

# 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:	23 October 2025
Centre ID:	OSV-0005522
Fieldwork ID:	MON-0048472

## About the designated centre

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

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

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	39
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## 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
Thursday 23 October 2025	08:50hrs to 16:45hrs	Ella Ferriter	Lead
Thursday 23 October 2025	08:50hrs to 16:45hrs	Caroline Connelly	Support

## What residents told us and what inspectors observed

This was an unannounced inspection, by two inspectors, which took place over one day. Based on the observations of the inspectors and discussions with residents, it was evident that residents were content living Windmill House Care Centre and were cared for by a kind team of staff. The inspectors greeted all residents living in the centre and spoke in more detail to 12 residents about their experience of living in the centre. Residents told the inspectors they enjoyed their days and that there was always something to do. They spoke very positively about staff stating they were "gentle, caring and helpful". Some residents were living with dementia and were unable to detail their experience of the service. They were observed by the inspectors to be content and relaxed in their environment and in the company of other residents and staff. Visitors were seen to be attending the centre during the day. Five visitors spoken with, told inspectors that the centre was a lovely homely place and staff were very attentive and kind.

On arrival to the centre inspectors observed that there was an extension being built to the back of the premises and machinery and workers were on site. On entering the centre the inspectors introduced themselves to the management team and commenced a walk around of the premises. The inspectors observed that some residents were relaxing in the day room and six residents were in the dining room having their breakfast. Other residents were being assisted with their personal care in their bedroom and some were asleep. Two residents told the inspector that they can always choose what time they would like to get up and that staff always gave them time in the mornings and never rushed them. One resident was observed walking around the centre and on a number of occasions entered other residents' bedrooms, which residents stated was frequent and disruptive. The did not ensure residents privacy and is actioned under Regulation 9, Residents rights. Residents were seen to be well dressed and it was apparent that staff paid attention to residents dress and appearance. In the morning, the inspectors saw that access to two emergency exits were impeded by equipment being used for constriction of the extension. This was brought to the attention of the management team and was addressed immediately.

Windmill House Care Centre provides long term and respite care, for both male and female adults, with a range of dependencies and needs. The centre is situated in the village of Churchtown in North Cork. It is registered to provide care to 40 residents and there were 39 residents living in the centre on the day of this inspection. Bedroom accommodation in the centre comprises of 24 single bedrooms and eight twin bedrooms. Some residents' bedrooms were seen to be decorated with personal belongings such as pictures and soft furnishings. Within each residents room inspectors saw that there was a personalised sign entitled "Windmill house words of wisdom" which reflected each resident's personal life advice such as "Live your best life" and "Keep yourself healthy and happy". Inspectors observed that the layout of some of the twin bedrooms did not afford residents the opportunity to have a chair beside their bed and access may be difficult if a resident required mobility

equipment, such as a walking frame or a wheelchair. Some call bells in bedrooms were also found not to be in working order. These and other findings in relation to the premises are actioned under Regulation 17.

Communal space within the centre consisted of one large day room, a library and a dining room. Inspectors saw that the centre was beautifully decorated for Halloween with witches' hats hanging from the ceilings and pumpkins. Signage was displayed advertising a Halloween Party the following week and residents and staff told inspectors they were looking forward to it.

Inspectors observed staff serving residents food and fluids at regular intervals throughout the day. Meals served were pleasantly presented and there was fresh baked scones daily, which residents were seen to enjoy. It was evident that residents were afforded a choice at mealtimes. Although dining facilities within the centre were limited, mealtimes were observed to be unhurried and sociable occasions and staff ensured there were two sittings. There were adequate staff available to assist residents at meals. Residents' feedback was positive in relation to the food provided and the overall dining experience in the centre which they stated they looked forward to.

Residents had opportunities to participate in scheduled activities throughout the week and there was an activities schedule on display in the centre. Activities staff working on the day were seen to engage with residents and encourage participation in group and individual activities. Residents told the inspector that they enjoyed the activities and there was always something to do. Inspectors saw that there was an exercise class for residents in the morning and a lively music session was on in the afternoon which the majority of residents attended and participated in. Residents were seen to partake in singing along with the musician and some residents were seen to jive and waltz with staff. The inspectors observed lovely interactions between residents and staff where they laughed, joked and put requests in for each others favourite songs.

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

This was an unannounced risk based inspection to monitor compliance with the regulations and to follow up on information received by the Office of the Chief Inspector with regards to staffing, care practices, resident's rights and the governance and management of the centre. Findings of this inspection were that while there was a strong management structure in place, some management systems required strengthening to ensure the service is safe, appropriate, consistent and effectively monitored. Specifically, action was required pertaining to staffing, governance and management, the premises, the management of responsive

behaviours and residents rights. These findings will be detailed under the relevant regulations of this report.

The registered provider of the centre is Windmill Nursing Home and Retirement Village Ltd, which has two directors, both of whom are involved in the operation of five 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 centres registration.

There was a clearly defined management structure in place. There was a change in the person in charge since the previous inspection, who had been appointed in July 2025. They are employed full-time in the centre and have the relevant qualifications and management experience, as required by the regulations to undertake the role. They were supported in their role by two assistant directors of nursing, a newly appointed clinical nurse manager and a team of registered nurses, healthcare assistants, domestic, activities, catering, and administration staff.

On the day of this inspection inspectors found there were sufficient staff on duty in the centre, to meet the assessed needs of residents, given the size and layout of the centre. However, the registered nurse complement allocated to the night shift, which commenced at 8pm, was found to be insufficient when considering the profile of residents residing in the centre. There were two residents allocated funding for one to one hours however, inspectors observed that this one to one was not in place for the resident at all times during the day. This is further detailed under Regulation 15.

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 were supervised in their roles daily by the management team. Management staff rotated duty at weekends, to ensure governance and oversight of the service, over seven days.

The provider had management systems in place to monitor, evaluate and improve the quality and safety of the service provided to residents. This included a variety of clinical and environmental audits, weekly monitoring of quality of care indicators and trending of incidents involving residents. For example, completed audits of resident fall incidents assessed the actions taken by staff to support residents following a fall's incident, such as updating fall's risk assessments, care plans and referral of residents for further expert assessment if required. However, some management systems and oversight of practices were found to require strengthening as detailed under Regulation 23.

A centre-specific complaints policy detailed the procedure in relation to making a complaint and set out the time-line for complaints to be responded to, and the key personnel involved in the management of complaints. The complaints log was reviewed and showed that formal complaints were recorded in line with the regulations. An electronic record of accidents and incidents was maintained in the

centre. Records evidenced that incidents were investigated and preventative measures were recorded and implemented, where appropriate. The person in charge informed the Chief Inspector of notifiable events, in accordance with Regulation 31.

#### Regulation 14: Persons in charge

The person in charge was in post for three months at the time of this inspection. They worked full time and had the necessary experience and qualifications as required in the regulations. They demonstrated good knowledge regarding their role and responsibility and were articulate regarding governance and management of the service.

Judgment: Compliant

#### Regulation 15: Staffing

Action was required to ensure that the centre was adequately resourced as evidenced by the following findings:

- Inspectors were not assured that night time nursing staffing levels were appropriate to meet the assessed needs of up to 40 residents, for which the centre was registered. At the time of inspection, there were 23 residents who had been assessed as having maximum to high care needs and residents required enhanced support for end of life care. Therefore, a registered nurse was insufficient to monitor residents healthcare, administer medication and supervise care delivery. This finding was supported by discussions with staff allocated to night duty.
- A review of residents care plans found that where risk assessments indicated that residents require additional staff, via one to one supervision this was not always provided.

Judgment: Not compliant

#### Regulation 16: Training and staff development

There was a training programme in place for staff, and records confirmed that staff were facilitated to attend training in fire safety, manual handling procedures and safeguarding residents from abuse. Staff also had access to additional training to



inform their practice, such as infection prevention and control, and training in the management of responsive behaviours.

Judgment: Compliant

### Regulation 23: Governance and management

Management systems required action to ensure that the service provided was safe, appropriate, and consistently monitored, evidenced by the following findings:

- The oversight of the registered nurse complement at night required action as evidenced under Regulation 15.
- There was a lack of oversight of the allocation of one to one supervision required for two residents to ensure that where a resident required enhanced staff support, as per their individual assessment and care plan and associated risk assessments, this was appropriately provided.
- The oversight of residents wandering into other residents bedrooms was not sufficiently robust, to ensure that residents privacy and dignity was maintained in their own room.
- The oversight of residents with infections was not robust. This was evidenced by an absence of a risk assessment for a resident who had an active infection. This is required to ensure that care is delivered in line with recommended infection control practices.
- There was a lack of oversight of some aspects of risk in the centre, as inspectors were required to issue an immediate action to the provider with regard to ensuring that fire escape routes were kept free from obstruction and the call bell system was working effectively in all bedrooms.

Judgment: Not compliant

### Regulation 24: Contract for the provision of services

A sample of the contracts of care were reviewed and they outlined the terms on which the residents shall reside in the centre. They were seen to include, the room to be occupied and number of other occupants in that room, the fee for the service, details of any additional fees to be charged that are not included in the fee.

Judgment: Compliant

### Regulation 31: Notification of incidents

A record of incidents occurring in the centre was well maintained. All incidents had been reported in writing to the Chief Inspector, as required under the regulations, within the required time period.

Judgment: Compliant

### Regulation 34: Complaints procedure

The procedure for making complaints was on display in the centre. Complaints were discussed with the person in charge on inspection and records were reviewed. It was evident that an effective complaints procedure was in place and the complaints procedure was overseen by the person in charge, who welcomed feedback from residents and relatives.

Judgment: Compliant

### Quality and safety

Overall, this inspection found that residents were supported and encouraged to have a good quality of life in Windmill Care Centre and residents stated they were content and safe living in the centre. There was evidence of good consultation with residents and their needs were being met through prompt access to medical care and opportunities for social engagement. However, the inspectors found that some improvements were required in the management of responsive behaviours, residents rights and the premises. These will be detailed under the relevant regulations of this report.

Residents living in the centre had good access to health care services and there was evidence that residents were reviewed regularly. Three local general practitioners attended the centre weekly and were available to residents as requested or required. Allied health professionals also supported the residents on site, for example speech and language therapy (SALT) dietitian, and there was weekly physiotherapy. There was evidence of ongoing referral and review by allied health professional as appropriate to residents care requirements. 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. Controlled drugs records were maintained in line with professional guidelines, however, some action was required pertaining to the administration of crushed medication as detailed under Regulation 29.

Residents' care plans and daily nursing notes were recorded on an electronic documentation system. An assessment of resident's health and social care needs was completed on admission and ensured that residents' individual care and support needs were being identified and could be met. A sample of assessments and care plans were reviewed and found that validated assessment tools were used to inform care plans and they were updated four monthly. Some action was required in relation to care plans for residents who had a history of responsive behaviours, which is actioned under Regulation 7.

There were measures in place to safeguard residents and protect them from abuse. Safeguarding training was up to date for staff. Any safeguarding issues identified were reported, to the Chief Inspector had been investigated and appropriate action taken to protect the resident.

The centre had reduced the number of bedrails in use since the previous inspection and were focusing on moving towards a restraint free environment. Where restraint was used the inspectors found that residents were assessed appropriately and it was used in line with national policy. Staff were up-to-date with training in responsive behaviours.

There were adequate arrangements in place to monitor residents at risk of malnutrition or dehydration. This included weekly weights, maintaining a food intake monitoring chart and timely referral to dietetic and speech and language services, to ensure best outcomes for residents. A varied menu was available daily, providing a choices to all residents including those on a modified consistency diet.

The inspector found that residents' choices were promoted and respected in the centre. Residents had good opportunities to participate in social activities in line with their interests and capabilities. Residents were supported to continue to practice their religious faiths and had access to Internet, newspapers, radios and televisions. Residents were consulted regarding the running of the centre through monthly residents' meetings. Feedback from residents was positive about the care they received and their quality of life. However, some further actions were required in relation to upholding the rights of residents, as detailed under Regulation 9.

### Regulation 13: End of life

Residents' care preferences for their end of life were discussed with them and documented in their care plan. Detailed information on physical, psychological, social, spiritual preferences were recorded. Following death of a resident the person in charge ensured that appropriate arrangements, in accordance with the residents wishes were made.

Judgment: Compliant

## Regulation 17: Premises

Some action was required with regards to the premises to ensure it complied with Schedule 6, evidenced by the following finding:

- 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 and painting in some areas of the centre were observed to be damaged.
- The call bell system in place required action, as it was difficult to see when calls bells were activated, which room required assistance as display units were not very visible and easy to access.
- There was a lack of storage space in the centre resulting in a lot of equipment being inappropriately stored in the oratory and the hairdressing room.

Judgment: Substantially compliant

## Regulation 18: Food and nutrition

Residents' nutritional status was well managed. Nutritional care plans were communicated with the catering team. At the time of the inspection a review of menus was underway, in consultation with a dietitian. The person in charge ensured that the menu met the dietary needs of a resident as prescribed by health care or dietetic staff, based on nutritional assessment in accordance with the individual care plan of the resident concerned.

Judgment: Compliant

## Regulation 29: Medicines and pharmaceutical services

Inspectors observed that for a small number of residents who required medications to be crushed, this was not always individually prescribed as such on the residents medication records. Nurses informed the inspector they were administering the medication in a crushed format. This practice may result in a medication error as nurses were not administration in accordance with the directions of the prescriber as required by the regulations

Judgment: Substantially compliant

## Regulation 5: Individual assessment and care plan

Care planning documentation was available for each resident in the centre, as per regulatory requirements. A pre-admission assessment was completed prior to admission to ensure the centre could meet the residents' needs. Care plans reviewed were updated four monthly and contained detailed information specific to the individual needs of the residents and were sufficiently detailed to direct care.

Judgment: Compliant

## Regulation 6: Health care

Residents were provided with a good standard of evidence based health and nursing care and support. Residents had timely access to a general practitioners from a local practices. Residents also had good access to other allied health professionals such as speech and language therapists, a dietitian and a physiotherapist who attended the centre weekly. There was a low incidence of pressure ulcer formation in the centre and wound care practices were found to be in line with evidence based nursing care.

Judgment: Compliant

## Regulation 7: Managing behaviour that is challenging

The inspectors found that systems in place were not robust, to respond to and manage residents behaviour to protect all residents. Information pertaining to two residents with responsive behaviors in the centre was not accurate in their care plan and did not reflect the care being delivered. It had not been updated when their conditions changed and supervision was not always in place as per their care plan directed. Therefore, some residents who presented with responsive behaviour and who were seen as a risk to themselves or to other residents were not sufficiently supervised. Inspectors saw a number of incidents, where a resident had access to other residents bedrooms, putting themselves and other residents at risk.

Judgment: Substantially compliant

## Regulation 8: Protection

Inspectors were satisfied with the measures in place to safeguard residents and protect them from abuse. Safeguarding training was up to date for staff. Any safeguarding issues identified were reported, investigated and appropriate action taken to protect the resident. There were robust systems in place to protect residents' finances and the provider was acting as a pension agent for one residents living in the centre at the time of this inspection.

Judgment: Compliant

### Regulation 9: Residents' rights

Action was required pertaining to residents rights, evidenced by the following findings:

- A resident living in a twin room did not have access to their en-suite facilities, due to another residents care requirements. Therefore, they had to travel along two corridors to access a toilet facility.
- There was a lack of privacy for a number of residents in their own bedrooms, due to uninvited intrusion from a wandering resident.
- Privacy curtains in one twin room were not in place, therefore, this residents right to privacy was compromised.
- Call bells were seen not to be working in some bedrooms, therefore, residents may be not be call for assistance when required.

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
<b>Capacity and capability</b>	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Not compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 13: End of life	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

# Compliance Plan for Windmill House Care Centre OSV-0005522

Inspection ID: MON-0048472

Date of inspection: 23/10/2025

## Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.



## Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

### Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 15: Staffing	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing:</p> <ul style="list-style-type: none"> <li>• A second staff nurse will be added to the night shift rota to ensure appropriate clinical supervision, safe medication administration, and adequate support for residents with high dependency and end-of-life care needs (by 05/01/2026).</li> <li>• Recruitment is ongoing for additional Health Care Assistants (HCAs) to provide consistent 1:1 support for residents identified through risk assessments as requiring enhanced supervision (by 05/01/2026).</li> <li>• Interim rostering measures have already been implemented to ensure peak evening hours have increased staffing coverage. These include staggered start times and overlapping shifts, with six staff on duty from 20:00–21:00 and four from 21:00 onwards (implemented 01/11/2025, completed).</li> <li>• One day nurse has been allocated an extended shift from 09:30–21:30 to ensure clinical continuity and provide overlap with the incoming night nurse who begins at 20:00 (implemented 01/11/2025, completed).</li> <li>• Daily staffing levels and skill mix are reviewed by the ADON and PIC to ensure they remain aligned with residents' assessed needs, and any identified gaps are addressed in real time (ongoing).</li> <li>• A formal staffing review will be carried out monthly, incorporating dependency levels, incident reports, and clinical oversight requirements to inform the ongoing recruitment strategy and ensure sustained compliance (first review by 15/12/2025, ongoing monthly).</li> </ul>	
Regulation 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p>	

- Recruitment is underway for an additional night nurse and extra HCAs to support care delivery, including one-to-one supervision for residents identified through assessment and risk documentation (by 05/01/2026).
- A new daily allocation sheet for residents requiring one-to-one care is in use and reviewed at the beginning and end of each shift by the nurse in charge to ensure consistent provision of enhanced supervision (implemented 01/11/2025, ongoing).
- A contingency protocol is now in place outlining clear steps to follow in the event that a staff member allocated to one-to-one supervision is unexpectedly absent (implemented 01/11/2025, ongoing).
- Infection control oversight has been strengthened through the implementation of individual risk assessments for all residents with active infections, particularly those in shared rooms, to ensure care is aligned with IPC best practices (completed 24/10/2025).
- Weekly call bell audits have been revised to ensure each individual bell is function-tested and documented; any faults are logged and addressed immediately by maintenance (implemented 24/10/2025, ongoing weekly).
- Building site exit and fire escape route inspections are now conducted three times daily by the manager on duty to ensure pathways remain unobstructed at all times (implemented 24/10/2025, ongoing).
- Governance oversight is maintained through daily clinical handovers, weekly senior management reviews of staffing allocations, risk registers, and infection control updates, all chaired by the PIC or ADON (ongoing).

Regulation 17: Premises

Substantially Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:

- A meeting between the Maintenance Manager, Operations Manager, and Director of Nursing took place on 19/11/2025 to review twin room layouts. Plans are in place to reconfigure rooms to ensure each resident has both a chair and a locker within their personal space (completed 19/11/2025).
- A full review of storage needs has been completed. Plans to build additional storage presses have been finalised to ensure equipment is no longer stored in inappropriate areas such as the oratory or hairdressing room (to be completed by 30/03/2026).
- A review of the current call bell display system has been scheduled with the system provider who also services current system, to explore options for improved visibility and functionality of call panel locations (review to be completed by 30/01/2026).
- A planned maintenance schedule is in place, including the replacement of all worn or damaged flooring as part of the wider refurbishment of the original building (to commence in 2026, phased timeline to be confirmed).
- A cyclical painting schedule has been initiated to ensure all areas of the centre are maintained to an acceptable decorative standard (commenced 01/11/2025, ongoing).

Regulation 29: Medicines and pharmaceutical services	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:</p> <ul style="list-style-type: none"> <li>• The medication kardexes for all residents requiring crushed medications were reviewed by the General Practitioner. Each relevant medication is now individually prescribed for crushing in line with regulation (completed 18/11/2025).</li> <li>• A Medication Kardex Audit tool has been implemented to ensure all crushed medications are appropriately authorised and reviewed regularly (audit schedule commenced 10/11/2025, ongoing quarterly).</li> </ul>	
Regulation 7: Managing behaviour that is challenging	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 7: Managing behaviour that is challenging:</p> <ul style="list-style-type: none"> <li>• All staff are scheduled to complete updated training on dementia and managing responsive behaviour to enhance confidence and consistency in care responses (to be completed by 30/12/2025).</li> <li>• Residents with responsive behaviours have been individually risk assessed, and their care plans updated to reflect current presentation and supervision requirements (completed 10/11/2025).</li> <li>• Monthly audits of responsive behaviour care plans are conducted by the CNM and ADON to ensure they are reviewed and reflect residents' current needs (ongoing, next audit by 15/12/2025).</li> <li>• Daily allocation sheets for 1:1 supervision have been introduced. These are signed off by the Nurse Manager at the beginning and end of each shift to ensure that residents requiring enhanced support are supervised in accordance with their care plans (implemented 24/10/2025, ongoing).</li> </ul>	
Regulation 9: Residents' rights	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights:</p> <ul style="list-style-type: none"> <li>• A revised contingency plan is in place for residents in shared rooms with active infections to ensure that access to ensuite facilities is maximised wherever possible while maintaining appropriate infection control (completed 24/10/2025).</li> <li>• Risk assessments for residents who display wandering behaviour have been completed, and care plans updated to include supervision strategies that safeguard the</li> </ul>	

privacy and dignity of other residents (completed 10/11/2025).

- All twin rooms have been reviewed and privacy curtains are now installed and maintained to ensure residents' privacy is upheld during personal care (completed 14/11/2025).
- A full check of the call bell system was carried out by the maintenance contractor on 10/11/2025, confirming that all bells are now fully operational and linked to the central call panel (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 15(1)	The registered provider shall ensure that the number and skill mix of staff is appropriate having regard to the needs of the residents, assessed in accordance with Regulation 5, and the size and layout of the designated centre concerned.	Not Compliant	Orange	05/01/2026
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	30/03/2026
Regulation 23(1)(d)	The registered provider shall ensure that management systems are in place to ensure that the service	Not Compliant	Orange	05/01/2026

	provided is safe, appropriate, consistent and effectively monitored.			
Regulation 29(5)	The person in charge shall ensure that all medicinal products are administered in accordance with the directions of the prescriber of the resident concerned and in accordance with any advice provided by that resident's pharmacist regarding the appropriate use of the product.	Substantially Compliant	Yellow	21/11/2025
Regulation 7(1)	The person in charge shall ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to and manage behaviour that is challenging.	Substantially Compliant	Yellow	30/12/2025
Regulation 9(3)(a)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may exercise choice in so far as such exercise does not interfere with the rights of other residents.	Substantially Compliant	Yellow	21/11/2025
Regulation 9(3)(b)	A registered provider shall, in so far as is reasonably	Substantially Compliant	Yellow	21/11/2025

	practical, ensure that a resident may undertake personal activities in private.			
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