaken monthly. The 2020 review of the quality and safety of care had been completed and was reviewed by the inspector. A number of actions from this review had been addressed such as resuming outings, reducing antibiotic use and premises upgrade.

The service was generally appropriately resourced. Staff spoken with told the inspector they enjoyed working in the centre, and it was evident that they knew residents well. A review of the roster and observations on the day of this inspection indicated that there were sufficient numbers of care staff rostered, when considering the care needs of residents and the size and layout of the centre. Staff reported that it was a supportive workplace and they said that they felt this support from management particularly during the recent outbreak. There was good staff retention in the centre which meant that residents had continuity in their care and were familiar with staff. The training matrix indicated that staff received training appropriate to their various roles. Staff confirmed their attendance at the sessions and demonstrated knowledge of, for example, fire safety and reporting allegations of abuse. Staff supervision was implemented through probationary meetings and annual appraisals. Records of staff meetings included evidence of consultation with all staff disciplines and staff feedback was actively sought for the implementation of improvements within the centre. The presence of senior nursing staff on each rota, including weekends, ensured a good level of supervision was in place. However, on review of a sample of staff files it was found that not all of them fully complied with the regulatory requirements, which is discussed under Regulation 21. The provider and person in charge assured the inspector that Garda Síochána (Irish Police) vetting(GV) clearance was in place for all staff, prior to them taking up their respective roles.

All records as requested during the inspection were made readily available to the inspector: for example, care plans, assessments, complaints log and incident reports. These were comprehensively maintained. The inspector reviewed the complaints log which revealed that complaints were recorded and followed up. A sample of residents' records reviewed by the inspector were found to be in compliance with Schedule 3 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended). Maintenance records were in place for beds, fire safety equipment, hoists, wheelchairs and slings. Copies of the standards and regulations for the sector were available to staff.

Regulation 14: Persons in charge

The person in charge, who was absent on the day of inspection, fulfilled the requirements of the regulations relating to the qualifications and experience required for a person in charge of a designated centre.

Judgment: Compliant

Regulation 15: Staffing

On the day of inspection there were 12 vacancies in the centre. This meant that the staffing levels at this time were sufficient to meet the needs of residents. However, should the centre begin to take in new admissions the provider was asked to review the staffing levels at night in order to provide adequate nursing care for the proposed 40 residents at full occupancy.

Judgment: Compliant

Regulation 16: Training and staff development

Records viewed by the inspector confirmed that there was a good level of training provided to staff in the centre.

Mandatory training was in place and all staff had received up to date training in fire safety, safe moving and handling, safeguarding residents from abuse and responsive behaviour. In addition to mandatory training staff were also facilitated to attend training courses appropriate to their role such as, Sonas (activating communication through the senses), infection control, food safety and modified diets. All nurses had completed training on medication management and first aid.

Judgment: Compliant

Regulation 21: Records

A sample of five staff files were reviewed by the inspector. They did not fully comply

with the requirements of Schedule 2 of the regulations. In particular:

- One file had gaps in the Curriculum Vitae (CV).
- Two files did not contain evidence that the references available were verified.

Judgment: Substantially compliant

Regulation 23: Governance and management

Improved management systems had been implemented in recent weeks. However, this required ongoing development and review, to ensure sustainability of a safe, appropriate, consistent and effectively monitored service.

Further improvements were required in the following areas:

- continued recruitment of management staff, particularly nursing staff, to provide for effective succession planning, supervision and preparation for increased occupancy
- ensuring the availability of specified hours for activity provision over each of the seven days particularly important for when the resident vacancies would be filled
- develop a plan for pre-admission assessments and an admission schedule to fill the vacant rooms
- review night nursing levels when full occupancy was achieved.
- supervision of fire safety practices
- supervision of infection control

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The document had been recently revised and contained the information specified in Schedule 1 of the regulations.

Judgment: Compliant

Regulation 31: Notification of incidents

- Incidents were notified to the Chief inspector in line with regulatory requirements, since the previous inspection.

- Daily updates were received in relation to the COVID-19 status in the centre.

Judgment: Compliant

Regulation 34: Complaints procedure

While there was a complaints policy available in the foyer it was not prominently displayed. This meant that it was not easily accessible to residents and visitors to access and use.

Judgment: Substantially compliant

Quality and safety

The inspector found that overall, residents were supported and encouraged to have a good quality of life in Windmill House Nursing Home, which was respectful of their wishes and choices. While good levels of compliance were found in most of the regulations and standards, there were some opportunities for further improvement in particular in, infection control, fire safety and maintenance of the premises.

The residents and staff had recently experienced an outbreak of COVID-19 which was resolved at the time of inspection. The nurse in charge on the day of inspection informed the inspector that contact from the community health care services and and the public health team was very supportive with Zoom meetings and advice during the COVID-19 outbreak. The centre had remained generally COVID-19 free during the first two waves of infection and the management staff felt very saddened by the fact that a number of residents and staff were infected on this occasion. They had increased their audits and vigilance of the infection control procedures in the centre.

Good practice was found in that up to date Health Services Executive (HSE) and the Health Protection and Surveillance Centre (HPSC) guidelines were accessible to staff and there was a plentiful supply of hand sanitising gel and paper towels available. Staff were seen to be wearing masks and diligently hand washing on the day of inspection. Colour-coded cloths were in use for cleaning and recommended cleaning agents were in use. Weekly COVID-19 contingency meetings and outbreak planning meetings were held and admission and visiting guidelines were followed.

A sample of care plans for residents were reviewed by the inspector. Residents received a good standard of health care and services were provided in line with their assessed needs. There was evidence of regular medical reviews and the general practitioner (GP) visited regularly including to provide care during the outbreak of COVID-19. The GP was praised for the commitment he showed to residents' care

and was attending the centre on the morning of inspection. Referrals to specialist services were on the whole facilitated. Admissions to the designated centre were based on a comprehensive pre-assessment, to ensure the centre could meet each resident's needs. Each resident was given a contact of care which contained all the required information including the room number to which the resident was being admitted. Care plans were comprehensive, person-centred and reviewed at four monthly intervals. There was evidence that residents and families were consulted with regarding individual care planning. Clinical assessments for example, cognition, behaviour, pain and nutritional status were undertaken for each resident. There was good evidence of regular review of residents' by a dietitian and timely intervention from speech and language therapy. Comprehensive care plans were in place to support people with their nutrition needs and residents' weights were recorded in line with best practice. The Malnutrition Universal Screening tool (MUST) was utilised to assess the risk of malnutrition for any resident who had lost weight. Staff said that there was good communication between the dietitian and the kitchen staff.

End-of-life care plans were in place for residents. Their wishes were recorded and updated when necessary. Residents had access to pharmacy services and the pharmacist was facilitated to fulfil their obligations under the relevant legislation and guidance issued by the Pharmaceutical Society of Ireland. The centre maintained a register of controlled drugs which was checked and signed twice daily by two nurses. Medicine reviews and pharmacy audits took place on a regular basis and these revealed good practice.

The location, design and layout of the centre were suitable to meet the needs of residents as described in the centre's statement of purpose. The centre was built on spacious, scenic, well maintained grounds and was nicely decorated and furnished. Spacious parking facilities were available on site. Residents had access to spacious, comfortable bedrooms, adequate communal space as previously described, sanitary facilities and suitable outdoor garden and walking space. The hairdressing salon was being painted prior to the return of the hairdresser and this was fully equipped with the required equipment and colour scheme to suit both genders. Records indicated a programme of maintenance that included equipment such as beds, hoists, the weighing scales and wheelchairs. Some unfinished decorating was being undertaken at the time of inspection as described under Regulation 17: Premises.

Measures had been put in place to ensure residents were safeguarded from abuse with appropriate protections in place. The reporting system in place was clear which ensured any disclosures or suspicions were escalated and investigated without delay. All allegations of abuse were reported to the Chief Inspector in a timely manner. Where residents were predisposed to any episodes of responsive behaviours due to their medical diagnosis, they were responded to in an appropriate manner by staff. Relevant care plans were seen to be meaningful and person centred. Restraint, such as bed rails, was being effectively monitored by the management team and consultants were involved if any type of sedative medicine was being considered.

The provider had proactive measures in place to protect residents and others from the risk of fire. The provider stated that they had commissioned a full review of fire

safety, up to the attic area, to be carried out by a qualified person in the near future. Fire fighting equipment was located throughout the building. Emergency exits were clearly displayed and free of obstruction. Daily and weekly fire safety equipment checking procedures were completed. There was a preventive maintenance schedule of fire safety equipment, the fire alarm and emergency lighting in accordance with the recommended frequency. Certificates confirming this maintenance were displayed and available for inspection purposes. The inspector spoke with the responsible member of staff who liaised with the fire safety company, oversaw the fire drills and recorded the learning from these. Fire drills were carried out weekly in order to ensure that all staff were very familiar with the process and these records were maintained. This staff member had completed fire warden training and training in fire safety management and was found to be knowledgeable of the regulations relating to fire. The risk management policy included the specified risks and a live risk register was in place which generally included identified risks and the mitigating controls in place. A major emergency plan was available and there was evidence that where an incident occurred, reviews which identified learning were completed and informed the risk register.

In relation to infection control processes the nurse in charge on the day of inspection was undertaking post graduate training in infection prevention and control. The centre had a COVID-19 resource folder, an up to date contingency plan and maintained associated staff training records. Covid-19 risk assessments had been undertaken in general and for individuals. Staff of all grades had received appropriate training in hand washing, donning and doffing PPE, food safety and cleaning processes. The Health Information and Quality Authority (HIQA) COVID-19 preparedness assessment framework on infection control was seen to be in use and this was used to risk assess the practices three monthly, as required. On the day of inspection there were two members of staff assigned to house keeping and one assigned to the laundry which was in the process of being fully outsourced, due to the requirements of COVID-19 with higher washing temperature for clothes. There was evidence seen that equipment used to move residents was cleaned between uses and this was recorded on the cleaning schedule. The report of the more recent kitchen inspection was available. Issues identified were addressed such as making the list of allergens available and repairing damages surfaces.

There was evidence seen during the inspection of residents' rights and choices being upheld and respected. A number of staff had attended the training course in promoting a rights-based approach to residents' care as developed by HIQA. Residents were consulted with on a daily basis and at the monthly residents' meetings. A programme of interesting activities was available for residents during the weekdays, which they spoke positively about, as previously outlined. These were often seen to be tailored to individual need. Advocacy services were available as required and had been accessed on residents' behalf recently. However, the activity person assigned to deliver a dedicated programme over the weekends had recently been withdrawn. This meant that if residents were to be afforded similar choice of events at the weekend the health care assistants would be required to deliver the programme in conjunction with their health care duties. There was not a suitable arrangement as residents' care needs could not be compromised and their social

needs were equally important.

Regulation 11: Visits

Visits were seen to take place in line with updated visiting guidelines, and there were robust procedures in place on entering the centre. Many visitors were seen arriving on the day, with visits taking place in a designated visiting area, in residents' rooms, and in the garden. There was sufficient space and time allowed for residents receive their visitors in private. Visitors confirmed that they were communicated with by management, in relation to any changes to the visiting procedures. Email correspondence was seen confirming this.

Judgment: Compliant

Regulation 13: End of life

The inspector was satisfied that caring for a resident at end of life was regarded as an integral part of the service provided to residents and their families.

There were care practices and facilities in place so that residents received end-of-life care in a way that met their individual needs and wishes.

Residents had been afforded the opportunity to outline their wishes in relation to care at end of life.

Judgment: Compliant

Regulation 17: Premises

- There were some bare patches on the walls and woodwork which required painting.
- Smoking shelters were not well maintained.
- Some items of old furniture were awaiting removal in the external grounds.

Judgment: Substantially compliant

Regulation 20: Information for residents

There was an information guide available for residents. Minutes of the monthly residents' meetings indicated that residents' opinions were sought and any issues raised were addressed. They were informed of any developments in the centre and were consulted in many aspects of the running of the centre. For example, their views had been gathered prior to the completion of the annual report and the fire warden in the centre had attended recent resident meetings to explain the fire safety arrangements in place.

Judgment: Compliant

Regulation 26: Risk management

- A risk assessment was required to be added to the policy for the hazard of smoking in unspecified areas outside around the perimeter of the home.
- In addition the hazard of having hand gels freely available on the dining room tables required a risk assessment and this to be added to the policy.

Judgment: Substantially compliant

Regulation 27: Infection control

While there were examples of good practice observed on the day, the following areas required improvement;

- scuffed surfaces on some tables, chair legs and paintwork would impede affective cleaning
- urinals were not all cleaned effectively and some were left in a shared bathroom which was a high risk of transmitting infection between residents
- all the large clinical waste bins were seen to be full. These were collected and emptied on the day of inspection

Judgment: Substantially compliant

Regulation 28: Fire precautions

- One oxygen cylinder was stored internally in a locked cage in a store room. However, the key was not easily accessible in the event that it had to be moved away from any source of ignition. This was rectified immediately.
- The cupboard where the electricity switches and panels were located was open on the day of inspection. This was immediately addressed to prevent a

resident inadvertently interfering with the fuses and switches.

- Persons were smoking in unspecified areas which was a risk to visitors, staff or residents as appropriate controls were not in place in the unspecified areas.
- Cigarette butts were strewn around outside some fire exits, on the ground in the smoking shelter and near where the external oxygen cylinders were stored. The gas contained in these cylinders was an additional risk in the event that there was a source of ignition nearby.
- The smoking shelter for staff was not suitably equipped with fire extinguishers, adequate ashtrays and appropriate fire blankets.
- Persons were found to misuse the ashtray buckets as paper bins also which added to the risk of fire emanating from one of these areas.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

Medicine management was good.

Prescriptions were clearly written and signed.

The general practitioner (GP) reviewed medicines on a three monthly basis and an electronic recording system was in use, linking the GP surgery, the nursing home and the pharmacy. This supported good practice and ensured that changes occurred contemporaneously. This was described as very supportive to staff in the management of residents' care, records and medicine stocks and also minimised errors.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Care plans were well maintained and reviewed four monthly. They were seen to reflect the assessed needs of residents. Members of the multi-disciplinary team had also inputted advice for staff in providing best evidence-based care. Care plans were seen to be personalised and residents had been consulted in their development.

Judgment: Compliant

Regulation 6: Health care

- In one care plan reviewed there was no evidence that a recommended follow-up appointment had been made for a resident following hospitalisation in March 2021.

Judgment: Substantially compliant

Regulation 7: Managing behaviour that is challenging

Staff identified residents who might display responsive behaviours (how residents who are living with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment). A review of these care plans indicated that residents had behavioural support plans in place, which identified potential triggers for behaviours and any actions and therapies that best supported the resident.

Residents had access to psychiatry of older age.

Throughout the day of inspection the inspector observed that staff demonstrated knowledge and skills when supporting residents experiencing responsive behaviours, in a manner that was not restrictive.

Judgment: Compliant

Regulation 8: Protection

Staff who communicated with the inspector, were aware of how to identify and respond to alleged, suspected or actual incidents of abuse. Residents reported that they felt safe within the centre.

The provider had taken all reasonable measures to ensure residents were protected from abuse.

A vetting disclosure, in accordance with the National Vetting Bureau (Children And Vulnerable Persons) Act 2012, was in place for all staff. Training in safeguarding was provided to all staff on an annual basis.

The centre acted as pension agent for four residents and excess amounts were transferred to an identifiable fiduciary account in each resident's name. Invoices were sent out monthly to residents and relatives where appropriate.

Judgment: Compliant

Regulation 9: Residents' rights

As highlighted in the quality and safety introductory paragraph, the absence of staff assigned to facilitate activities over the seven day period required revision, as this had previously been the practice.

Judgment: Substantially 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 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Substantially compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 13: End of life	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management	Substantially compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Substantially compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Windmill House Care Centre OSV-0005522

Inspection ID: MON-0034014

Date of inspection: 30/09/2021

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 21: Records	Substantially Compliant
Outline how you are going to come into compliance with Regulation 21: Records: 1. All Staff files reviewed and updated to ensure compliance with Schedule 2 of the regulations. Date of completion 31/10/2021	
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: 1. RPR has recruited a Director of Quality & Safety (in place from 04/10/2021) to oversee the appropriate recruitment, induction and education of staff, to ensure effective succession planning, supervision and preparation for increased occupancy. 2. The provision of Activity hours over seven days has been reinstated to the level that was in place prior to the covid 19 pandemic 3. The Director of Q&S will support the PIC to ensure staffing levels are appropriate to meet the needs of the residents as occupancy increases. 4. Recruitment of a second APIC is ongoing to support the current PIC and APIC to ensure satisfactory supervision of fire practices and infection control measures in the centre	
Regulation 34: Complaints procedure	Substantially Compliant

<p>Outline how you are going to come into compliance with Regulation 34: Complaints procedure: The Complaints Procedure has been prominently displayed throughout the centre as of the 01/10/2021</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <ol style="list-style-type: none"> 1. Ongoing painting schedule in place which will address patches on walls and woodwork. 2. Smoking shelters have been cleaned, painted and a daily cleaning schedule put in place. 3. Old furniture has been removed. 	
Regulation 26: Risk management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management:</p> <ol style="list-style-type: none"> 1. Risk register updated to include a risk assessment for the hazard of smoking in unspecified areas outside around the perimeter of the home. Residents/ relatives and staff were reminded about the smoking policy for the Centre 2. Hand gels are no longer freely available on the dining room tables. They are stored in a locked press between mealtimes and are utilized under supervision at mealtimes. 	
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. Furniture reviewed and schedule put in place to sand, paint or replace furniture to ensure effective cleaning can be achieved. 2. Single use disposable urinals are now in use. 	

3. Clinical waste bin collection reviewed and updated	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <ol style="list-style-type: none"> 1. Immediate actions on day of inspection were taken to address the concern re the oxygen cylinder and the fuse box. 2. Risk register updated to identify the hazard of smoking in unspecified areas. 3. New "smoking prohibitive" signs obtained and displayed appropriately 4. All residents and staff reminded of the dangers of smoking near oxygen 5. Grounds daily cleaning schedule implemented 6. Apex Fire Ltd Consultant reviewed the smoking shelter and appropriate fire extinguishers, fire blankets and ashtrays in place as of the 19/10/2021 7. Ash tray buckets removed and replaced by ashtrays. 	
Regulation 6: Health care	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 6: Health care:</p> <ol style="list-style-type: none"> 1. Follow up with HSE re OPD appointment for Resident. Informed Resident on waiting list and will be contacted when scheduled. GP and resident informed of plan of care. Care plan updated. 	
Regulation 9: Residents' rights	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights:</p> <ol style="list-style-type: none"> 1. Activities schedule reinstated over seven days effective immediately 	

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 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Substantially Compliant	Yellow	22/11/2021
Regulation 21(1)	The registered provider shall ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.	Substantially Compliant	Yellow	31/10/2021
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and	Substantially Compliant	Yellow	31/10/2021

	effectively monitored.			
Regulation 26(1)(a)	The registered provider shall ensure that the risk management policy set out in Schedule 5 includes hazard identification and assessment of risks throughout the designated centre.	Substantially Compliant	Yellow	29/11/2021
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	15/11/2021
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	31/10/2021
Regulation 28(1)(c)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Substantially Compliant	Yellow	31/10/2021
Regulation	The registered	Substantially	Yellow	19/10/2021

34(1)(b)	provider shall provide an accessible and effective complaints procedure which includes an appeals procedure, and shall display a copy of the complaints procedure in a prominent position in the designated centre.	Compliant		
Regulation 6(2)(c)	The person in charge shall, in so far as is reasonably practical, make available to a resident where the care referred to in paragraph (1) or other health care service requires additional professional expertise, access to such treatment.	Substantially Compliant	Yellow	31/10/2021
Regulation 9(2)(b)	The registered provider shall provide for residents opportunities to participate in activities in accordance with their interests and capacities.	Substantially Compliant	Yellow	31/10/2021