

**Health Information and Quality Authority
Regulation Directorate**

**Compliance Monitoring Inspection report
Designated Centres under Health Act 2007,
as amended**



Centre name:	Windmill House Nursing Home
Centre ID:	OSV-0000303
Centre address:	Churchtown, Mallow, Cork.
Telephone number:	022 59 067
Email address:	pat@windmillnursing.ie
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Patrick Kennedy
Provider Nominee:	Patrick Kennedy
Lead inspector:	Caroline Connelly
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	39
Number of vacancies on the date of inspection:	1

About monitoring of compliance

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:

- **Registration:** under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
- **Monitoring of compliance:** the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider's compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

- to monitor compliance with regulations and standards
- to carry out thematic inspections in respect of specific outcomes
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or wellbeing of residents.

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. In contrast, thematic inspections focus in detail on one or more outcomes. This focused approach facilitates services to continuously improve and achieve improved outcomes for residents of designated centres.

Please note the definition of the following term used in reports: responsive behaviour (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment).

Compliance 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 inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration renewal decision. This monitoring inspection was announced and took place over 2 day(s).

The inspection took place over the following dates and times

From:	To:
15 May 2017 10:00	15 May 2017 18:00
16 May 2017 09:40	16 May 2017 17:00

The table below sets out the outcomes that were inspected against on this inspection.

Outcome	Our Judgment
Outcome 01: Statement of Purpose	Compliant
Outcome 02: Governance and Management	Substantially Compliant
Outcome 03: Information for residents	Substantially Compliant
Outcome 04: Suitable Person in Charge	Compliant
Outcome 05: Documentation to be kept at a designated centre	Substantially Compliant
Outcome 06: Absence of the Person in charge	Compliant
Outcome 07: Safeguarding and Safety	Non Compliant - Moderate
Outcome 08: Health and Safety and Risk Management	Substantially Compliant
Outcome 09: Medication Management	Compliant
Outcome 10: Notification of Incidents	Compliant
Outcome 11: Health and Social Care Needs	Substantially Compliant
Outcome 12: Safe and Suitable Premises	Compliant
Outcome 13: Complaints procedures	Compliant
Outcome 14: End of Life Care	Compliant
Outcome 15: Food and Nutrition	Compliant
Outcome 16: Residents' Rights, Dignity and Consultation	Compliant
Outcome 17: Residents' clothing and personal property and possessions	Compliant
Outcome 18: Suitable Staffing	Non Compliant - Moderate

Summary of findings from this inspection

This report sets out the findings of an announced registration inspection of Windmill House Nursing Home by HIQA. The provider applied to change the entity to a new provider Windmill Nursing Home and Retirement Village Limited and the current provider was remaining in his position and remains a director of the company along with one other director. There had been no change to the person in charge and to

the Assistant Director of Nursing (ADON). During the inspection the inspector met with the providers, the person in charge, residents, relatives, nurses, the chef, administrative staff and numerous other staff members. The inspector observed practices, the physical environment and reviewed all governance, clinical and operational documentation such as policies, procedures, risk assessments, reports, residents' files and training records to inform this application. The provider, person in charge and the staff team displayed good knowledge of the regulatory requirements and they were found to be committed to providing person-centred evidence-based care for the residents.

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. There was a clearly defined management structure in place. The management team were proactive in response to the actions required from the previous inspection and the inspector viewed a number of improvements throughout the centre. A number of questionnaires were received from residents and relatives and the inspector spoke to many residents and relatives throughout the inspection. The collective feedback from residents and relatives was one of satisfaction with the service and care provided. Residents stated that they felt safe and secure, one resident stated "I couldn't stay at home so I prayed for a place in a nursing home and I found this lovely home" Another resident said " we are well cared for and treated like Queen Elizabeth" they stated their opinions were valued and food was great especially the soup. Relatives said "the staff go out of their way to make my mother and other residents happy and the staff are good, kind, respectful people." Another relative said that the facility, staff and care provided to my relative is of the highest standard and is treated like home by my relative and staff. Family involvement was encouraged with relatives and residents stating they are welcomed at any time. The inspector saw numerous visitors in and out of the centre during the two day inspection. The inspector found the premises; fittings and equipment were clean and well maintained. There was a good standard of décor throughout. There had been a large number of improvements since the previous inspection in relation to the premises and these were evident throughout.

There was evidence of individual residents' needs being met and the staff supported residents to maintain their independence where possible. Resident's health and social care needs were met. Residents had comprehensive access to (GP) services, to a range of other health services, and the nursing care provided was evidence-based. Residents could exercise choice in their daily life and were consulted on an ongoing basis. Residents could practice their religious beliefs. In summary, the inspector was satisfied that the centre was generally operating in compliance with the current conditions of registration granted to the centre.

The inspector identified aspects of the service requiring improvement to enhance the findings of good practice on this inspection. These are discussed under the outcome statements. The related actions are set out in the Action Plan under the relevant outcome which included issues with family involvement in care planning, provision of policies, improvements required with contracts of care and fire drills. These improvements are required to comply with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and

the National Standards for Residential Care Settings for Older People in Ireland 2016. The provider was required to complete an action plan to address these areas.

Compliance with Section 41(1)(c) of the Health Act 2007 and 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.

Outcome 01: Statement of Purpose

There is a written statement of purpose that accurately describes the service that is provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.

Theme:

Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

The statement of purpose and function was viewed by the inspector, and it clearly described the service and facilities provided in the centre. It identified the staffing structures and numbers of staff in whole time equivalents. It also described the aims, objectives and ethos of the centre. This ethos was reflected in day-to-day life, through the manner in which staff interacted, communicated and provided care.

The statement of purpose had been updated during the inspection and now included the registration date, expiry date and the conditions attached by the Chief Inspector to the designated centre's registration under Section 50 of the Health Act 2007 and the arrangements for the management of the centre in the absence of the person in charge was updated with the ADON details. Overall the statement of purpose was found to meet the requirements of legislation.

Judgment:

Compliant

Outcome 02: Governance and Management

The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems and sufficient resources are in place to ensure the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability.

Theme:

Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

The provider applied to change the entity to a new provider Windmill Nursing Home and Retirement Village Limited and the current provider was remaining in his position and remains a director of the company along with one other director. There had been no change to the person in charge and to the Assistant Director of Nursing (ADON). The centre is owned and operated by Windmill nursing home group which consists of five nursing homes. There are two registered providers and one of the providers is in the centre on a very regular basis. The group head office was only five minutes from the centre and the provider, group human resource manager, finance manager, procurement and general administration were based there.

The inspector was satisfied that there was a clearly defined management structure in place. The management team were proactive in response to the actions required from the previous inspection and the inspector viewed a number of improvements throughout the centre.

The inspector saw that there were systems put in place for monitoring the quality and safety of care provided to residents. The person in charge was compiling key performance data on a weekly basis. There were some internal audits and reviews completed such as infection control audit, resident infections, chemical restraint audit and medication audit. These audits had taken place in 2016 and 2017 and audit outcomes and corrective actions were documented. There was not evidence of how the findings of these audits had resulted in any changes to practices. The person in charge acknowledged that further actions and audits were required and these were ongoing.

There was evidence of consultation with residents and relatives through residents meetings chaired by activity staff and person in charge. The inspector saw the minutes of the last meeting held on 17 April 2017 where 6 residents attended. Issues discussed included meals activities and outings. The person in charge said items were followed up and actions taken fed back to residents on subsequent meetings and there was evidence of this on the minutes of the meeting.

The provider and person in charge had completed an annual review of the quality and safety of care delivered to residents in the designated centre to ensure that such care is in accordance with relevant standards set by HIQA under section 8 of the Act for 2016. The annual review outlined service developments, results of audits and feedback from complaints and plans for the year ahead.

Judgment:

Substantially Compliant

Outcome 03: Information for residents

A guide in respect of the centre is available to residents. Each resident has an agreed written contract which includes details of the services to be provided for that resident and the fees to be charged.

Theme:

Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

A Residents' Guide was also available which included a summary of the services and facilities provided, terms and conditions relating to residence, procedure respecting complaints and the arrangements for visits. This guide was found to meet the requirements of legislation.

The residents' contracts of care were viewed by the inspector. The inspector found that contracts had been signed by the residents/relatives and found that the contract was generally clear, user-friendly and outlined all of the services and responsibilities of the provider to the resident and the fees to be paid. The contracts generally detailed what was included and not included in the fee. However, there was additional 40 euro charge seen on the contracts but there was no detail of what this charge was for. The contracts also did not include a list of additional charges for services such as hairdressing, chiropody, individual newspapers and other services not included in the fee.

Judgment:

Substantially Compliant

Outcome 04: Suitable Person in Charge

The designated centre is managed by a suitably qualified and experienced person with authority, accountability and responsibility for the provision of the service.

Theme:

Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

The person in charge displayed a good knowledge of the standards and regulatory requirements and was found to be committed to providing quality person-centred care to the residents.

The inspector interacted with the person in charge throughout the inspection process. There was evidence that the person in charge was engaged in the governance, operational management and administration of the centre on a day-to-day basis and had been in her post for numerous years. The inspector was satisfied that she was a registered nurse, was suitably qualified and had a minimum of three years experience in

nursing of the older person within the previous six years, as required by the regulations. She has a commitment to her own continued professional development as she regularly attends relevant education and training sessions which was confirmed by training records.

Staff, residents and relatives all identified her as the person who had responsibility and accountability for the service and said she was very approachable and were confident that all issues raised would be managed effectively.

Judgment:

Compliant

***Outcome 05: Documentation to be kept at a designated centre
The records listed in Schedules 3 and 4 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.***

Theme:

Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

On the previous inspection inspectors viewed a sample of staff files and found that there were some gaps in meeting the requirements of Schedule 2. Garda vetting was not in place for all staff. A full employment history was not in place in all staff files. On this inspection the person in charge informed the inspector that they had really tightened up on their recruitment process and no staff commenced employment until satisfactory Gardaí vetting, references and all the requirements of schedule 2 of the regulations had been attained. The inspector reviewed a sample of staff files and found that they contained all of the information required under Schedule 2 of the Regulations.

The Directory of Residents was reviewed by the inspector who found that it complied with Schedule 3 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013. Residents' records as also required under Schedule 3 of the Regulations were maintained and inspectors found that the medical and nursing records were comprehensive. The records listed in Schedule 4 to be kept in a designated centre were all maintained and made available to the inspector.

The inspector found that the designated centre had most of the written operational policies as required by Schedules 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 with the exception

of a policy on information for residents.

The inspector saw that all records were securely stored and easily retrievable. Evidence was also seen that the centre was adequately insured against injury to residents and loss or damage to residents' property.

Judgment:

Substantially Compliant

Outcome 06: Absence of the Person in charge

The Chief Inspector is notified of the proposed absence of the person in charge from the designed centre and the arrangements in place for the management of the designated centre during his/her absence.

Theme:

Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

There had been no instances since the last inspection whereby the person in charge was absent for 28 days or more and the person in charge was aware of the responsibility to notify HIQA of any absence or proposed absence.

Suitable deputising arrangements were in place to cover for the person in charge when she was on leave. The ADON was in charge when the person in charge is on leave. The ADON was on leave but the inspector met and interviewed the ADON on a previous inspection and she demonstrated an awareness of the legislative requirements and her responsibilities and was found to be a suitably qualified and experienced registered nurse.

Judgment:

Compliant

Outcome 07: Safeguarding and Safety

Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are provided with support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.

Theme:

Safe care and support

Outstanding requirement(s) from previous inspection(s):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

The inspector found that there were measures in place to protect residents from suffering harm or abuse. Staff interviewed by the inspector demonstrated a good understanding of safeguarding and elder abuse prevention and were clear about their responsibility to report any concerns or incidents in relation to the protection of a resident. The inspector saw that safeguarding training was on-going and training records confirmed that staff had received this mandatory training. This training was supported by a policy document on elder abuse which defined the various types of abuse and outlined the process to be adopted to investigate abuse issues should they arise.

The centre maintained day to day expenses for a number of residents and the inspector saw evidence that complete financial records were maintained. The inspector reviewed the systems in place to safeguard residents' finances which included a review of a sample of records of monies handed in for safekeeping. Money was kept in a locked area in the administration office. Monies were stored in envelopes with the name of the resident. All lodgements and withdrawals were documented and were signed for by two staff members. Receipts were kept for purchases made on behalf of residents such as cigarettes and clothing. On the previous inspection there was no system in place for auditing of residents accounts. On this inspection, the inspector saw that the person in charge had completed an audit of all accounts and an external audit was undertaken by an accountant.

There was a policy on responsive behaviour and staff were provided with training in the centre on behaviours that challenge along with dementia specific training which was confirmed by staff and training records. There was evidence that residents who presented with responsive behaviour were reviewed by their GP and referred to psychiatry of old age or other professionals for full review and follow up as required. The inspector saw evidence of positive behavioural strategies and practices implemented to prevent responsive behaviours and staff spoke about the actions they took. Some of the care plans reviewed reflected the positive behavioural strategies proposed to ensure continuity of approach by all staff. Person-centred de-escalation methods were outlined in residents' care plans.

There was a policy on restraint which was updated since the last inspection. There was evidence that the use of restraint had increased dramatically since the previous inspection with bed-rail usage increased from six residents on the previous inspection to over 16 residents on this inspection. The bed rail assessment forms did not adequately outline if alternative measures to the use of bed rails had been tried. The assessment form did not outline the specific risks of a resident using a bed rail and the outcomes of the assessment were not adequately documented. The person in charge identified that they lacked alternatives to bed-rails and only had three low profiling beds, alarm mats and sensor beams. Where bedrails were required for a resident, the inspector saw evidence that there was regular checking of residents. However the inspector required that the whole system around restraint required review to ensure the centre was working towards a restraint free environment and was compliant with national policy.

Judgment:

Non Compliant - Moderate

***Outcome 08: Health and Safety and Risk Management
The health and safety of residents, visitors and staff is promoted and protected.*****Theme:**

Safe care and support

Outstanding requirement(s) from previous inspection(s):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

The fire policies and procedures seen by the inspector were centre-specific. The fire safety plan was viewed by the inspector and found to be comprehensive. There were notices for residents and staff on "what to do in the case of a fire" appropriately placed throughout the building. Staff demonstrated an appropriate knowledge and understanding of what to do in the event of fire. The inspector saw that fire training was provided to staff in May 2016 and in 2017. The person in charge said they conducted fire drills and records showed the last one took place in February 2017 however the inspector did not see any evidence of the documentation of who attended, what evacuation procedures took place and was the learning and outcome from same. The person in charge acknowledged that drills needed to be undertaken more frequently and detail recorded regarding the evacuation process of the fire drill. The inspector examined the fire safety register with details of all services and tests carried out. All fire door exits were unobstructed and fire fighting equipment was tested in May 2017 and fire alarms had been tested in February 2017. However the emergency lighting was last tested in November 2016 and was overdue its quarterly servicing. Personal emergency evacuation plans had been completed for each resident.

Since the last inspection the smoking room was decommissioned and smoking facilities were available to residents in a designated smoking area in the grounds of the centre. The smoking shelter had a call bell, a fire blanket, fire aprons, metal ashtrays and was in a visible area. Resident individual smoking risk assessments had been completed and the person in charge said residents were supervised when they smoked. Fire door hold backs that were connected to the fire alarm system had been put in place since the previous inspection.

Accidents and incidents were recorded on incident forms and were submitted to the person in charge and there was evidence of action in response to individual incidents. There were reasonable measures in place to prevent accidents such grab-rails in toilets and handrails on corridors.

There was a centre-specific emergency plan that took into account emergency situations and where residents could be relocated to in the event of being unable to return to the

centre. This should be developed further to include all emergency situations that could occur in the centre. Clinical risk assessments were undertaken, including falls risk assessment, assessments for dependency and assessments for pressure ulcer formation. The provider has contracts in place for the regular servicing of all equipment and the inspector viewed records of equipment serviced which were all up to date.

The environment was observed to be very clean and personal protective equipment, such as gloves, aprons and hand sanitizers were located throughout the premises. All hand-washing facilities had liquid soap and paper towels available. There were policies in place on infection prevention and control and staff that were interviewed demonstrated knowledge of the correct procedures to be followed. Hand hygiene training was on going and staff demonstrated good hand hygiene practice as observed by the inspector. Arrangements for the disposal of domestic and clinical waste management were appropriate and the inspector saw contracts were in place for same.

The health and safety of residents, visitors and staff was promoted and protected. The health and safety statement seen by the inspector was centre-specific. The risk management policy as set out in Schedule 5 was updated during the inspection and did include all the requirements of Regulation 26(1). The policy did cover, the identification and assessment of risks and the precautions in place to control the risks identified and did include the measures and actions in place to control the following specified risks, 1) Abuse, 2) the unexplained absence of a resident, 3) accidental injury to residents or staff, 4) aggression and violence, and 5) self-harm.

Records viewed by the inspector indicated that staff had received up to date moving and handling training. Hoists were serviced on a regular basis as required by legislation and records of same were seen by the inspector.

Judgment:

Substantially Compliant

Outcome 09: Medication Management

Each resident is protected by the designated centre's policies and procedures for medication management.

Theme:

Safe care and support

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

The medication trolley was secured and the medication keys were held by the nurse in charge. The inspector observed nurses administering the morning, lunch time and tea time medications, and this was generally carried out in line with best practice.

Medications were prescribed and disposed of appropriately in line with An Bord Altranais and Cnáimhseachais na hÉireann Guidance to Nurses and Midwives on Medication

Management (2007). Controlled drugs were stored in accordance to best practice guidelines and nurses were checking the quantity of medications at the start of each shift. The inspector did a count of controlled medications with the nurse which accorded with the documented records.

There was a system in place for reviewing medications on a three monthly basis by the GP and pharmacist and this was documented in residents' notes. Medications that required crushing were seen to be prescribed as such and signed by the GP. As required medications stated frequency of dose therefore ensuring there was a maximum dose in 24 hours that could not be exceeded.

There were centre specific written operational policies and records relating to the ordering, prescribing, storing and administration of medicines to residents in place. Medication errors were recorded and there was evidence that appropriate action was taken as a result of same. Nursing staff undertook regular updates in medication management training as evidenced by training records.

The pharmacist was involved in the reviewing the residents' medications on a regular basis and provided advice and support to the GP and staff. Audits of medication management were taking place.

There was not a reliance on as required medications as identified from a review of medication charts by the inspector. Staff reported excellent support and guidance was given including education on medication management from their pharmacist who visited the centre on a regular basis.

Judgment:

Compliant

Outcome 10: Notification of Incidents

A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.

Theme:

Safe care and support

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

The inspector saw that there was a comprehensive log of all accidents and incidents that took place in the centre.

Incidents as described in the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 have generally been reported in accordance with the requirements of the legislation. There were timely quarterly returns and written notifications were received within three days of accidents as required.

Judgment:

Compliant

Outcome 11: Health and Social Care Needs

Each resident's wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. The arrangements to meet each resident's assessed needs are set out in an individual care plan, that reflect his/her needs, interests and capacities, are drawn up with the involvement of the resident and reflect his/her changing needs and circumstances.

Theme:

Effective care and support

Outstanding requirement(s) from previous inspection(s):

Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:

The inspector found that residents' healthcare needs were well met and they had access to appropriate medical and allied healthcare services. The residents' health and social status was closely monitored. All residents had access to a General Practitioner (GP) of their own choice and there was an out-of-hours GP service available. The inspector reviewed a sample of files and found that residents had timely access to a GP and many of the GP's conducted regular routine visits to the centre. Residents had been referred to other medical and nursing professionals and blood tests and appointments were organised when required. The person in charge told the inspector that residents had access to a range of allied health care services including chiropody and physiotherapy which were paid for privately. They had access to a dietician, tissue viability and speech and language services from a nutritionist services company. Local optical and dental services were availed of as required.

Residents had a vital signs sheet that monitored their blood pressure, temperature and pulse on a regular basis. Blood sugar levels were monitored for residents with diabetes. A daily nursing report was maintained. There was one resident with a pressure ulcer at the time of inspection which the inspector saw was well managed. Resident had assessment of needs completed as necessary using validated tools, for example, in relation to their mental test score, risk of falls, risk of pressure sore development and their dependency levels. On the previous inspection there was no comprehensive assessment of residents activities of living completed to inform the care planning process and core care plans were in place which were not personalised and the inspectors found that the care plans were not directing care and the whole process of assessment and care planning required review. On this inspection improvements in care planning were seen. The inspector reviewed care plans for residents and these were seen to be person centred and reviewed at least four monthly. Care plans were maintained on an electronic system and the nurses said they planned to implement further facilities in the centre for care staff to update resident files after care was

delivered. Care plans seen were easy to follow, up to date and were individualised. Some care plans were seen to include very detailed person centred information. This included information on how and what the resident likes to eat, areas of risk for the resident, areas the resident requires individual attention and other things staff need to know about the resident. The inspector saw and the person in charge confirmed that the process was a work in progress. There was not yet evidence that residents and/or their relatives were involved in the development of care plans as required by legislation.

One of the residents who had been in hospital returned to the centre the first evening of the inspection. Nursing staff told the inspector that a detailed hospital transfer letter was completed when a resident was transferred to hospital. Residents at risk of developing pressure ulcers had care plans and pressure relieving mattresses and cushions to prevent ulcers developing. The inspector reviewed the care of a resident with pressure sores and saw that scientific measurements and assessments were taking place on dressing changes. Staff had access to support from the tissue viability nurse and recommendations put in place were followed by staff.

The inspector observed that residents appeared to be well cared for, which was further reflected in residents' comments that their daily personal care needs were well met. Residents, where possible, were generally encouraged to keep as independent as possible. The inspector observed some residents moving freely around the corridors, in communal areas and in the grounds of the centre and many were seen to attend the group exercises sessions held twice per week.

Judgment:

Substantially Compliant

Outcome 12: Safe and Suitable Premises

The location, design and layout of the centre is suitable for its stated purpose and meets residents' individual and collective needs in a comfortable and homely way. The premises, having regard to the needs of the residents, conform to the matters set out in Schedule 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

Theme:

Effective care and support

Outstanding requirement(s) from previous inspection(s):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

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. Residents' private accommodation comprised of 24 single and eight twin bedrooms. All rooms have en suite shower, toilet and wash basin facilities. Bedrooms were generally personalised and decorated with photographs of family members and residents' art work.

Residents' communal facilities include a dining room, oratory, library, quiet room and smoking room. The focal point of the building is the atrium where there is the main lounge/seating area. There was a large fish tank in the atrium with colourful fish. There also was a bird cage with a budgie. In addition there was a large television and a piano. The atrium had direct access to an enclosed outdoor garden. The library was another quiet room, domestic in character with a fireplace, carpeted flooring, sofa and decorative soft furnishing. This room is used for private meetings, as is the lounge which was equally domestic in character. The lounge is also used for reflexology and other group sessions.

The kitchen was well laid out and well equipped. There was a serving hatch from the kitchen to the dining room. All current residents generally had their lunch in the dining room, facilitated by having two sittings. Tables were attractively set and the décor was domestic in character. There was a dresser containing crockery and there were colourful oil cloths on the tables. The oratory was a quiet, peaceful room with comfortable chairs, an attractive stained glass window and religious art work on the walls.

Since the last inspection the smoking room was decommissioned and as discussed under outcome 8 smoking facilities were available to residents in a designated smoking area in the grounds of the centre. The communal and bedroom areas were bright, homely and domestic in character and since the previous inspection the centre had been fully decorated and new flooring was put in all of the en-suite bathrooms. On the last inspection plans were in place for the fitting out of a dedicated hairdressing room and on this inspection this was completed. Also identified on the previous inspection was that fencing required repair and the garden was overgrown with weeds. On this inspection these issues were also completed and the garden was seen by the inspector to be a lovely outdoor space with tables and chairs for resident use, hanging baskets and planters added colour and interest. The inspector saw that a family had donated a lovely bench to the garden in memory of their relative.

Signage had also improved since the previous inspection with some signposts painted onto the walls in the corridors and photos used to help residents identify their bedrooms.

A good level of cleanliness was maintained. There was staff assigned specifically to household and laundry duties. They used colour coded mops and cleaning cloths for different areas. Plastic aprons and latex gloves were readily available as was alcohol hand gels throughout the premises and inspectors observed staff using them.

The inspector reviewed records which confirmed the regular servicing of equipment such as electric beds, nebulisers and wheelchairs. Maintenance personally were employed by the centre and were readily available.

Judgment:

Compliant

Outcome 13: Complaints procedures

The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals

procedure.

Theme:

Person-centred care and support

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

A written complaints policy was available in the centre reviewed in June 2016 and inspectors saw that the complaints procedure was hung in a prominent place at the entrance to the centre. The complaints procedure identified the complaints officer and a complaints appeals process.

The inspector reviewed the complaints log and found the complaints process was in place to ensure the complaints of residents, their families or next of kin including those with dementia were listened to and acted upon. The process included an appeals procedure. Residents and relatives all said that they had easy access to the nurses and the person in charge to whom they could openly report any concerns and were assured issues would be dealt with. The person in charge stated that she monitored complaints or any issues raised by being readily available and regularly speaking to residents, visitors and staff. Records showed that complaints made to date were dealt with promptly and the investigation, action taken, the outcome and satisfaction of the complainant was recorded as required by the regulations.

Judgment:

Compliant

Outcome 14: End of Life Care

Each resident receives care at the end of his/her life which meets his/her physical, emotional, social and spiritual needs and respects his/her dignity and autonomy.

Theme:

Person-centred care and support

Outstanding requirement(s) from previous inspection(s):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

Residents religious needs were facilitated with mass taking place weekly in the centre and the rosary said frequently. Residents from other religious denominations were visited by their ministers regularly as required. The inspector reviewed the centre's policy on end-of-life care which was seen to be comprehensive to guide staff in providing holistic care at the end of life stage. The inspectors reviewed a sample of residents' care plans with regards to end-of-life care and noted that they

comprehensively recorded residents' preferences at this time. This was an improvement from the previous inspection when that was not taking place. All information was accessible to staff and staff indicated that relevant information was shared at report handover time. Most residents stated that in the event that their needs changed in the future they would prefer to be cared for in the centre.

Family and friends were facilitated to be with their loved ones towards the end of their lives. Facilities for family and friends to stay overnight were available, including use of the visitors room. Tea and coffee-making facilities and snacks were readily available for use at any time.

Staff training records indicated that a number of staff had attended training on palliative care issues. The person in charge stated that the centre was well supported by the specialist team from the local community. Records which the inspector viewed indicated that the palliative team were responsive to the GP and the staff in providing specialist advice in pain relief and symptom management.

Overall the inspector found that care practices and facilities in place were designed to ensure residents received end of life care in a way that met their individual needs and wishes and respected their dignity and autonomy.

Judgment:

Compliant

Outcome 15: Food and Nutrition

Each resident is provided with food and drink at times and in quantities adequate for his/her needs. Food is properly prepared, cooked and served, and is wholesome and nutritious. Assistance is offered to residents in a discrete and sensitive manner.

Theme:

Person-centred care and support

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

There was evidence that each resident's dietary requirements as well as likes and dislikes were well known by catering staff. The inspector observed that residents were provided with food and drink at times and in quantities adequate for their needs, they were offered choice and menus indicated there was variety. Residents that required specific diets and/or special consistencies of food were facilitated accordingly. The inspector reviewed the nutritional assessment and management process, this included dietary requirements and food preferences. Texture modified and special diets, including gluten free or low fat diets, were available. Residents also had access to snacks throughout the day and night. Residents' weight was monitored on a monthly basis. The chef told the inspector that when a resident was admitted, a nurse initially informed him of the new resident's dietary requirements but that they also met with residents on a

daily basis to establish residents likes and dislikes. Residents were encouraged to take plenty of drinks during the day. Water dispensers and juices were located in the dining room and the communal areas. The inspectors saw staff offering residents tea/ coffee and cold drinks regularly during the day.

The kitchen was well laid out and well equipped. There was a serving hatch from the kitchen to the dining room. All current residents generally had their lunch in the dining room, facilitated by having two sittings. Residents were very complimentary in relation to the food and choice of food in general particularly mentioning the soup. The inspector observed mealtimes in the dining and found that mealtimes were generally an inviting and enjoyable time for residents. Residents were offered a varied, nutritious diet. The variety, quality and presentation of meals was of a good standard. Tables were set in an attractive manner with appropriate place settings and the décor was domestic in character. Although residents were generally assisted in a discreet and dignified manner on the first day of the inspection the inspector saw staff assisting residents by standing over them and not seated with them. This was rectified on day two.

Judgment:

Compliant

Outcome 16: Residents' Rights, Dignity and Consultation
Residents are consulted with and participate in the organisation of the centre. Each resident's privacy and dignity is respected, including receiving visitors in private. He/she is facilitated to communicate and enabled to exercise choice and control over his/her life and to maximise his/her independence. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences.

Theme:

Person-centred care and support

Outstanding requirement(s) from previous inspection(s):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

On a previous inspection an inspector noted that the screening curtains in some twin rooms did not protect the residents privacy and dignity. On this inspection it was noted that the screening curtains were replaced and they now fully encircled the beds protecting the privacy and dignity of the residents in those rooms.

Residents were facilitated to exercise their civil, political and religious rights. The inspector was told that residents were enabled to vote in national referenda and elections as the centre registered to enable polling. The inspector observed that residents' choice was respected and control over their daily life was facilitated in terms of times of rising /returning to bed and whether they wished to stay in their room or spend time with others in the communal areas.

Respect for privacy and dignity was generally evidenced throughout both days of inspection. Staff were observed to knock on doors and get permission before entering bedrooms. Staff were observed communicating appropriately with residents who were cognitively impaired as well as those who did not have a cognitive impairment. Effective communication techniques were employed. Residents were treated with respect. The inspector heard staff addressing residents by their preferred names and speaking in a clear, respectful and courteous manner. Staff paid particular attention to residents' appearance, dress and personal hygiene and were observed to be caring towards the residents. Residents choose what they liked to wear. The hairdresser visited regularly and some residents told the inspectors how they enjoyed availing of the service.

Numerous visitors were observed throughout both days of inspection where staff members knew the names of visitors and vice versa. Staff took time to talk with family members both when they visited and when they rang to enquire about their relative. Visitors told the inspector that they were always made welcome and that there were plenty areas in the centre to visit in private if they wished to. They said that if they any concerns they could identify them to the person in charge and were assured they would be resolved.

Residents had access to the daily newspaper and residents were observed enjoying the paper. Residents had access to radio, television, and information on local events. There was an active residents' committee which met regularly. Minutes from these meetings demonstrated that there was good attendances at the meetings and a variety of topics were discussed. There was evidence that residents with dementia were consulted with and participated in the committee. Issues raised at the last meeting held on the 17th April 2017 had generally been addressed like the provision of activities and trips outs.

Since the last inspection the hours of the staff allocated to the function of activity co-ordinators had been increased and now works in the centre Monday to Friday. The inspector observed that he connected very well with residents and treated them as individuals. There was a varied and interesting programme of activities available to residents which included art therapy, bingo, music, sing-songs, exercise sessions, drama groups, religious activities and other more individualised activities. Residents and relatives told the inspectors how much they enjoyed the activities and were happy to see more activities available. Links with local schools had been established and twenty transition year students had spent time with the residents over the previous four weeks. Residents really enjoyed chatting with the students and the students did a concert for the residents on their last day.

Judgment:

Compliant

***Outcome 17: Residents' clothing and personal property and possessions
Adequate space is provided for residents' personal possessions. Residents can appropriately use and store their own clothes. There are arrangements in place for regular laundering of linen and clothing, and the safe return of clothes to residents.***

<p>Theme: Person-centred care and support</p>
<p>Outstanding requirement(s) from previous inspection(s): The action(s) required from the previous inspection were satisfactorily implemented.</p> <p>Findings: There was a centre-specific policy on residents' personal property and possessions and in the sample of residents' records that were reviewed by the inspector there were inventory's in place of individual resident's clothing and personal items.</p> <p>Laundry facilities are on-site, they were maintained in good order and appropriate arrangements were in place for the regular laundering of linen and clothing and procedures were in place for the safe return of residents' personal clothing items. The staff member with the primary responsibility for laundry was knowledgeable about appropriate procedures in regard to infection control. Residents and their relatives informed inspectors that clothing was well looked after.</p> <p>The inspector noted that bedrooms were personalised and residents were facilitated to have their own items, such as furniture and pictures. On the previous inspection it was identified that some of the shared rooms were small in size there was only one small wardrobe which did not provide adequate hanging space for residents clothing. On this inspection a second wardrobe was provided. Each resident now had furniture in their bedrooms to store clothing and personal items in their own bedside cabinets and wardrobes. Locked storage was provided as required.</p>
<p>Judgment: Compliant</p>

<p><i>Outcome 18: Suitable Staffing</i> <i>There are appropriate staff numbers and skill mix to meet the assessed needs of residents, and to the size and layout of the designated centre. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice. The documents listed in Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are held in respect of each staff member.</i></p>
<p>Theme: Workforce</p>
<p>Outstanding requirement(s) from previous inspection(s): Some action(s) required from the previous inspection were not satisfactorily implemented.</p>

Findings:

Residents and relatives generally spoke very positively of staff and indicated that staff were caring, responsive to their needs and treated them with respect and dignity. A relative stated the staff go out of their way to make my mother and other residents happy and the staff are good, kind, respectful people."

Systems of communication were in place to support staff with providing safe and appropriate care. There were handover meetings each day to ensure good communication and continuity of care from one shift to the next. The inspector saw records of staff meetings at which operational and staffing issues were discussed. In discussions with staff, they confirmed that they were supported to carry out their work by the person in charge. Inspectors found staff to be well informed and knowledgeable regarding their roles, responsibilities and the residents' needs and life histories. There was evidence that residents knew staff well and engaged easily with them in personal conversations.

Mandatory training was in place and staff had received up to date training in fire safety, safe moving and handling, safeguarding vulnerable persons and responsive behaviours. Other training included restraint procedures, dementia specific training, infection control, end of life, continence promotion, food and nutrition hydration and the management of dysphagia. Nursing staff confirmed they had also attended other clinical training including blood-letting and were undertaking medication management training provided by the pharmacist in a number of modules which they found of great benefit and were very complimentary about.

Duty rosters were maintained for all staff and during the two days of inspection the number and skill-mix of staff working was observed to be appropriate to meet the needs of the current residents. On the previous inspection it was identified that nursing staff numbers was adequate to meet the assessed needs of residents from Mondays to Thursdays with two nurses and the person in charge on duty each day. However, there was just one nurse on duty Friday, Saturday and Sundays to fulfil all the clinical duties, for example, assessment of all residents, medication rounds and wound care; the inspector requested that this be reviewed in line with health, safety and risk as staff could not be appropriately supervised or supported to ensure best practice care and welfare. On this inspection the situation was much the same with some increase in nursing levels but not a consistent increase. The person in charge told the inspector nursing levels had increased but they recently lost two nurses so they are again actively recruiting. The inspector recently met the group Human Resources (HR) manager who confirmed that the company were doing recruitment campaigns to ensure there were adequate and appropriately trained staff in the centre.

The inspector reviewed a sample of staff files which included all the information required under Schedule 2 of the Regulations. Registration details with An Bord Altranais for 2017 for nursing staff were seen by inspector. The HR manager confirmed Garda vetting was in place for all staff and no staff commenced employment until this was in place. Staff appraisals were conducted by the person in charge on a regular basis.

Judgment:

Non Compliant - Moderate

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Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

Report Compiled by:

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Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	Windmill House Nursing Home
Centre ID:	OSV-0000303
Date of inspection:	15 and 16 May 2017
Date of response:	08 June 2017

Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non-compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

Outcome 02: Governance and Management

Theme:

Governance, Leadership and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

Further development of the auditing system is required to ensure that the service provided is safe, appropriate, consistent and effectively monitored.

1. Action Required:

Under Regulation 23(c) you are required to: Put in place management systems to ensure that the service provided is safe, appropriate, consistent and effectively

¹ The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.

monitored.

Please state the actions you have taken or are planning to take:

The Windmill Group is planning to appoint auditors internally. They will carry out clinical and governance audits for each of the Nursing Homes in the group, to ensure that the service provided is safe, appropriate, consistent and effectively monitored.

Proposed Timescale: It will be set up and implemented by 30/11/2017.

Proposed Timescale: 30/11/2017

Outcome 03: Information for residents

Theme:

Governance, Leadership and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

The contracts generally detailed what was included and not included in the fee. However, there was additional 40 euro charge seen on the contracts but there was no detail of what this charge was for. The contracts also did not include a list of additional charges for services such as hairdressing, chiropody, individual newspapers and other services not included in the fee.

2. Action Required:

Under Regulation 24(2)(d) you are required to: Ensure the agreement referred to in regulation 24 (1) includes details of any other service which the resident may choose to avail of but which is not included in the Nursing Homes Support Scheme or which the resident is not entitled to under any other health entitlement.

Please state the actions you have taken or are planning to take:

We have reviewed the contract of care and included a schedule of fees in order to give the residents more transparency around the cost of care.

Proposed Timescale: Completed

Proposed Timescale: 08/06/2017

Outcome 05: Documentation to be kept at a designated centre

Theme:

Governance, Leadership and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

There was no policy on provision of information to residents.

3. Action Required:

Under Regulation 04(1) you are required to: Prepare in writing, adopt and implement policies and procedures on the matters set out in Schedule 5.

Please state the actions you have taken or are planning to take:

We have reviewed the provision of information to residents and we have created a policy on information to the residents.

Proposed Timescale: Completed

Proposed Timescale: 08/06/2017

Outcome 07: Safeguarding and Safety**Theme:**

Safe care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

The system around restraint required review to ensure the centre was working towards a restraint free environment and was compliant with national policy.

4. Action Required:

Under Regulation 07(3) you are required to: Ensure that, where restraint is used in a designated centre, it is only used in accordance with national policy as published on the website of the Department of Health from time to time.

Please state the actions you have taken or are planning to take:

We have reviewed the use of bed rails at our facility and we have concluded a lot of the bed rails can be discontinued. For the residents that are a falls risk, we are purchasing more low low beds. We have also implemented more grab rails. All residents will be fully risk assessed for bed rails.

Proposed Timescale: 31/08/2017

Outcome 08: Health and Safety and Risk Management**Theme:**

Safe care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

The emergency plan did not include all emergency situations that could occur in the centre.

5. Action Required:

Under Regulation 26(2) you are required to: Ensure that there is a plan in place for

responding to major incidents likely to cause death or injury, serious disruption to essential services or damage to property.

Please state the actions you have taken or are planning to take:

The risk management policy was reviewed and updated and a plan was put in place. This will cover all emergency situations that could occur.

Proposed Timescale: Completed

Proposed Timescale: 08/06/2017

Theme:

Safe care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

The person in charge said they conducted fire drills and records showed the last one took place in February 2017 however the inspector did not see any evidence of the documentation of who had attended, what evacuation procedures took place and was the learning and outcome from same.

6. Action Required:

Under Regulation 28(1)(e) you are required to: Ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and residents are aware of the procedure to be followed in the case of fire.

Please state the actions you have taken or are planning to take:

The emergency fire drill included the following full review of the outcome: - Full description of the Fire Evacuation which was carried out as a daytime simulation. The simulation was timed and several staff members used as ambulatory and non-ambulatory residents. In addition to this evaluation, all residents now have full P.E.E.P.'s in place. The outcome was satisfactory and we will continue to activate a fire evacuation evaluation for daytime, evening and night-time staff on a continuous basis.

Proposed Timescale: Completed on the basis of continuous assessment.

Proposed Timescale: 08/06/2017

Theme:

Safe care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

The emergency lighting was last tested in November 2016 and was overdue its quarterly servicing.

7. Action Required:

Under Regulation 28(1)(c)(i) you are required to: Make adequate arrangements for maintaining all fire equipment, means of escape, building fabric and building services.

Please state the actions you have taken or are planning to take:

The Emergency Lighting was tested and services on the 19/05/2017 and will continue to be tested quarterly.

Proposed Timescale: Completed

Proposed Timescale: 08/06/2017

Outcome 11: Health and Social Care Needs**Theme:**

Effective care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

There was not yet evidence that residents and/or their relatives were involved in the development of care plans as required by legislation.

8. Action Required:

Under Regulation 05(4) you are required to: Formally review, at intervals not exceeding 4 months, the care plan prepared under Regulation 5 (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.

Please state the actions you have taken or are planning to take:

Going forward, all residents concerned and where appropriate, that resident's family will be consulted with the development and updating of their care plans.

Proposed Timescale: Over the next 3 months when each care plan is due for review.

Proposed Timescale: 08/06/2017

Outcome 18: Suitable Staffing**Theme:**

Workforce

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

There were not two nurses on duty each day to meet the clinical needs of the residents and this had been an action from a previous inspection.

9. Action Required:

Under Regulation 15(1) you are required to: Ensure that the number and skill mix of staff is appropriate to the needs of the residents, assessed in accordance with Regulation 5 and the size and layout of the designated centre.

Please state the actions you have taken or are planning to take:

Our recruitment manager continues to recruit nurses from overseas. Historically, we did not have an issue with the retention of nurses. However with the current H.S.E. recruitment drive this has changed.

Proposed Timescale: Our HR Manager and I are actively recruiting for replacement nurses.

Proposed Timescale: 08/06/2017