Action Plan for Windmill Manor

Date of last published inspection report – 12 June 2026

We are writing to share with you our response and action plan following the last CQC inspection. During the inspection, there were many positive areas identified; however, for the purpose of this statement, we have focused on the action taken since the inspection in response to some areas of improvement identified.

This is to provide appropriate assurance to our residents and relatives (as well as other key health and social care partners) that we take all feedback seriously to ensure a great lived experience for our residents.

A full action plan was produced and shared with the regulator on 09 June 2026 and the area for focus included:

- The service has strengthened its Clinical Governance Framework to ensure accidents, incidents, safeguarding concerns, skin tears, bruising, falls and distressed behaviours are systematically reviewed, analysed and acted upon. Weekly governance reviews have been introduced and completed to further embed the process. Additional training has been provided to the Deputy Manager and General Manager on the completion of minutes for the clinical governance meeting. These minutes continue to be reviewed by the Clinical Development Nurse and Regional Director during their visits.
- Clinical governance meetings are now being held weekly and a full review of all falls and incidents has been implemented to ensure trends and themes are identified promptly and appropriate actions are taken to reduce the risk of recurrence. Reviews are being undertaken through governance meetings which are being completed weekly, and management oversight. The CDN continues to visit regularly and the service continues to hold weekly CG meetings which look at trends and themes and ways to reduce risk and support individuals further.
- The pre-admission assessment process has been reviewed and strengthen to include discussions with the discharging entity prior to admission to confirm all details gathered at point of assessment, if the individual is being assessed in an acute setting, the assessor will contact the individuals' next of kin (with their consent) to gather their views, this is where an individual is funded by the local authority or the continuing healthcare group to ensure sufficient information is obtained before any admission takes place and that risks can be safely managed.
- Admission documentation and decision-making processes have been strengthened through enhanced management oversight and review. All pre-admission assessments have been signed by the General Manager, even if they are the one completing the pre-admission assessment, in the absence of the General Manager, this can be signed by the regional director electronically. Assessments are consistently completed and accurately reflect people's needs and risks.
- Medicines management systems have been strengthened through enhanced oversight of medication administration through medication audits which are being completed weekly to review PRN protocols and identify any shortfalls and observations of practice which continues to be completed for all nursing staff who are responsible for the administration of medication.
- A full review of PRN protocols has been undertaken to ensure all protocols are person-centred, individualised and aligned with care plans and risk assessments. All PRN protocols detail any non-

chemical interventions that are to be completed prior to administering medications. PRN medication is reviewed weekly during clinical governance meetings and then reviewed by the GP during weekly ward rounds.

- Covert medication arrangements have been reviewed by the Unit Managers with the oversight of the Deputy Manager and have been further reviewed by the Clinical Development Nurse during their visits to ensure decisions are supported by appropriate capacity assessments, best-interest decision-making processes and multidisciplinary involvement.
- Clinical oversight of residents with complex healthcare needs has been strengthened through the use of the Clinical Development Nurse and the Senior Divisional Lead Nurse during their visits where they are tasked with
  reviewing high risk individuals and reviews of care plans, risk assessments.
- Enhanced monitoring of skin integrity and pressure damage risks has been introduced. This includes the weekly wound management reviews which are completed by the Clinical Deputy Manager and the Regional Director then
  completes a weekly review of the service wounds and reports any concerns or findings to the senior leadership team. The service has introduced weekly skin inspections that are to be carried out by the General and Deputy Manager for those individuals who are at high risk of skin integrity compromise. This is then recorded on the electronic system and reviewed weekly during clinical governance meetings. Existing records and interventions have been reviewed to ensure preventative measures remain effective and appropriate.
- Catheter care monitoring arrangements have been reviewed to ensure recording, monitoring and escalation processes are robust and consistently followed. All care and nursing staff have had additional training on catheter care, including the use of colour coding when screening urine output. This was followed up through group supervisions and staff meetings.
- Bowel monitoring has been reviewed by the Clinical Development Nurse during their visits. Any individual who is prescribed with PRN aperient has their bowel monitoring completed. Bowel concerns are discussed as part of our daily stand up and during our pulse meetings which are led by the nursing team. Bowel concerns are further reviewed during clinical governance meetings which are documented and any actions identified are added to the clinical action plan which is accessible and reviewed by the Regional Director. The General Manager and Deputy Manager continue to complete actions daily and weekly and all actions have a comment alongside them with their current status update. Auditing and review processes are completed.
- Our Memory Lane community has undergone a refurbishment which has seen us complete a review of the location of our individuals living with dementia who walk with purpose which has enabled us to identify that the location of their bedrooms might not be appropriate to their level of need, therefore, we have spent some time reviewing this and moving individuals to other bedrooms which has allowed us to separate the memory lane community from individuals' walking with purpose to be separate from individuals who do not. This enabled us to reduce the risk of individuals' entering others' bedrooms. The service is also working with the wider organisation to identify the further personalisation of bedroom doors.
- Behaviour support plans have been reviewed with the current nursing team and the Dementia Specialist Nurse who has provided further guidance and training to staff on how to write an effective behaviour support plan to ensure staff have clear guidance regarding how to support people who may experience distressed reactions or behaviours that challenge.
- Staff training relating to distressed behaviours, dementia care, safeguarding and risk management was reviewed and completed in May 2026, whereby staff received on-site coaching from the Dementia Specialist Nurse. The service continues to monitor compliance and competency through supervision and observations.

- Infection Prevention and Control arrangements have been strengthened through enhanced environmental audits which continue to be completed weekly and any identified actions are being added to the Central Action Plan to monitor progress, housekeeping oversight is being received from the Divisional Hospitality Manager, Regional Director, Managing Director visits which remain unannounced and routine cleanliness monitoring through the visits detailed above. These measures have been implemented and are now subject to ongoing audit and review.
- Daily environmental checks and bi-weekly Infection Prevention and Control audits are being undertaken by the management team to provide ongoing assurance regarding cleanliness and environmental standards. Bi weekly IPC audits continue to take place.
- Call bell monitoring processes have been strengthened through weekly audits, spot checks from the Regional Director and other supporting roles and management oversight to ensure people continue to receive timely assistance and support.
- All safeguarding incidents, allegations, unexplained injuries, bruising, skin tears and incidents involving distressed behaviours continue to be reviewed by the General Manager or Deputy Manager within 72 hours. This is to ensure appropriate investigation, immediate protective measures and timely
  referrals to the Local Authority where required.
- A safeguarding tracker has been implemented to record all incidents, outcomes, lessons learned and actions taken. This is to ensure effective oversight and monitoring of safeguarding concerns.
- Distressed behaviour care plans and risk assessments have been reviewed to ensure staff have clear guidance on preventing incidents involving other residents, staff or visitors.
- CAREFUL observations and DECIDE tools are now being utilised to assess patterns and interventions to support the resident in distress.
- Daily management walkarounds and resident observations are continuing to identify potential safeguarding risks and ensure staff deployment remains responsive to residents' needs. Any risks identified continue to be addressed immediately and the way in which this is managed continues to depend on the risk identified, for example, if it is a risk identified due to a staff member this will be addressed via HR processes.
- Safeguarding, distressed behaviour management and person-centred dementia care continues to be discussed during team meetings, supervision sessions and competency observations.
- The service continues to work closely with safeguarding partners, healthcare professionals and families to ensure people are protected from avoidable harm.
- All safeguarding concerns are reviewed weekly within clinical governance meetings. Increased corporate oversight via our Quality Regulations Team who are reviewing the actions derived to monitor the embedding of these.
- Weekly trend analysis continues to be completed to identify themes relating to unexplained injuries, distressed behaviours, safeguarding incidents and bedroom entry concerns. Increased corporate oversight via our Quality Regulations Team who are reviewing the actions derived to monitor the embedding of these.
- Safeguarding audits have been completed and reviewed by the Regional Director during their visits.
- Competency observations continue to assess staff practice and understanding of safeguarding responsibilities and these continue to take place during daily walkarounds completed by GM/DM/RD when in the service. Any identified concerns will then be addressed through record of discussions which will involve the Operational Trainer. The service has received support from the Operational Trainer and she continues to complete observations of practice 3 monthly, however, the GM and DM complete
  an observation of practice.
- An independent mock CQC inspection was completed on 2 and 3 June 2026 to review the effectiveness and sustainability of improvements. This identified significant improvement in the

service and the quality of documentation and any recommendations from this review have been incorporated into the home's ongoing quality improvement plan.

- Staffing levels continue to be reviewed using the DICE dependency tool to ensure staffing arrangements reflect the assessed needs of residents. We have reviewed the structure of our Memory Lane community and re-deployed our resident bedrooms to ensure the service delivery remains safe and effective. During such time, we have therefore, amended our staffing levels to reflect our current structure and layout and this has enabled us to therefore review deployment of staff and the use of the whole home approach.
- Daily staffing reviews have been undertaken by the General Manager and Nurse in Charge to ensure staffing deployment remains appropriate throughout the day.
- Monthly Safe Staff meeting review continue to be completed ensure that an extensive assessment of staff deployment in the home. Safe staffing meeting taking place monthly as per policy.
- The service has increased care staffing on Memory Lane which now utilises 4 staff members (2 on each side) and a nurse and continues to review staffing requirements based on dependency, occupancy and changing resident needs.
- Supervisions, competency assessments and observations of practice have been strengthened through these being completed frequently and by other support teams to enhance further development and knowledge building to ensure staff are confident and competent in supporting people with dementia, distressed behaviours and complex needs. The use of group supervisions, reflective practice and de-briefs have been used over the months' May to June and continue to be a part of daily practice.
- Clinical supervision for nurses has been enhanced and supported by the Clinical Development Nurse coaching the Deputy Manager on how to effectively complete a clinical supervision, with specific themes and trends that have been identified being discussed, there has been an increased focus on clinical decision-making, risk management and professional accountability.
- Recruitment activity continues to maintain staffing resilience.
- Leadership presence across the home has been increased through the full-time appointment of a Clinical Deputy Manager, additional daily walkarounds which are also being completed by the Regional Director and Managing Director when they are visiting the service.
- Governance systems have been strengthened by enhancing the Regional Director visits to coach the General Manager and Deputy Manager on any shortfalls which has enabled the service to ensure audits, incidents, accidents, safeguarding concerns and quality indicators are reviewed consistently and acted upon promptly.
- Documentation audits have been strengthened via the Regional Director reviewing these during their provider visits to ensure care plans, risk assessments, daily records and monitoring charts remain accurate, person-centred and reflective of people's current needs. Any identified actions from such audits have been added and will continue to be added to the Central Action Plan, which continues to be reviewed and updated weekly or daily at home level with oversight of the action plan weekly from the Regional Director and Senior Management Team.
- Monthly quality assurance audits and provider oversight visits continue to monitor compliance and identify areas for improvement and these are further strengthened by the Regional Director visits and the Clinical Development Nurse visits.
- Lessons learned from incidents, complaints, safeguarding concerns and audits continue to be shared with staff through meetings, handovers and supervision sessions. A weekly regional review meeting is held each week to discuss lessons learnt and shared learning across the region, following this,
  group supervisions, reflective supervisions and staff meetings are utilised to capture lessons learnt. Where an incident has occurred as a result of a distressed reaction, a debrief form has been implemented and completed to ensure staff morale, safety and lessons are identified, enhancing staff members knowledge.

- The CAP for the service is reviewed weekly by the GM/DM and this is monitored weekly by the RD and any identified actions that are not progressing are escalated accordingly via the RD. CAP is also reviewed by the MD and the CAP generates an action report that is sent to the GM automatically via the system to make them aware of the actions that are nearing their completion date.
- All individuals who previously had their imagery on social media have received a full review of their capacity surrounding the use of social media.
- Only photographs of individuals who have capacity and ability to consent continue to have photographs shared on social media.
- Full review of all individuals' consent forms has been completed to include the use of social media.
- Further training and development for registered nursing staff and senior care assistants to develop their knowledge and understanding on how to complete a robust mental capacity assessment, has been completed.

The homes has a General Manager in post who registered with CQC since April 2026.

- Barchester Healthcare have a range of internal support teams which are on hand to individually support our homes to deliver the best quality resident experience. There are also a range of audits which take place in the home, at regional and corporate level to ensure additional quality assurance.

Below are a few examples of how the home has provided life enrichment and activities for the residents recently:

- A wonderful afternoon was had by all as we were joined by Jimmy Kent for some fantastic live music. Jimmy, from Reminisce Entertainment, put on a brilliant show for Windmill Manor. Our ladies were sung to individually, being swooned by romantic verse from a golden collection of songs.
- Sarah Locke comes in to Windmill Manor on the first Thursday of each month to join our Community Choir. Our residents love to sing and enjoy seeing others from our local community. Singing in a choir improves mental and physical health by releasing feel-good neurochemicals, reducing stress, and boosting immunity. Group singing fosters strong social bonds, combats loneliness and enhances cognitive function through rhythmic breathing and breath control.
- Our residents enjoyed a trip out to The Bluebell Railway. We set off from East Grinstead Station along the Bluebell Railway heading towards Sheffield Park Station. The views were amazing and we travelled past some historic stations. On arrival at Sheffield Park, we enjoyed a picnic lunch prepared by our chef, then visited the Museum, giving us amazing information about the railway and steam engines. We reminisced over a cup of tea before our return journey on the steam engine.

For more information about what our residents have been involved in, please visit the activities page on the home's website page.

Below are a couple of examples of recent feedback we have received from significant people who visited the home:

- "My wife has been a resident at Windmill Manor for 12 years. During that time her care has been excellent in all respects. The staff are kind and caring, the facilities are excellent, and there is a happy atmosphere in the home."
- "When we came with my mum it was late evening, the staff were very welcoming, they let us stay with mum to settle her. All the staff are very kind and caring and listen to us when we talked about mum and her needs. There is always activities happening and they have lots of things to do, they have 3 good meals a day plus snacks. It's a very homely feeling, since mum has been here she looks a lot happier and brighter! 10/10!"

- “I cannot fault Windmill Manor! My relative has been there over a year now and her health has improved greatly. I visit almost every day and can say without a doubt that this is a fabulous care home who really do care about the residents. I base this on what I see and hear and if I do have any questions/concerns they are addressed straight away. I see respite cases who want to stay or improve greatly as well as a resident who got so strong they went back home'. It's a huge decision and can feel overwhelming to place a loved one in a home for both yourself and the person going to live there but I cannot recommend Windmill Manor enough. I had conducted a lot of research beforehand with my relative having respite and another stay where they did not settle. I hope this is passed on to the staff as I am very grateful to everyone”

For more information, please visit the www.carehome.co.uk website to see the most recent feedback from relatives.

If you would like to know more about the great things that are happening at Windmill Manor Care Home, then please do contact the home directly on 01883 718120 and ask to speak with the General Manager about the services we could provide to your loved one.

05 October 2026

Maria Wedd

General Manager