Health Information and Quality 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:	Breffni Care Centre
Name of provider:	Health Service Executive
Address of centre:	Ballyconnell, Cavan
Type of inspection:	Unannounced
Date of inspection:	19 March 2026
Centre ID:	OSV-0000489
Fieldwork ID:	MON-0044681

About the designated centre

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

The designated centre provides 24-hour nursing care to 18 residents over 65 years of age, male and female, who require long-term and short-term care, including dementia care, convalescence, palliative care and psychiatry of old age. The centre is a single-story building opened in 2001. Accommodation consists of four three-bedded rooms, one twin bedroom, and four single bedrooms. An additional bedroom is designated for the provision of end-of-life care. Communal facilities include a sitting room, a dining/day room, an oratory, a visitors' room, a hairdressing salon, a smoking room and a safe internal courtyard. Residents have access to three assisted showers and a bathroom.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	17

How we inspect

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Thursday 19 March 2026	07:25hrs to 13:25hrs	Sandra Rowland	Lead
Thursday 19 March 2026	07:25hrs to 13:25hrs	Helena Budzicz	Support

What residents told us and what inspectors observed

During this unannounced inspection, the residents living in Breffni Care Centre provided positive feedback to indicate that they were happy and content. Residents told inspectors that 'I am happy here, it's nice', 'we have a lovely garden' and 'staff are good'. Residents were complimentary of the activities and also spoke about a previous trip to Knock Shrine, which they enjoyed. Another resident stated that they had high medical needs and that the staff are good at providing the support that is required. Residents who could not communicate verbally with inspectors appeared content in their environment. They were observed to be relaxed, smiling and engaging well with staff. Staff appeared familiar with the communication needs of each resident in the centre.

Inspectors completed a walk around the centre on arrival and found that the atmosphere was calm and relaxed. Staff were attending to residents' needs promptly and were familiar with residents' individual preferences and requirements. All call-bells were answered without delay. Staff were respectful and ensured that residents' privacy and dignity were maintained.

Inspectors observed breakfast and lunch being served in the centre; there was a social, welcoming atmosphere. Residents sat together in small groupings. Staff supported residents in a kind and dignified manner, and chatted warmly with residents as they were assisting them with their meals. It was evident that staff were familiar with each resident and had built up a good rapport with them. The menu was displayed in a large, picture format and allowed individual preferences and choices. The food was well-presented and appeared nutritious.

The centre was well-maintained inside and out. There was a secure garden in the centre of the building, which residents could access independently. This provided residents with direct access to nature and fresh air. There were flower beds available, which residents were looking forward to working on soon. Garden furniture and an appropriate shelter were also available. The centre was clean and tidy, and storage areas were organised to maintain these standards. A homely charm was created in the centre, particularly in the dining area, with traditional furniture. Residents' personal items were added to their bedrooms to create a personalised individual space.

Inspectors observed residents taking part in activities during the day, in group activities, singing songs, watching Mass on TV, horse racing and newspaper discussion. Some residents displayed a preference to spend time in their bedroom and had individual activities provided for them.

There was evidence that residents were involved in how the centre was run. A previous residents' meeting highlighted that the visitor's room required an upgrade. This had been recently completed prior to the inspection. Minutes of residents'

meetings were available, there were action plans and follow-up where required. Residents and their family representatives had completed feedback questionnaires, and the results were overwhelmingly positive. The feedback was used to develop the annual review for 2025 and to formulate the quality improvement plan for 2026.

The residents' guide in the centre was available to all residents. It included all relevant information regarding the service provided, including the complaints procedure and the advocacy support available. Accessible information on advocacy services and the complaints procedure was also displayed for residents throughout the centre. Residents had access to daily media via newspapers, TV, radio, and the Internet.

Inspectors observed the handover (the exchange of relevant information about the residents between the day-time and night-time staff) taking place in the morning, it was comprehensive and well organised. There was also a daily residents' safety list that was completed three times a day.

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

Capacity and capability

Overall, inspectors found that there were established management structures and robust systems in place for oversight in the centre to ensure residents' care and welfare needs were met. Significant improvements to bring the centre into compliance had been implemented following the previous inspection.

This was an unannounced one-day 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 to 2025 (as amended).

The Health Service Executive (HSE) is the registered provider for Breffni Care Centre. A service manager and director of nursing supported the person in charge in the overall management of the centre.

The person in charge had a good knowledge of their roles and responsibilities under the regulations and was familiar with individual residents' needs. They were supported by a clinical nurse manager, registered nurses, healthcare assistants, housekeeping, catering and maintenance staff. On the day of the inspection, there were vacant posts for registered nurses and health care assistants. These positions were back filled with agency staff. Inspectors were informed that recruitment is progressing, with the aim of filling the positions in the near future.

There was a comprehensive handover system in place that was person-centred and included details regarding staff allocation and residents' personal preferences for their day.

All staff had completed mandatory training. Additional training was provided to support the staff team. Staff informed inspectors that they felt supported in their roles and that they were knowledgeable about their training requirements.

There was a comprehensive suite of audits completed, where action plans were formulated when improvements were required. There had been a significant number of medication errors at the centre previously. Internal systems were introduced to reduce the risk, and ongoing monitoring was maintained.

The person in charge had completed the annual review for the centre for 2025, and there was evidence that residents and their family representatives were involved in the review.

A sample of staff files was examined, and they contained all of the requirements as listed in Schedules 2 and 4 of the regulations. Each of the nurses had a current NMBI (Nursing and Midwifery Board of Ireland) registration in their file.

A directory of residents was maintained and contained all the required information regarding each resident in the centre.

Regulation 15: Staffing

On the day of inspection there was a sufficient skill-mix and number of staff to meet the assessed needs of the residents.

Judgment: Compliant

Regulation 16: Training and staff development

Records seen by the inspectors indicated that staff were up-to-date with mandatory training and had access to appropriate training. There were effective arrangements for supervision in place.

Judgment: Compliant

Regulation 21: Records

Records as set out in Schedule 2 of the regulations were safely maintained in the centre and were made available to the inspectors.

Judgment: Compliant

Regulation 23: Governance and management

The provider had a clearly defined management structure in place, and effective management systems to ensure that the service provided was safe, appropriate, consistent and effectively monitored. A comprehensive annual review was completed, including relevant quality improvement plans, and these were available to residents. Evidence of residents' involvement in the review was also available.

Judgment: Compliant

Regulation 19: Directory of residents

The registered provider had established a directory of residents which met the regulatory requirements.

Judgment: Compliant

Quality and safety

Overall, the inspectors found that residents had a good quality of life, where they were encouraged to live their lives in an unrestricted manner, according to their interests and capabilities. Inspectors observed that staff treated residents with respect and kindness throughout the day.

Staff demonstrated a good knowledge of residents' assessed needs. The centre had an electronic resident care record system. The inspectors reviewed a sample of residents' files, and there was evidence that the residents' needs were being assessed using validated tools. Care plans were updated every four months or when the residents' care needs changed.

Records showed that residents had access to medical treatment and expertise in line with their assessed needs, which included access to a range of health care professionals and specialists.

The inspectors saw evidence of end-of-life care plans and advanced health care directives for a sample of residents. These included details of their wishes and preferences for end-of-life care. Care records of residents who died in the centre showed that the care provided during their last days was compassionate, with family present where appropriate, and their wishes were respected.

Copies of transfer letters were maintained on site for occasions when residents were temporarily transferred to a hospital to ensure residents could be cared for in line with their assessed needs.

Staff took a positive and supportive approach to caring for residents predisposed to experiencing episodes of responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment) and restrictions on residents and in their environment were minimised.

Residents had access to various forms of media, including television, radio, newspapers, and books. The internet and telephones for personal use were also readily available. Additionally, residents had access to religious services and resources, and were supported to practice their religious faiths in the centre. There was access to advocacy services with contact details displayed in the centre.

Regulation 13: End of life

Residents' personal wishes and preferences at the end-of-life were recorded, when known, in individualised care plans. Records showed that residents were afforded appropriate care and comfort, and their religious needs were met when approaching the end of life.

Judgment: Compliant

Regulation 20: Information for residents

The residents' guide in the centre was available to all residents. It included all relevant information regarding the service provided, including the complaints procedure and the advocacy support available.

Judgment: Compliant

Regulation 26: Risk management

There was a risk management policy in place that set out the plan for responding to incidents at the centre and addressed the specified elements as required under the regulations.

Judgment: Compliant

Regulation 27: Infection control

The registered provider had ensured that procedures and practices consistent with the National standards for infection prevention and control in community services (2018) were in place. The equipment in the centre was managed in a way that minimised the risk of transmitting a healthcare-associated infection. Staff used personal protective equipment (PPE) and completed hand hygiene procedures as appropriate. Waste was appropriately segregated and disposed of.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

Medicinal products in the centre were stored securely. Medication administration documentation contained the required information and there were systems in place for the disposal of medicinal products that were out-of-date or no longer required by residents'.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

The inspectors reviewed a sample of care plans related to nutrition, skin integrity, restrictive practices, and behavioural care plans and found that the standard of care planning was high and person-centred, meeting the needs of the residents. There was evidence of resident and nominated representative involvement, where appropriate.

Judgment: Compliant

Regulation 6: Health care

Residents were provided with a good standard of evidence-based health and nursing care and support. Residents had timely access to a general practitioner (GP) from the primary care centre. Residents also had good access to other health and social care professionals, such as tissue viability nursing, chiropody, a dietitian, and specialist medical services, such as community palliative care and psychiatry of old age, as required.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

Restraint use in the centre was well-managed, and residents had a risk assessment completed prior to any use of restrictive practices. Assessments were completed in consultation with residents and reviewed regularly to ensure appropriate use in line with national guidance.

Staff were observed to interact and respond to residents with responsive behaviour (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment) in a manner that was effective and patient. Residents with additional responsive behavioural needs also had appropriate care plans in place to guide staff and document episodes of occurrence.

Judgment: Compliant

Regulation 9: Residents' rights

Residents were provided with the opportunity to be consulted about, and participate in, the organisation of the designated centre by participating in residents' meetings and taking part in resident surveys. The inspectors found that residents' rights and choices were promoted and respected in the centre.

Judgment: Compliant

Regulation 25: Temporary absence or discharge of residents

The inspectors reviewed residents' records and found that when a resident was temporarily absent from a designated centre, relevant information about the resident was provided to the receiving designated centre or hospital. Upon residents' return to the designated centre, the staff ensured that all relevant information was

obtained from the discharge service, hospital and health and social care professionals.
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 19: Directory of residents	Compliant
Quality and safety	
Regulation 13: End of life	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 9: Residents' rights	Compliant
Regulation 25: Temporary absence or discharge of residents	Compliant