

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:	03 July 2026
Centre ID:	OSV-0005522
Fieldwork ID:	MON-0050920

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:	37
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How we inspect

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
Friday 3 July 2026	10:45hrs to 17:50hrs	Ella Ferriter	Lead

What residents told us and what inspectors observed

This was a one-day unannounced inspection, conducted with a focus on adult safeguarding and reviewing the measures the registered provider had in place to safeguard residents from all forms of abuse. The inspector engaged with several residents and held more detailed discussions with twelve residents to gain insight into their experiences of living in Windmill Care Home. Overall, residents were positive about how they spent their days in the centre and were highly complementary of the staff and the food. Residents reported feeling safe in the centre and expressed satisfaction about the care they received. They told the inspector they were content and comfortable in their home.

Windmill House Care Centre is a designated centre for older people, registered to accommodate 40 residents and there were 37 residents living in the centre on the day of this inspection. The premises are situated on the outskirts of Churchtown Village, in North Cork. On arrival the inspector saw that a large extension to the back of the premises was underway and near completion. Some residents spoke to the inspector about the extension throughout the day which would comprise of an additional 40 beds. The management team informed the inspector that residents would be consulted about the new extension and offered to relocate into single rooms if they were currently sharing. A review of residents' meetings evidenced that residents were kept informed of the building works and any changes that impacted them. The inspector observed that the fire evacuation strategy was being reviewed on the day of the inspection. There was a facilities manager available and on site on the day to manage and advise the management team regarding safe fire management systems.

The inspector arrived to the centre mid-morning. Overall, there was a homely environment in the centre. Most residents were up and about the main communal areas, and some were having a late breakfast in the dining room. Staff were busy assisting residents, however the inspector noted that staff made time to chat with residents while also conducting their duties. They spoke about the day ahead, the warm weather and asked them how they were feeling. During the initial walk around of the premises, the inspector observed a centre that was clean. However, as found on the previous inspection there were signs of general wear and tear in the centre, specifically the flooring in residents' bedrooms was in a poor state and was seen to be damaged and discoloured. The inspector was informed there were plans in place to replace this flooring when the new extension was complete. This finding and other findings in relation to premises are detailed under Regulation 17.

The main sitting room was a hive of activity throughout the day, where different activities were seen to take place. Residents told the inspector there was always something to do in the centre and they enjoyed their days. The inspector observed a lively music session on the day of this inspection where residents sang their favourite songs and staff also sang solos at the request of residents. Some residents

spoke of days out of the centre to local parks and towns and the availability of a bus every second week. The inspector saw that residents were also encouraged to use the local link bus to Charleville town with staff to go shopping on a Friday. One resident told the inspector that this was the highlight of their week, and staff were so good to her. Overall, residents spoken with were happy with the choice and frequency of activities and told the inspector that staff go out of their way to facilitate their requests and needs.

The inspector spoke to staff about their understanding of safeguarding. Staff told the inspector they would not hesitate in reporting concerns to management if any arose, and many spoke of the importance of treating residents living in the centre like their own family and ensuring they received dignified and respectful care. The inspector observed kind and compassionate staff treating residents with dignity and respect in all interactions. Some residents chose to remain in their bedrooms for part of the day. Staff were observed checking on these residents and knocking on residents' bedroom doors prior to entry and staff asking for consent before assisting them.

On the day of the inspection the lunchtime meal appeared well presented and appetising, including modified diets. Residents were seen sitting together and chatting during the meal and the atmosphere appeared relaxed and social. As the dining facilities were limited in the centre, arrangements were in place for two sittings. Staff were seen to support residents who required assistance in a respectful manner. Residents were offered a choice of two main courses on the menu. Residents had access to a choice of drinks throughout the day which were encouraged in the warm July weather.

Visitors were observed coming in and out of the centre throughout the day. The inspector spoke with six visitors who all said that they were happy and grateful for the care provided to their loved ones. Visitors said that they were always kept updated with any changes or concerns, and that if they had any issues, they felt confident to bring them to the attention of staff. Relatives said they were welcome to the home at any time and that they were familiar with the staff who always went out of their way to greet them.

The next two sections of this report present the inspection findings in relation to the governance and management in the centre and how governance and management affect the quality and safety of the service being delivered. The areas identified as requiring improvement are discussed in the report under the relevant regulations.

Capacity and capability

The purpose of this inspection was to review the measures that were in place to safeguard the residents living in the centre. Findings of this inspection were that the governance and management systems in the centre were effective, and this

contributed to the delivery of good quality care. Since the previous inspection, the registered provider had actioned the improvements documented in their compliance plan following the inspection of October 2025. Notwithstanding this, findings of this inspection were that action was required in relation to the premises.

The registered provider of the centre is Windmill Nursing Home and Retirement Village Ltd, which has two directors, both of whom participate in the operation of six 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. The provider employed an operations manager, and a quality and safety manager and they were both named persons participating in management, on the centre's registration and visited the centre weekly.

There is a clearly defined management structure with clear lines of accountability and reporting pathways evident. The centre is being managed by a person in charge who works full-time. They are supported by two assistant directors of nursing, and a clinical nurse manager. The person in charge and assistant directors of nursing worked in a supernumerary capacity, providing daily clinical and operational support to the staff, including at the weekends. There was also a team of nurses, healthcare assistants, activities staff, catering, household staff and maintenance. The provider also employed a full-time administrator and there was also support from the group's human resources, facilities, and finance department.

There were sufficient staff on duty on the day of this inspection to meet the assessed needs of the residents. In response to the findings of the previous inspection, the registered provider had increased the allocation of registered nurses at night to two. The staffing levels were reviewed based on occupancy and dependency levels and the inspector saw that where a resident's care needs indicated they required enhanced supervision this was implemented.

Staff who spoke with the inspector demonstrated a clear understanding of their responsibilities in safeguarding residents. A review of training records confirmed that all staff had completed mandatory training in safeguarding, dementia care, and the management of responsive behaviours. Robust recruitment procedures were in place, and all requested records were well maintained and readily available for review. Personnel files confirmed that Garda Síochána (police) vetting disclosures had been obtained for all staff prior to commencing employment. In addition, evidence was available that all registered nurses had verified their nursing registration for 2026. A staff induction programme was in place with regular reviews to monitor staff performance and identify additional training needs.

The management team collected and reviewed a range of weekly and monthly data, including falls, medication errors, restraint use, and nutrition, to identify trends and inform service improvements. In addition, the team conducted observational audits of staff-resident interactions and dining experiences to assess the quality and meaningfulness of engagement and to ensure residents had a positive and enjoyable dining experience.

Regulation 15: Staffing

The inspector reviewed the staff rotas. Based on the individual and collectively assessed needs of the residents, and having regard for the layout of the centre, the inspector found that this level of staffing was sufficient on the day of this inspection. The provider had increased the ratio of registered nurses at night in the centre following the findings of the previous inspection and nurses spoken to on the day informed the inspector that this has a positive impact on care delivery at night.

Judgment: Compliant

Regulation 16: Training and staff development

From a safeguarding perspective, the provider had ensured that all staff had access to relevant training modules. For example, safeguarding of vulnerable adults, the management of restrictive practices, and the management of responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment). Staff were also required to complete human rights training. There was adequate supervision arrangements in place, which included management allocated at the weekend.

Judgment: Compliant

Regulation 23: Governance and management

The management systems in place by the provider ensured that the service provided was safe, appropriate, consistent and effectively monitored. The management team and staff demonstrated a commitment to continuous quality improvement through a system of ongoing monitoring of the services provided to residents. The centre was well resourced, ensuring the effective delivery of care in accordance with the statement of purpose. A comprehensive annual review of the quality and safety of care provided to residents in 2025 had been completed with targeted action plans for improvement set out for 2026. The review also contained feedback and consultation with residents and their representatives, as required by the regulations.

Judgment: Compliant

Quality and safety

The purpose of this inspection, focused on adult safeguarding, was to review the quality of service provided to residents and ensure they were being afforded a high-quality, safe service which protected them from all forms of abuse. This inspection found that there were effective measures taken by the registered provider to protect residents from all types of abuse and there were systems in place to recognise and respond to safeguarding concerns in the centre.

Residents' care plans and daily nursing notes were recorded on an electronic documentation system. The inspector reviewed a sample of four residents care plans and spoke with staff regarding residents' care preferences. There was evidence that they were completed within 48 hours of admission and reviewed at four-month intervals or when the needs of residents changed. It was evident that through ongoing comprehensive assessment, residents' health and wellbeing were prioritised and maximised. Care plans were person centred and reflected the residents' assessed needs, preferences and wishes. Residents had their own general practitioner (GP) of choice, and medical cover was available daily, including out-of-hours.

The registered provider took all reasonable measures to protect residents from the risk of abuse. A safeguarding policy was in place. Staff spoken with were knowledgeable regarding what may constitute abuse, and the appropriate actions to take, should there be an allegation of abuse made. The person in charge investigated all allegations of abuse, making appropriate referral to external agencies where required. The registered provider facilitated staff to attend regular training in safeguarding of vulnerable persons. When required, residents were supported to access independent advocacy services. Residents are facilitated to communicate in accordance with their needs, this was seen to be recorded in the resident care plans.

Residents who displayed responsive behaviours had care plans in place which reflected specific information individual to the residents and de-escalation techniques. The provider had ensured that there were adequate arrangements in place for the oversight and review of restrictive practices. A restrictive practice register was maintained which accurately recorded and monitored the use of restraint. There was a low use of restraint in the centre with three residents allocated bed rails on the day of this inspection. It was evident that residents who had restraint in use had an individualised risk assessment in place and Informed consent was sought and documented prior to the use of any restrictive practice.

Dedicated activity staff were responsible for delivering the schedule of activities in the centre and the inspector observed activities taking place in the centre in the morning and afternoon. Residents enjoyed group exercises, bingo, movies, and outings. Residents' council meetings were held monthly and attended by the person in charge. While attendance was relatively low, at approximately 20%, there was

evidence that residents were provided with information on safeguarding and advocacy services and were encouraged to share their views and feedback on the quality of the service.

Regulation 10: Communication difficulties

Staff were knowledgeable about each resident's specialist communication requirements and ensured residents had access to any aids or supports to enable effective communication and inclusion. The inspector found that residents with communication difficulties had their communication needs assessed and documented in their care plan.

Judgment: Compliant

Regulation 17: Premises

Further action is required by the registered provider to ensure that the premises are adequately maintained and conforms to the requirements of Schedule 6; for example:

- The layout of some of the twin rooms in the centre did not afford residents to have a locker and a chair beside their bed.
- Flooring in some bedrooms was observed to be damaged and discoloured.

Judgment: Substantially compliant

Regulation 26: Risk management

There was effective oversight of risk management within the centre. Clear arrangements were in place to support staff in the identification, assessment, and management of risks. The centre had a comprehensive risk management policy that provided appropriate guidance on risk identification and mitigation. Risk management practices promoted positive risk-taking, ensuring that care remained resident-centred and reflected residents' individual wishes, preferences, and choices.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

There was evidence that care plans were reviewed on a four-monthly basis or earlier if required. Furthermore, these care plans were reviewed in consultation with the resident and, with the resident's consent, their representative, thereby supporting residents in shared decision-making about their care.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

A restraint register was maintained in the centre, in line with regulatory requirements, and there was evidence that restraints were checked frequently when in use. A small number of residents in the centre displayed responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment). Each of these residents had a care plan which identified their individual requirements to manage these behaviours and to minimise them recurring.

Judgment: Compliant

Regulation 8: Protection

Systems were in place to safeguard residents and protect them from abuse. There were secure systems in place for the management of residents' personal finances. The provider was acting as a pension agent for one resident living in the centre. The arrangements were in line with guidelines and residents' pensions were held in a separate residents account.

Judgment: Compliant

Regulation 9: Residents' rights

From the inspector's observations and discussions with residents, visitors, and staff, it was evident that a human rights-based approach was embedded in the delivery of care and support. The FREDA principles of fairness, respect, equality, dignity, and autonomy were reflected in daily practice and in the interactions observed throughout the inspection.

Residents were supported to participate in the organisation and operation of the centre through monthly residents' meetings. They also had access to a range of

information and recreational resources, including newspapers, televisions, and radios. Information on independent advocacy services was prominently displayed in the centre, ensuring residents were aware of the supports available to them.

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 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Quality and safety	
Regulation 10: Communication difficulties	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Windmill House Care Centre OSV-0005522

Inspection ID: MON-0050920

Date of inspection: 02/07/2026

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 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: • A review of all twin bedroom layouts and bedside furniture requirements is underway to ensure each resident has appropriate access to a bedside locker and chair, where this is consistent with their assessed needs, mobility and safety requirements. Where space permits, rooms will be reconfigured to optimise residents' personal space, comfort and accessibility (review and required reconfiguration to be completed by 31/10/2026). • Where the placement of a chair beside the bed is not appropriate due to an individual resident's mobility, transfer or falls risk, this will be determined through individual assessment and reflected in the resident's care and risk-management arrangements (review to be completed by 31/10/2026 and thereafter as residents' needs change). • A refurbishment programme for the existing building has been approved. An environmental review of all resident bedroom flooring will be completed by 28/08/2026 to identify areas of greatest deterioration and risk. Bedrooms with the most worn, damaged and discoloured flooring will be prioritised and repaired or replaced as the first phase of works to be completed by the 31.12.2026. A risk assessment will be maintained during the programme to identify and mitigate any risks to residents arising from damaged flooring, with any immediate concerns addressed without delay through the maintenance system. Monthly environmental audits will continue to monitor the condition of flooring and the overall premises until all works are completed.	

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	31/12/2026