



**Health
Information
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Authority**

An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Baltinglass Community Hospital
Name of provider:	Health Service Executive
Address of centre:	Newtownsaunders, Baltinglass, Wicklow
Type of inspection:	Unannounced
Date of inspection:	19 January 2026
Centre ID:	OSV-0000485
Fieldwork ID:	MON-0044126

About the designated centre

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

The centre caters for a maximum of 54 residents and provides care to both male and female residents over 65 years of age. The centre provides 54 residential beds; 11 of these beds (including one respite bed) are specifically dedicated to dementia care and will accept residents under 65 years of age with a diagnosis of dementia. There are two respite beds in total in the centre. Accommodation is divided into three units. Ceidin unit accommodates 25 residents in twin and single bedrooms providing a mix of en suite and communal wheelchair accessible toilet, shower and bathing facilities. There is a large communal lounge and dining room and two smaller seating areas. Primrose unit is a specialist 12 bed unit which provides accommodation for residents with a diagnosis of dementia. The unit comprises seven bedrooms providing single and twin bedroom accommodation, one with en suite and communal toilet and bathroom facilities. There is a communal lounge/dining room which leads out to the enclosed dementia friendly garden area and an additional smaller communal room. Willow unit accommodates 18 residents in single and twin bedrooms with a mix of en suite and communal wheelchair accessible bathrooms and toilets. There is a large communal lounge/dining room a small chapel and smaller seating areas leading out to the garden and gazebo. The centre has recently extended the entrance area to provide a pleasant cafe and meeting area which welcomes residents and their visitors.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	41
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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
Monday 19 January 2026	08:35hrs to 16:20hrs	Aoife Byrne	Lead
Monday 19 January 2026	09:00hrs to 16:20hrs	Laurena Guinan	Support

What residents told us and what inspectors observed

From the observations of the inspectors and from speaking to residents, it was evident that this was a centre where residents were enjoying a good quality of life, encouraged by kind and dedicated staff. Residents living in Baltinglass Community Hospital told the inspectors that they 'loved' living there, with one resident saying they 'wouldn't change a thing'.

This was a one-day unannounced inspection to monitor the provider's compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older people) Regulations 2013 (as amended).

Baltinglass Community Unit is located on the outskirts of Baltinglass, County Wicklow and is registered to provide care for 54 residents, however due to planned refurbishment, the centre was accommodating a maximum of 46 residents. There were 41 residents living in the centre on the day of the inspection. The centre was divided into three units named Primrose, Ceidin East and West and Willow Way East and West. A programme of refurbishment works were in progress at the time of inspection. Primrose unit had been newly refurbished as part of the first phase of the renovation. The second phase was in progress on the day of the inspection, during which residents from Ceidin West were temporarily moved to Primrose to facilitate the refurbishment works on this unit. Residents' bedrooms were personalised to the residents own taste and homely. Two long panels of glass on all bedrooms doors were covered with an opaque film to provide privacy for the residents' residing in the rooms.

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The inspectors saw lunch being served, and the food appeared hot and appetising. There was a choice of roast chicken or steamed salmon. Residents spoken with said that the food was plentiful, tasty and there was a good choice available. Staff were seen to assist residents in a respectful manner, sitting beside them and engaging them in conversation. Residents were offered drinks and condiments at their meal, and drinks and snacks were also offered throughout the day.

Inspectors found that residents could exercise choice in how to spend their day. There was a varied schedule of appropriate activities on offer seven days a week, led by activity co-ordinators who had specific training appropriate to their role. This included both one to one and group activities, such as board games, exercises, hand and nail therapy. The centre's oratory was a place of quiet reflection which could be used at any time by residents and their families. A recent residents survey showed that the vast majority of respondents were happy with the activities available.

The inspectors spoke with a number of visitors on the day and they were highly complimentary of the care provided. They said that staff were excellent at informing them of changes in their loved one's condition, and that they were involved in decisions regarding their care. The visitors all said that they were made to feel welcome, and families whose loved one was at the end-of-life stage reported being treated with respect and kindness. One visitor said that staff showed 'great heart' in caring for residents.

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

Capacity and capability

It was clear on this inspection that there was improved leadership, governance and management arrangements in place. The compliance plan from June 2025 and January 2025 were both actioned and improvements were seen in respect of managing behaviours that challenge, safeguarding, resident's rights, records and training.

The Health Services Executive (HSE) is the registered provider of Baltinglass Community Unit. The Person in charge (PIC) is responsible for the centre's day-to-day operations and reports to the head of service for older persons. The head of service for older persons is the person delegated by the provider with responsibility for senior management oversight of the centre. The PIC was supported in their role by two ADON, six clinical nurse managers (CNM), three were grade two and three were grade one, staff nurses, health care assistants, activity staff, and household staff. The designated centre was also supported by clerical officers, porters, medical officers and allied health professionals.

Inspectors saw that there were systems in place to deliver quality care to residents and this was continuously monitored with oversight from senior management team. The systems included a comprehensive auditing programme, which was overseen by the person in charge. Both clinical and non-clinical audits were completed on a monthly and quarterly basis and quality action plans were in place to address any issues identified. Audits included care plans, falls prevention and management, restrictive practice, infection prevention and control, the mealtime experience and call bell response times.

The governance structure allowed for appropriate monitoring of the safety and quality of the service provided to the residents living in the centre. There were regular staff meetings for staff to discuss issues and identify improvements. There was evidence of multidisciplinary team meetings taking place to discuss issues in the

centre. Resident and family surveys were completed to gauge the satisfaction of the service provided.

The centre was staffed in accordance with the statement of purpose and there was an appropriate skill mix of staff to support the provision of a high standard of care. The staff roster was reviewed, which showed there were a minimum of one staff nurse on duty on each unit, day and night.

Regulation 15: Staffing

From a review of staff rotas and from speaking with staff and residents, the inspector was assured that the registered provider had arrangements in place to ensure that appropriate numbers of skilled staff were available to meet the assessed needs of the residents living in the centre on the day of the inspection.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had access to appropriate training for their roles. Mandatory training was provided in key areas such as adult safeguarding, infection prevention and control and fire safety. Refresher training was available to ensure staff maintained their training requirements. As a result staff demonstrated appropriate knowledge and skills in their work.

Judgment: Compliant

Regulation 21: Records

Staff files were well-maintained and made available for inspectors to review. The sample of files reviewed contained all of the required documents set out in Schedule 2 of the regulations.

Judgment: Compliant

Regulation 23: Governance and management

The registered provider ensured that sufficient resources were available to allow a high level of care to be provided to the residents. There was well-defined management structure in place with identified lines of accountability and authority. The inspector spoke with staff who were knowledgeable about their individual roles and responsibilities and the roles and responsibilities of other staff members.

The person in charge had prepared a comprehensive annual review of the quality and safety of care delivered to residents in 2025. This included detailed analysis of audit results, with clearly defined quality improvement plans for 2026. The annual review incorporated feedback and consultation with residents and families.

Judgment: Compliant

Regulation 24: Contract for the provision of services

The inspector reviewed a sample of residents' contracts of care. These were seen to be agreed on admission to the centre and detailed the services provided to each resident. The type of accommodation was stated along with fees.

Judgment: Compliant

Regulation 31: Notification of incidents

A record of all incidents occurring in the centre was maintained and all required notifications were submitted to the Chief Inspector within the time frames as stipulated in Schedule 4 of the regulations.

Judgment: Compliant

Quality and safety

Residents in Baltinglass Community Hospital were seen to receive a high standard of personalised care from a staff team who were familiar with, and responsive to, their needs.

The inspectors reviewed eight care plans and saw that residents had their needs assessed using validated assessment tools. These assessments were reviewed regularly, and informed the residents' care plans. The care plans were updated at least four monthly, and there was evidence that the resident and their family were

involved in the development of the care plan. One of the Clinical Nurse Managers had undergone care plan training, and had shared this training with the rest of the staff team. A guide on how to complete care plans to ensure they were accurate and rights-based was available for reference on each unit. It was evident that the training had been implemented in practice, as the care plans reviewed were person-centred and clearly directed care.

The centre had appropriate policies in place for the use of restrictive practices, and the management of responsive behaviours. The inspectors reviewed the files of seven residents who had restrictive measures in place. There was an assessment in place for each resident, and consent had been obtained. The use of the restriction was reviewed and updated regularly. For example, a resident who was using a floor sensor mat had this measure discontinued on review due to a change in the resident's condition.

Residents who displayed responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment) had personalised care plans in place which detailed the residents' behaviour and needs, triggers, and recommended de-escalation techniques. Where an incident of responsive behaviour had occurred, this was recorded using a validated assessment tool. Daily safety huddles were conducted on each unit and changes in residents' behaviour was discussed. Staff spoken with said that the huddles provided an opportunity for staff to update each other on changes on the day, and also to share ideas on managing these changes. As a result, staff said they felt more confident in dealing with responsive behaviours, and there had been a significant reduction in incidents of responsive behaviours on all units. The inspectors reviewed training records for managing behaviour that challenges and saw that 28% of staff were not up to date with the training. However, this was not seen to impact the residents on the day of inspection and will be discussed under Regulation 7: Managing behaviour that is challenging.

Each unit conducted a safeguarding toolkit session on Sundays. This involved presenting a scenario to the staff followed by a discussion on what safeguarding issue they could identify and how this could be managed. Staff said that this empowered them to identify different types of abuse, and made them familiar with how to handle concerns. There was evidence that safeguarding issues were being dealt with and reported appropriately. The residents spoken with on the day said they felt 'safe as houses', and they felt listened to and supported by staff. Visitors told inspectors that they felt their loved ones were safe and well-cared for. Staff had access to training in safeguarding and all staff had completed the training.

The inspectors saw many respectful interactions during the day. Staff knocked on bedroom doors before entering, and explained to the resident what care they were there to deliver. Residents said that they were given choice in how to spend their day, and they enjoyed the activities on offer. Residents were facilitated to participate in these activities according to their preference. For example, residents who enjoyed music but did not like loud noises were facilitated to listen to music sessions from a quieter area. Residents who preferred to spend time in their rooms said they had good access to TV, newspapers, books and radio. On the previous

inspection, the glass panels on some bedroom doors had not provided adequate privacy for the residents. This was seen to be rectified, and the twin bedrooms also had adequate privacy screenings internally.

The inspectors saw a high level of cleanliness throughout the centre, and this was commented on by visitors and residents. Deep cleaning schedules were made available to the inspectors which showed that all areas had undergone deep cleaning in December. Staff reported that residents' equipment was cleaned after each use, and there was appropriate storage of the equipment. All equipment was seen to be visibly clean.

Regulation 27: Infection control

The registered provider had ensured that infection prevention and control procedures consistent with the standards published by the Authority were in place and implemented by staff. Staff had received suitable training in infection prevention and control.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Residents had regular, comprehensive assessments of their needs, and care plans were developed based on these assessments. The care plans were reviewed at a minimum of four monthly intervals and there was evidence that residents and their families were involved in developing the care plans.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

Restraint was used in accordance with national policy.

The person in charge had not ensured that all staff had up to date knowledge and skills to respond to and manage behaviour that is challenging, as evidenced by 28% of staff not having completed training within the specified time period.

Judgment: Substantially compliant

Regulation 8: Protection

The registered provider had taken all reasonable measures to protect residents from abuse.

Judgment: Compliant

Regulation 9: Residents' rights

The registered provider had ensured that residents had adequate facilities and opportunities to engage in activities, communicate freely and exercise their rights. Residents were consulted about and participated in the organisation of the centre.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 27: Infection control	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 7: Managing behaviour that is challenging	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Baltinglass Community Hospital OSV-0000485

Inspection ID: MON-0044126

Date of inspection: 19/01/2026

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider’s response:

Regulation Heading	Judgment
Regulation 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"> • Training Audit completed: Person in Charge completed a review of staff training records to identify the staff requiring refresher or initial training in the management of behaviour that is challenging. Completed 10/03/2026 • Training Programme scheduled: Training sessions have been scheduled with priority given to staff currently working directly with residents’ responsive behaviours. All outstanding staff will complete training in positive behavioural support by 27/05/26 and ongoing thereafter • Protected learning time: Rostering arrangements have been adjusted to ensure staff can attend training without impacting resident care. Completed 27/05/26 and ongoing thereafter • New staff induction: Training in managing behaviour that is challenging has been embedded into the induction programme for all new staff. Completed 10/03/26 and ongoing thereafter • Practice and supervision: Clinical nurse managers will provide ongoing supervision and competency support to ensure training translates into safe and effective practice. Completed 10/03/2026 and ongoing thereafter • Professional Development and Service Quality Improvement: To strengthen the services expertise in behavioural support two senior enhanced nurses will complete an E learning and face to face course with John of God Services in positive behavior support using the Multi Element Behavior Support Model starting in September 2026 leading to a Practice Certificate in Multi Element Behavioural Support. This will enhance and expand the service trained champions from 2 to 4 staff. Start Date 1st September 2026 ongoing for 1 Year • In addition, all staff who are due refresher training will complete Management of Actual or Potential Aggression (MAPA 2 yearly recommendation) within the current year. Completed 27/11/2026 	

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 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	27/05/2026
Regulation 7(3)	The registered provider shall 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.	Not Compliant		01/09/2026