

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

Issued by the Chief Inspector

Name of designated centre:	Padre Pio Care Centre
Name of provider:	Padre Pio Windmill Churchtown Limited
Address of centre:	Churchtown, Mallow, Cork
Type of inspection:	Unannounced
Date of inspection:	22 July 2026
Centre ID:	OSV-0009186
Fieldwork ID:	MON-0050112

About the designated centre

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

Padre Pio Care Centre is located in the village of Churchtown in North Cork. It is a purpose built single-storey centre which was registered in 2026. The centre accommodates 47 residents in 47 single rooms, all of which are ensuite with shower, toilet and wash hand basin. Communal rooms include two large sitting rooms, two smaller sitting rooms, two lounge areas, a dining room and a sitting area in the reception area referred to as the Atrium. 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 garden to the front of the property is easily accessible to the residents. The environment offers a balance of privacy and community connection, supporting social participation and family involvement.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	20
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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
Wednesday 22 July 2026	08:30hrs to 17:00hrs	Erica Mulvihill	Lead

What residents told us and what inspectors observed

This was an unannounced inspection over one day by an inspector of social services. There was a calm and relaxed atmosphere within the centre on the day of the inspection, as evidenced by residents moving freely and unrestricted throughout the centre. It was apparent that management and staff knew the residents well and were familiar with each residents' daily routine and preferences. Staff were observed to be kind and compassionate, while providing care and support in a respectful and unhurried manner.

The inspector met with most of the 20 residents living in the centre and spoke to ten in detail to gain an insight of their experiences living there. All residents who spoke with the inspector were very happy and were settling in well to life in the centre. One resident spoke highly about staff of the centre stating they were all very "competent and trustworthy" and felt extremely safe in their care. Another resident was observed sitting in the atrium reading the newspaper and stated to the inspector they loved sitting under the glass dome watching the hustle and bustle in the centre, "it is like being in a hotel lobby, while we sit here relaxing and reading the paper with new friends around".

Padre Pio Care Centre is situated in the village of Churchtown in North Cork. The large enclosed gardens to the side of the property were well maintained. Ongoing works to the garden to the rear of the property were observed to ensure that residents were provided with different areas within the grounds to have a safe space to sit and enjoy the outdoors. Residents told the inspector they enjoyed going outside on walks in the garden and some were seen to be using the garden tables and chairs to receive visitors throughout the afternoon.

The centre is registered to accommodate 47 residents and is laid out in a single storey building. The centre had five units comprising of St Ellen's, St Mary's, St Catherine's, St Bridget's and St Susan's where bedroom accommodation was laid out with various communal spaces in each area. Bedrooms comprised of 47 single bedrooms with en suite facilities of a shower, hand wash sink and toilet. Personal storage space was provided and comprised of double wardrobes and a chest of drawers in most bedrooms. All bedrooms had a TV, call bell and over head lighting, however, in some unoccupied rooms, the call bell switch was not placed near the bed and would require to be addressed. This is discussed later in the report under Regulation 17: Premises.

Resident bedrooms were bright and airy and residents who had bedrooms which faced the garden or the car park had privacy screens on their windows to ensure their privacy was maintained. Overall, the centre was warm and bright and decorated to create a homely feel. This was echoed by residents who gave positive feedback about the surroundings and how "tastefully" it was decorated. Specialist mattresses and cushions, low low bed facilities and hoists were available. There

were additional toilet facilities in close proximity to communal rooms such as the dining and activities day room. Residents spoken with said they were happy with their bedroom and their ability to bring in personal items to make their room homely. Some residents had personalised their rooms with memorabilia from home.

Residents had good access to communal spaces including dining rooms, two lounge areas and four sitting rooms. There was a large atrium area in reception where some residents chose to sit and chat with others. The dining room was busy on the morning of the inspection as residents came to the dining room for breakfast at a time of their choosing and were offered a plentiful array of breakfast options including fresh fruit and yogurts. Residents were overwhelmingly positive in their opinions on the dining experience and quality of food in the centre. One resident stated "it couldn't be better" and there is "plenty of choice". Mealtimes were observed, and lovely interactions were observed where many staff actively engaged with residents before, while serving and between courses.

Small group activities and one to one engagement was observed throughout the day of the inspection and this was resident led and very personalised. The activity staff actively engaged with residents and it was evident that she knew residents, their interests and hobbies and gently encouraged them to participate in social interaction in a kind manner. Laughter was heard throughout the day as residents were seen playing bingo, ball throwing, balloon games and karaoke with the staff of the centre.

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

Capacity and capability

This was an announced 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). Overall, findings of this inspection were the nursing home was a well managed designated centre, where residents received a high standard of care from staff who were trained and attentively responsive to residents needs.

The registered provider of the centre is Padre Pio Windmill Churchtown Limited, which has two directors, both of whom participate in the operation of six other designated centres. 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 a Chief Operations Officer and a Quality and Safety manager, and they were both named as persons participating in management for the centre.

There is a clearly defined management structure with clear lines of accountability evident in the centre. The centre was being managed by a person in charge who works full time in the centre. They are supported by an assistant director of nursing (ADON) and two clinical nurse managers at present; the provider has committed to another clinical nurse manager post as the centre reaches capacity. The person in charge and the assistant director of nursing both worked in a supernumerary capacity providing support and oversight of residents safety and staff support. There was a team of nursing, care assistants, chefs, kitchen assistants, maintenance, administration and household staff. The provider was committed to keeping the staffing of the centre under review based on occupancy and dependency levels as was agreed to during the registration process. Training and Garda vetting was underway for new staff prior to them commencing their roles in the centre.

The provider has also employed a wider senior management team to include Human Resources (HR), finance department and a newly appointed resident and family liaison who will work with the person in charge on pre admission of prospective new residents to the centre.

There were adequate numbers of staff on duty during the day of the inspection to meet the size and layout of the centre. Residents who required enhanced supervision had staff in place to ensure their safety was maintained.

A review of the centres training records indicated that all staff have completed their training that is appropriate to their roles including safeguarding vulnerable adults, manual handling and dementia care with specific management of responsive behaviours. Further training was ongoing in relation to new staff coming to work in the centre as the occupancy increases.

Residents had contracts of care in place and they contained the specified information as required in legislation. The complaints procedure was evident displayed in the reception of the centre to ensure it was easily accessible to residents and visitors, and was in line with a rights based approach to care delivery.

A schedule of audits was in place since the centre was registered in March 2026 and results of audits completed showed detailed action plans and compliance time frames for areas identified for improvement. Trending was evident in relation to falls management to influence quality improvement practices in this area and highlight areas of improvement to staff.

Robust systems of communication with staff and senior management was evident in records showing clinical governance meetings and staff meetings. Staff were facilitated to raise concerns about the quality and safety of the care and support provided to residents in the centre.

Regulation 14: Persons in charge

The person in charge worked full time in the centre and had the necessary qualifications to fulfill the role and responsibilities of their post.
Judgment: Compliant
Regulation 15: Staffing
As a newly registered centre, the provider has given assurances regarding staffing increases as the centres resident occupancy increases. On the day of the inspection, staffing levels were found to be adequate for the size and layout of the centre and to meet the assessed needs of residents. Rosters are kept under review based on changing care needs of residents currently residing and those being admitted to the centre.
Judgment: Compliant
Regulation 16: Training and staff development
There was an ongoing comprehensive schedule of training in place, to ensure all staff had relevant and up to date training to enable them to perform their respective roles. Staff had completed training in Fire safety, safeguarding vulnerable adults, managing behaviour that is challenging and Infection Prevention and Control. A robust induction programme was in place for new staff to attend on commencement of their role. A training matrix was well maintained by the person in charge, to monitor staff attendance at training provided.
Judgment: Compliant
Regulation 19: Directory of residents
The provider had a directory of residents available for review which contained all the necessary information required by Schedule 3 of the regulations.
Judgment: Compliant
Regulation 21: Records

The records required to be maintained in each centre under Schedule 2, 3 and 4 of the regulations were made available to the inspector and were securely stored in the centre. The current roster was seen to reflect the staff numbers present on the day. Staff files were well maintained and contained the regulatory required documents. All nurses working in the centre had a valid and up to date Nursing and Midwifery Board of Ireland certificate which was held by the person in charge.

Judgment: Compliant

Regulation 22: Insurance

The provider had in place appropriate insurance and this document was made available to the inspector.

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.

Good monitoring and oversight systems are in place in the centre to ensure the service provided was safe, appropriate, consistent and effectively monitored. Quality improvement plans 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

A sample of contracts of care were reviewed. The contracts seen were sufficiently detailed. They included the room number and type of accommodation the resident would occupy and any fees or additional fees to inform the resident on admission to the centre.

Judgment: Compliant

Regulation 31: Notification of incidents

A review of the incidents log in the centre indicated that any incidents that required notification to the office of the Chief Inspector had been submitted, as per regulatory requirements.

Judgment: Compliant

Regulation 34: Complaints procedure

There were policies and procedures in place for the management of complaints, which was on display in the centre. Residents were aware of the procedure if they wished to make a complaint.

Judgment: Compliant

Quality and safety

Overall, the inspection found that, staff in the centre worked hard to provide a good standard of care in Padre Pio Care Centre. The inspector observed that the care team knew residents and their individual needs and preferences well.

The inspector was assured that residents' health-care needs were met. Residents had access to two general practitioners (GPs); they attended the centre on a weekly basis. Residents had timely access to allied health professionals such as occupational therapy, physiotherapy, and dietetics for example. Wound care practices were found to be of a good standard and there was Tissue Viability Nursing (TVN) available for consultation if required to assist and guide staff.

The centre used an electronic resident care record system. Care planning documentation was available for each resident in the centre, as per regulatory requirements. Care plans reviewed were updated four monthly or as per the changing needs of residents. Validated assessment tools were used to inform care plans. Overall, care plans were found to contain very detailed information specific to the individual needs of the residents and were sufficiently detailed to direct care.

The registered provider had measures in place to safeguard residents from abuse. The provider did not act as a pension agent for resident finances. There was a policy and a procedure available for safeguarding vulnerable adults and the training records reviewed identified that staff had completed training in this.

Advocacy services were available to residents, and there was evidence that residents were supported to avail of these services if required. Residents had access to religious services and were supported to practice their religious faiths in the centre.

There was a full social engagement calendar on display which detailed the activities for the coming week for residents. This schedule was observed posted in each resident bedroom to ensure all residents were made aware of activities going on if they wished to participate as per their preference. The inspector found that residents were free to exercise choice on how they spent their day in the centre. Regular outings were available to residents who wished to take part, to keep their links to the community. Residents views on the quality of the service provided were sought through satisfaction surveys and resident meetings which were held regularly.

Residents nutrition and hydration needs were met. Systems were in place to ensure residents received a varied and nutritious diet, based on their choices and dietary requirements. The inspector observed sufficient numbers of staff to assist residents with dining, where necessary. Residents who required a modified diet, were facilitated with meals prepared as recommended by dietitians and speech and language allied health care professionals. Meals were nicely presented and looked appetising.

Generally, there was good practice observed in the area of fire safety in the centre. Appropriate fire signage was observed throughout the centre with assembly points clearly defined. Fire drills of the largest compartment were carried out every two months, however, the person in charge stated they are increasing the amount of fire drills as new staff are coming to work in the centre and until the centre achieves its full occupancy of residents and staff training will continue.

The premises overall was visibly clean and well maintained. However, there were areas of the centre which required action to ensure that the premises conformed to Schedule 6 of the regulations. This is detailed under Regulation 17: Premises.

Regulation 17: Premises

Action was required by the provider to ensure some areas of the premises conforms with matters set out in Schedule 6 of the regulations evidenced by the following:

- in some bedrooms in the centre, beds were up against the wall with a socket and transformer at eye level to the resident when in bed which created a risk of injury to a resident and a potential fire risk.
- in one bedroom the light switches to illuminate the over head lights were not working.
- some shower outlets required attention in vacant rooms as one was lifted and created a risk of injury or trip hazard and others were found to appear unclean.

- in some bedrooms the call bell was far away from the bed space and therefore residents would not be able to access them if required.
- on two adjacent fire escape doors by St Catherines ward, locks had been removed from the doors which left two large holes in them which required attention.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

Residents were provided with wholesome and nutritious food choices for their meals and snacks, refreshments were readily available. There was adequate staff available to assist residents with their meals. Menus were developed in consideration of resident preferences, and where necessary their specific dietary requirements and modified diets.

Refreshments were available to residents throughout the day to ensure they were adequately hydrated. There was appropriate arrangements in place to monitor residents at risk of malnutrition or dehydration and evidence of referral to speech and language and dietitians were available for review.

Judgment: Compliant

Regulation 20: Information for residents

The centre had a residents guide which detailed information about the centre and the services provided for residents who are admitted to long term care in the centre.

Judgment: Compliant

Regulation 28: Fire precautions

Personal evacuation plans were available for each resident and were concealed inside the wardrobe doors of each resident. Fire drills records were reviewed which showed that staff were aware of their roles and responsibilities and evacuation of the largest compartments were practiced. The provider has committed to continue to monitor and hold fire drills often as new staff are commencing routinely at present which will ensure that all staff are aware of the fire evacuation strategies for the centre to enhance the safety of residents.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

A sample of care plans reviewed on the day of the inspection were updated as required, as well as, following a change in residents assessed care needs. Validated assessment tools were used to inform care planning. The inspector found that there was sufficient information in the sample reviewed to guide staff in the provision of health and social care to residents, based on their individual needs and preferences.

Judgment: Compliant

Regulation 6: Health care

Records reviewed showed that residents had access to a high standard of evidence based nursing care in accordance with professional guidance. Wound care assessments and reviews were carried out to ensure up to date information was available to direct care for staff.

Residents had timely access to their general practitioner(GP) and access to additional medical professional expertise as required such as Tissue viability nursing, dietetics, speech and language, occupational therapy and physiotherapy.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

Staff had up to date knowledge and skills appropriate to their role, to manage and respond to residents displaying responsive behaviours. There was good oversight and management of restrictive practices with good evidence of multidisciplinary discussion around reductive measures as necessary.

Judgment: Compliant

Regulation 8: Protection

Systems were in place to safeguard residents and protect them from abuse. Safeguarding training was up to date for all staff. Staff spoken with were clear about

their role in protecting residents from abuse. Residents reported feeling safe living in the centre. Incidents of allegations of abuse had been thoroughly investigated in line with national policy.

Judgment: Compliant

Regulation 9: Residents' rights

A meaningful activities schedule was available throughout the centre for residents to choose what they wished to attend during the day of inspection. Residents had access to Internet services, daily newspapers and current affairs.

There was great evidence of person centred approaches to residents choice, one resident who preferred to sit and read the newspaper and wait for their peers before going to the dining room was observed to be offered a hot beverage prior to deciding to go to the dining room at a time of their choosing.

Outings were planned every two weeks and the activities staff had arranged that the local link bus would stop at the centre on Fridays to facilitate residents who wished to go to the local town to go shopping with staff.

Residents meeting records were reviewed which were very resident focused and showed that residents were consulted on and participated in the organisation of the centre.

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 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 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Padre Pio Care Centre OSV-0009186

Inspection ID: MON-0050112

Date of inspection: 22/07/2026

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 bedroom layouts has been completed, and beds have been repositioned where required so that electrical sockets and transformers are not located at eye level or in close proximity to residents when in bed. A review of electrical socket and transformer positioning in all bedrooms, including currently vacant rooms, is underway, with any required electrical alterations to be completed before the respective bedroom is occupied (immediate repositioning completed 31/07/2026; electrical works to be completed by 30/10/2026). • The faulty overhead light switches identified during the inspection have been repaired. Lighting in all vacant bedrooms will be checked as part of the pre-occupancy environmental check to ensure that fixtures and switches are fully operational before admission of a resident (completed 31/07/2026, ongoing). • The raised shower outlet identified during the inspection has been made safe, and the shower outlets identified as requiring cleaning have been addressed (completed 31/07/2026). • Call bell positioning in all vacant bedrooms has been reviewed, and call bell switches will be repositioned where required to ensure they are readily accessible from the resident's bed before the room is occupied (review completed 31/07/2026; required works to be completed by 31/10/2026). • The two fire escape doors adjacent to St Catherine's unit have been repaired following removal of the previous locks, with the openings appropriately sealed to restore the integrity and finish of the doors (completed 31/07/2026). • A pre-occupancy bedroom and environmental checklist has been introduced to ensure each bedroom and en-suite is checked for electrical safety and positioning, call bell accessibility, lighting, shower fixtures and general condition before allocation to a resident. Any identified remedial action must be completed before the room is brought into use (implemented 01/08/2026, ongoing).	

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	31/10/2026