



**Health  
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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:	30 April 2024
Centre ID:	OSV-0000485
Fieldwork ID:	MON-0043506

## 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:	54
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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
Tuesday 30 April 2024	17:00hrs to 20:00hrs	Robert Hennessy	Lead
Wednesday 1 May 2024	08:00hrs to 16:00hrs	Robert Hennessy	Lead

## What residents told us and what inspectors observed

This was an unannounced inspection completed over two days in the designated centre. It was evident the provider was striving to give residents a good quality of life. The inspector found that residents were content living in the centre. The inspector met with the majority of residents throughout the inspection who were complimentary of the service provided. One residents explained they were "looked after well" and others spoke about a social outing they had been on the previous week. Residents were seen to have access to social activities and were engaged in a wide range of activities. Visitors spoken with during the inspection were very complimentary about the care and support received by the residents in the centre.

The inspector was greeted by staff on the first day of inspection and walked around the centre with them. It was the evening time and most residents were engaged in activities, a group were with an activity coordinator and others were engaged in activities with other health care staff. Residents spoke with the inspector during the walk around of the centre. Residents were seen watching the news on the television and discussing same with staff. Some residents were seen to go to bed while others stayed up in line with their own choices.

Residents were seen getting up at various times throughout the morning of the second day of inspection. Residents used the dining room at various times throughout the morning and were seen reading newspapers in the day room. Residents attended mass and were provided with 1:1 activities provided also.

There was a comprehensive activity schedule for residents on display, with three people assigned to manage activities for residents. Residents were supported and encouraged to participate in activities in their local community. Arts and crafts products created by residents during their activities were on display in the centre which added colour throughout the centre.

Baltinglass Community Hospital comprised of three units Ceidín East and West, Primrose and Willow way. Bedroom accommodation comprised of single and twin rooms, many bedrooms had en suite facilities and wash hand basins. Bedrooms were personalised for the residents, containing family photographs, pieces of artwork and personal belongings. Residents spoke with the inspector about personal items they had in their rooms and how important they were to them. Pressure relieving specialist mattresses, cushions and fall prevention equipment were observed in residents' bedrooms. Communal areas included open plan sitting and dining areas on each unit. Additional sitting areas were available in Ceidín and Willow Way with one of the rooms containing a large screen which was used for movie nights.

There were 54 residents living in the centre on the day of the inspection . There are a total of 52 continuing care beds and 2 respite care beds in the centre. The

premises was generally clean but there were areas of the premises observed that required works and upgrading. This is discussed further on in the report.

Residents had access to large enclosed courtyard garden areas from each unit. There was an outdoor space to the front of the building and a large mature garden to the rear of the centre. The courtyards had level paving, comfortable seating, tables and raised flower beds. On the second day of inspection these areas were being cleaned and tidied in anticipation of the summer weather.

Throughout the inspection, inspectors observed the person in charge and staff interacting with residents in a positive and respectful manner. Staff were observed to be attentive to residents needs and residents, spoken with, told the inspector that they were always treated with respect and dignity. The inspectors observed the interaction between staff and residents who could not verbalise their needs. These interactions were observed to be kind and appropriate. Residents who could not speak with the inspector in relation to their quality of life in the centre, appeared to be relaxed and comfortable in the company of staff and in their surroundings.

Residents spoken with were happy with the food on offer in the centre. The menu available to residents was on display each day at mealtimes. The residents were offered varied choice at meal times and the residents that required support at this time were given this.

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

## Capacity and capability

In general, Baltinglass Community Hospital was a well-managed centre where residents received good quality care and services. This centre is operated by the Health Service Executive (HSE), who is the registered provider. The person in charge (PIC) is supported by an assistant director of nursing and a number of clinical nurse managers, nursing staff, health care assistants, activity staff, household and laundry staff, maintenance and administration staff.

Prior to this inspection, solicited and unsolicited information was received in relation to the safeguarding and protection of residents. There had also been concerns previously about the lack of notification of incidents in this regard also. The inspector looked into safeguarding issues during the inspection and was assured that these concerns were being addressed. The inspector was also assured that notification of incidents in relation to the safeguarding and protection of the residents were now being submitted in a timely fashion.

There are a total of 52 continuing care beds and 2 respite care beds in the centre. The person in charge was well known to the residents in the centre. There was

ample staff to support residents during the inspection and this was consistent with the staff rosters viewed. There were some areas in which staff lacked training which were identified by the management team in the centre. This is further discussed under Regulation 7.

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.

Records in the centre were stored in a secure manner and were made accessible to the inspector. A new system of filing for staff records had begun to be implemented but was not yet fully complete. Some staff records viewed by the inspector were lacking information in regards to the work history of the employee. Some of this information was entered into the files before the end of the inspection.

Incidents were logged and were mostly submitted to the regulator as required. One complaint viewed was in relation to the loss of heating in the centre. This would require to be a notification to be submitted within three days to the regulator.

Complaints in the centre were recorded and there was evidence that these complaints were dealt with. The complaints policy was in place, with information consistent with the requirements of the regulation, and the complaints procedure for residents was on display in the centre.

#### Regulation 14: Persons in charge

The person in charge was suitably qualified and knew the residents in the centre well. The person in charge was relatively new to the role and was responsive to the regulator.

Judgment: Compliant

#### Regulation 15: Staffing

Staffing levels were suitable for the size and layout of the building and provided an appropriate skill mix in relation to the needs of the residents.

Judgment: Compliant

## Regulation 16: Training and staff development

Areas of mandatory training were provided for staff members. The training schedule was reviewed and a plan was in place to provide updated training for staff.

Judgment: Compliant

## Regulation 21: Records

Four staff files were reviewed and three of these did not contain a CV document in relation to the work history of the staff members as is required by the regulations.

Judgment: Substantially compliant

## Regulation 23: Governance and management

Some management systems required action to ensure that the service provided was safe, appropriate and effectively monitored. Further oversight was required in relation to:

- oversight of staff training to ensure that staff members had training appropriate to their roles (discussed under Regulation 7)
- oversight of staff records to ensure they contained the information required by the regulation (discussed under Regulation 21)
- oversight of notifications of incidents to be submitted in a timely manner (discussed under Regulation 31)
- oversight of residents' care plans (discussed under Regulation 5).

Judgment: Substantially compliant

## Regulation 31: Notification of incidents

There was a complaint in the complaints log regarding a loss of heating in the centre. This was not submitted as required in an notification to the regulator.

Judgment: Substantially compliant



## Regulation 34: Complaints procedure

A complaints policy was in place and the complaints procedure was displayed in the centre. Complaints were documented and recorded and there was evidence of the complaints being closed out in a satisfactory manner for the complainant.

Judgment: Compliant

## Quality and safety

Overall, the inspector found that residents had a good quality of life in the centre with their health care and well being needs being met by the provider. The centre was, in the main, well maintained and clean with suitable, with homely decoration, which residents had contributed to. Gardens and outdoor spaces were spacious and provided suitable areas for residents to enjoy the outdoors. Some action was required for the upkeep and maintenance of the premises, which is discussed under Regulation 17.

A sample of care plan documentation was reviewed. Although, the care plans viewed contained information to guide staff on individualised care for residents, action was required in the review of some care plans viewed to ensure the care plans were revised to align with residents needs. This is discussed under Regulation 5. Health care needs of the residents were well met with appropriate access to allied health care professionals and members of the multidisciplinary team.

Visitors were seen welcomed to the centre throughout the two days of inspection. Visitors who were spoken with were happy with how the residents were cared for and supported in the centre.

Fire safety equipment in the centre was correctly maintained and evidence of the equipment being correctly serviced in a timely manner was shown to the inspector. Evacuation plans on the units and personal emergency evacuation plans for residents were in place and available throughout the residence. Evidence of staff education, training and simulation drills involving members of staff was provided to the inspector.

The risk management policy included the five risk areas identified in the regulations. It was evident that restrictions used in the centre were used in the least restrictive manner and were under constant review for residents. The rights and choices of residents were promoted in the centre. Residents views were sought on the running of the centre through residents' meetings where relevant issues were discussed. Residents had completed surveys and had access to advocacy also to voice concerns. Dedicated activity staff implemented a varied schedule of activities and

there was an activities programme available daily, which offered residents a wide range of activities to choose from.

### Regulation 11: Visits

Visitors were seeing throughout the two days of the inspection. Visitors spoken with were very positive about the care their loved ones was receiving.

Judgment: Compliant

### Regulation 17: Premises

Areas throughout the centre required action to ensure they were kept in a good state of repair externally and internally:

- areas where leaks had been repaired in the walls and ceilings of the centre had not been painted
- other areas had paint chipped from walls and skirting boards
- one office room had an uneven floor and was not in use at the time of inspection
- outdoor areas and the smoking area were untidy and used for storage and could not be used fully by the residents (this was completed on the second day of inspection).

Judgment: Substantially compliant

### Regulation 26: Risk management

There was a risk register in place and the risk management policy covered the five areas required by the regulations.

Judgment: Compliant

### Regulation 28: Fire precautions

The fire safety management folder was examined. Fire safety training was up-to-date for all staff working in the centre. Residents had Personal Emergency Evacuation Plans (PEEPs) in place. Appropriate service records were in place for the

maintenance of the fire fighting equipment, fire detection system and emergency lighting. The provider had undertaken a number of fire safety drills regularly in the centre.

Judgment: Compliant

### Regulation 5: Individual assessment and care plan

Some residents' assessments and care plans were not reviewed in the previous four months as required by the regulations. Assurances could not be provided that residents' care plans were revised in a timely manner when necessary.

Judgment: Substantially compliant

### Regulation 6: Health care

Residents had good access to GP services, speech and language therapy, dietetic services, occupational therapy services, tissue viability nurse, and physiotherapy services.

Judgment: Compliant

### Regulation 7: Managing behaviour that is challenging

There were many staff members that required training in order to have up to date knowledge and skills to respond to behaviours of concern in the centre. The person in charge was aware of the importance of this, especially in light of the information that had been received prior to the inspection in relation to the safeguarding of residents.

Judgment: Substantially compliant

### Regulation 9: Residents' rights

The inspector found that residents rights and choices were promoted and respected. Residents were supported to engage in activities that aligned with their interests and capabilities. There were activities co-ordinators employed in the centre who

facilitated a varied and stimulating activities programme for residents. It was evident that residents were also able to take part in activities involving the local community.

Judgment: Compliant

### Regulation 8: Protection

The provider was taking measures to safeguard residents. Incidents of concern were investigated with the multidisciplinary team involved in implementing improvements in the centre with regards to the safeguarding of the residents. Training for staff in relation to safeguarding residents was in place.

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
<b>Capacity and capability</b>	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Substantially compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Substantially compliant
Regulation 9: Residents' rights	Compliant
Regulation 8: Protection	Compliant

# Compliance Plan for Baltinglass Community Hospital OSV-0000485

Inspection ID: MON-0043506

Date of inspection: 01/05/2024

## 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 21: Records	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 21: Records:                      The 3 staff files that did not contain their CV’s was rectified on day of inspection - Complete 01/05/2024.</p>	
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>Staff training                      Review and enhance local management governance oversight for staff training to ensure training appropriate to roles. BCH manual handling currently is 83% with training dates scheduled for May &amp; June 2024 which will address the shortfall – Complete 30/6/24</p> <p>Staff Records:                      Review and enhance local management governance oversight for staff records to ensure information required by regulatory. Audit actioned on existing staff files with target for compliance – Complete 31/07/2024.</p> <p>Notifiable incidents:                      Review and enhance local management governance oversight to ensure timely submission of notification of incidents- Complete 10/06/24.</p> <p>Care plans:                      Review and enhance existing CNMII governance oversight for ensuring timely completion of care plan updates. – Complete 10/5/24</p>	

<p>Three care plans that were not fully updated at the time of inspection have been rectified - Complete 10/05/2024.</p>	
Regulation 31: Notification of incidents	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 31: Notification of incidents:  Review and enhance existing local management governance oversight to ensure timely submission of notification of incidents- Complete 10/06/24.</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:  Schedule of works developed with a target for completion 30/4/25 to address the identified areas requiring works</p> <ul style="list-style-type: none"> <li>- Paint work for walls and ceiling of the centre where recent leak works were completed</li> <li>- Paint chipped walls and skirting boards</li> <li>- Office room identified to have uneven floor</li> <li>-</li> </ul> <p>Review of local governance oversight for cleaning outdoor areas particularly smoking area to address an incidences of untidiness or inappropriate storage in a timely manner – Complete 30/6/24</p>	
Regulation 5: Individual assessment and care plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:  Review and enhance existing CNMII governance oversight for ensuring timely completion of care plan updates. – Complete 10/5/24</p> <p>Three care plans that were not fully updated at the time of inspection have been rectified - Complete 10/05/2024.</p>	



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: Managing Challenge Behaviour Training scheduled between June to August 2024 targeted to increase staff knowledge and skills to respond to behaviours of concern in the centre – Complete 1/09/24. 1 staff member to complete a train the trainer training on positive behaviour support in with the plan to provide ongoing support to staff/residents in this area – Complete 1/09/24</p>	

## Section 2:

### Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Substantially Compliant	Yellow	30/04/2024
Regulation 21(1)	The registered provider shall ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.	Substantially Compliant	Yellow	01/05/2024
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and	Substantially Compliant	Yellow	31/07/2024

	effectively monitored.			
Regulation 31(1)	Where an incident set out in paragraphs 7 (1) (a) to (j) of Schedule 4 occurs, the person in charge shall give the Chief Inspector notice in writing of the incident within 3 working days of its occurrence.	Substantially Compliant	Yellow	10/06/2024
Regulation 5(4)	The person in charge shall formally review, at intervals not exceeding 4 months, the care plan prepared under paragraph (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.	Substantially Compliant	Yellow	10/05/2024
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	01/09/2024