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:	Arus Breffni Nursing Unit
Name of provider:	Health Service Executive
Address of centre:	Arus Breffni Nursing Unit, Manorhamilton, Leitrim
Type of inspection:	Unannounced
Date of inspection:	09 January 2026
Centre ID:	OSV-0000659
Fieldwork ID:	MON-0047283

About the designated centre

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

Arus Breffni Community Nursing Unit is a bungalow-style unit which provides residential care for 25 residents. It is situated in the picturesque market town of Manorhamilton in County Leitrim. There is an enclosed courtyard which provides space for residents and their families. The centre is a community-based residential service accommodating the care needs of the elderly population in North Leitrim. The centre provides care to male and female residents over the age of 18. Most of the residents in the service are aged over 65 years. The centre is staffed with 24-hour nursing care supported by healthcare assistants and multi-task attendants.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	24

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
Friday 9 January 2026	09:40hrs to 16:40hrs	Michael Dunne	Lead

What residents told us and what inspectors observed

Overall, the findings of this unannounced inspection confirmed that residents were content with the quality of health, and social care support provided. The inspector spoke with several residents, and visitors who attended the centre on the day, and all of the responses received were positive of the care provided in this centre. Several residents shared their views with the inspector, one said " that they were provided with first class care" while another said " when they need care support, staff are available to help".

This unannounced inspection was conducted with a focus on adult safeguarding, and to review measures the provider had in place to safeguard residents from all forms of abuse. Upon arrival, the inspector was met by the person in charge, and following an introductory meeting, conducted a walk about of the designated centre. At the time of the inspection, the designated centre was in outbreak due to a respiratory infection, which had impacted a small number of residents. Observations confirmed that staff were following appropriate infection control guidelines in the provision of support to these residents.

Residents were observed engaging in a variety of morning routines. Several residents were in their bedrooms enjoying breakfast, reading the morning paper, listening to the radio, or watching television. Others were seen walking through the centre and along corridors, chatting to staff they met along their way. 12 residents were in the dining rooms, and three were observed receiving support with their eating, and drinking by staff. Residents reported that staff were caring, kind, and that they enjoyed having a chat with staff. They described how staff respected their privacy, and their right to choose. Staff were observed to ensure that bedroom doors were closed before assisting residents with their care needs.

Residents spoken with in the course of the inspection were able to confirm that they could raise a concern or complaint with any member of the staff team. In addition, staff confirmed that they were aware of the safeguarding, and complaints policies, and saw their role as one of advocating for residents should they have a worry or, a concern.

Arus Breffni Nursing Unit is situated on the outskirts of Manorhamilton in north Co Leitrim, and provides accommodation for 25 residents. On the day of the inspection, there were 24 residents living in the centre. The designated centre had recently celebrated its 50th golden anniversary, with the centre having been officially opened in 1975. There were images of local celebrations of this event advertised in the centre with local dignitaries, relatives, staff, and residents in attendance, and enjoying the festivities in the centre.

Accommodation is provided in a range of single, and twin-occupied bedrooms, which were suitable for the assessed needs of the residents. Residents' rooms were

personalised on an individual basis. The centre was clean, warm, and welcoming with fresh flowers in the reception area. There were several communal rooms, which were suitable for the needs of residents, although most of the residents preferred to use the main sitting room near to the main entrance. The centre was adorned with pictures, and murals with particular reference to the locations around the Manorhamilton locality. There was a strong focus to maintain resident links with their local community, with examples of community services attending the centre, and residents supported to attend day centres, local places of interest, and regular visits to the local town.

Residents had unrestricted access to all areas of their home, including access to outside facilities. The communal garden area was well-maintained, and well-appointed with flowers, shrubs, and garden furniture. There was adequate seating to cater for the number of residents using this facility. The provider maintained level access throughout the garden area, which facilitated residents using mobility equipment to enjoy this space.

Activities in the centre were led by a volunteer/befriender who is available 5 days a week, with existing care staff providing activity support for the residents at weekends. There was an activity schedule advertised in the centre which identified the activities available on a day-to-day basis, and based on residents' choice and feedback. Activities observed on the day consisted of music, games, and quizzes, and nail painting. A review of activity records for 2025, indicated that there was an extensive list of events held on a month-to-month basis where residents were supported to attend places of interests outside of the centre, such as fairs, and markets, local farms, churches, music events, and historical places.

Residents were complimentary about the food served in the centre, and confirmed that they were always offered a choice of menu options. Some residents required additional support with their eating, and drinking, and observations confirmed this assistance was provided in a supportive, and discreet manner, taking into account the individual needs of each resident. There was effective oversight of the food provided, with audits and surveys canvassing residents' views on the catering service.

The next two sections of this report present the findings of this inspection in relation to the governance and management of the centre and how these arrangements impacted on the quality and safety of the service provided to residents.

Capacity and capability

This was an unannounced inspection which focused on adult safeguarding, and reviewed the arrangements the provider had in place to safeguard, and protect residents from all forms of abuse, and promote their human rights. The findings of this inspection were that for the most part the provider had established effective

systems and processes, to ensure residents were safeguarded, and protected from abuse, and that their human rights were respected and promoted. However, this inspection found that some improvements of the management systems were required, to ensure consistency across the service. This included ensuring that there is senior management sign off on all monitoring systems, including audits to ensure the regular recording of residents' attendance at activities is in place, and effectively monitored.

The registered provider for this designated centre is the Health Service Executive (HSE). There is a clearly defined management structure in place that is accountable for the delivery of health, and social care support to the residents. The management team consists of a general manager, a manager of the older persons service, a director of nursing, and a person in charge. They in turn, were supported in their role by a team, which consists of clinical nurse managers, staff nurses, health care assistants, household, catering staff, and maintenance staff.

The inspector found that there were systems in place to provide effective oversight, and to monitor the quality of care, and services provided for the residents. As mentioned under Regulation 23: Governance, and management, care plan audits had not identified that there were inconsistent record keeping, and monitoring of residents' participation in social care activities. A small number of quality improvement plans required sign-off by the management team. There were team meetings held on site to review the quality of the service provided, which included a focus on safeguarding. Additional oversight was available through regular meetings with the provider, which occurred on a monthly basis.

The provider had completed a comprehensive report on the quality, and safety of care for 2025, which also included an improvement plan for 2026. This report provided key information about the performance of the service, and also included residents' feedback regarding their views of the service.

Furthermore, a safeguarding committee was convened, and met on a quarterly basis, and included key stakeholders such as, advocacy, safeguarding team members, representatives from An Garda Siochana, medical professionals, and local management. The purpose of this committee was to review, and discuss any safeguarding concerns that may have arisen, and to review current safeguarding plans that were in place. The focus of this group was on shared learning to identify, and mitigate against future safeguarding concerns.

There were sufficient numbers of staff available on the day of the inspection. Residents who required staff assistance were provided with a timely response. The provider maintained good oversight of the roster, gaps caused by annual leave, sickness or training were all filled promptly.

The inspector found that there was effective oversight, and provision of mandatory training for staff. Additional training was arranged by the provider to equip staff with the knowledge to support them in their roles. This training consisted of positive behaviour support training, person-centred care, food safety, end-of-life, and restrictive practice training. Staff spoken with had a good awareness of their defined

roles, and told the inspector that management was supportive, and accessible on a daily basis. Staff were observed to work co-operatively, and this helped to create a positive, caring environment in which residents told the inspector that they felt valued and well-cared for. Staff confirmed their attendance at safeguarding training, and were able to describe the actions they would take to safeguard residents living in the centre.

There was a complaints policy in place which met the requirements of Regulation 34. The complaints policy was advertised in prominent locations in the designated centre. A review of records relating to complaints found that no complaints had been received since the last Inspection.

Regulation 15: Staffing

The number and skill-mix of staff were appropriate to meet the identified needs of residents while maintaining their safety, and promoting their rights. Residents were appropriately supervised at all times, and supported to exercise choice in how they spend their day. Call-bells were responded to within acceptable time lines, and the inspector observed that residents who remained in their rooms were attended to by staff on a regular basis.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had access to a comprehensive training programme, which included induction training, and ongoing mandatory training. A review of the centre's training matrix indicated that staff had received training in line with the designated centre's training policy. As a result, staff were clear about what was expected of them in their work and demonstrated safe practices. A scheduled fire training session had to be rescheduled due to the outbreak; however, this training was due to be reschedule post outbreak.

Judgment: Compliant

Regulation 23: Governance and management

The inspector found that the registered provider had management systems in place to monitor the quality of the service provided; however, some actions were required

to ensure that these systems were sufficient to ensure the services provided are safe, appropriate, and consistent. For example:

- A small number of monitoring records required a review by senior personnel such as care plans, and a meal experience audits to ensure that all actions were completed.
- The oversight of residents' engagements in the activities required review as there was inconsistent reporting of residents' attendance at social care activities in the care records reviewed. This omission had not been identified under the current audit system, and had the potential to impact on the development of person-centred activity care plans.

Judgment: Substantially compliant

Regulation 34: Complaints procedure

There was an accessible complaints policy and procedure in place to facilitate residents and or their family members lodge a formal complaint should they wish to do so. The policy clearly described the steps to be taken in order to register a formal complaint. This policy also identified details of the complaints officer, timescales for a complaint to be investigated, and details on the appeal process should the complainant be unhappy with the investigation conclusion.

A review of the complaint's log indicated that there were no formal complaints received since the last inspection in January 2025.

Judgment: Compliant

Quality and safety

Care was provided in an open, and supportive manner in which residents were respected, and their rights were upheld. Daily routines were flexible, and the residents were observed to spend their day as they wanted, and to participate in the daily routine, and activities as they wished. Staff knew the residents' routines very well, and were familiar with their preferences. Staff were mindful to ensure that they did not take resident choice for granted, and were observed offering choice to residents in many aspects of care support throughout the day, which included what clothes they would like to wear, where they wanted to spend their time, and choice of meal.

On the whole, there was a good standard of care planning in this centre, which was based on relevant assessments. Residents who presented with communication

needs had person-centred care plans developed to enhance their communication. For example, residents who had difficulties communicating their needs, and wishes due to either cognitive impairment or, increased levels of anxiety were supported in a manner that offered time, and space for these residents to make their views known. Care plans identified the individual types of support needed to provide maximum support to residents.

The inspector reviewed care records in relation to 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 found that care interventions promoted resident safety but also ensured that residents' rights were promoted, and respected. Records reviewed found that behaviour observation charts were being used to gain an understanding of the behaviour. This helped to develop care interventions that identified potential triggers for such behaviours, and for de-escalation techniques to guide staff in delivering safe care. Staff in the centre were seen to have a good relationship with residents who presented with these behaviours, and worked in partnership with residents to ensure their care, and support needs were met. There were measures in place to review restrictive practices on a regular basis to ensure that they were appropriate, and proportionate. A restraint register was maintained by the provider that indicated there was low use of restrictive practices in this centre and that the provider was actively working towards a restraint-free environment.

There was a clear safeguarding policy in place that set out the definitions of terms used, responsibilities for different staff roles, types of abuse, and the procedure for reporting abuse when it was disclosed by a resident, reported by someone, or observed. The process included completing a preliminary screening to decide if there was a need for further information or to proceed to a full investigation, or whether there was no evidence that abuse had occurred. The management team were clear on the steps to be taken when an allegation was reported. The staff team had all completed relevant training and were clear on what may be indicators of abuse, and what to do if they were informed of, or suspected abuse had occurred.

The design and layout of the premises provided residents with sufficient communal, and personal space to be able to enjoy their lived environment. The centre was well maintained, and there were arrangements in place for on-going maintenance. There were some challenges in relation to the storage of linen due to the size of the current linen store, a number of duvet covers were found stored in a meeting room cupboard. There was a secure garden where residents could enjoy outside space. This area was well-maintained with suitable garden furniture in place for residents to use, and enjoy this space.

There were various options for residents who did not like what was on the menu. Residents said that the quality of food is always good, and that they enjoyed the dining experience. Residents who required support with their eating, and drinking were provided with timely assistance to enjoy their meal. The inspector attended two meal services, and found them to be well-organised, and appropriate for the assessed needs of the residents.

There was a focus on empowering residents to make informed choices about their care, and their lives. Resident meetings were held on a regular basis, and residents were encouraged to attend, and discuss issues of importance to them. Records of these meetings were maintained by centre staff, and discussed with residents who did not attend so that they would be informed of information about the centre. Restrictive practices were a standard agenda item discussed in resident meetings. Arrangements for how residents could access advocacy were advertised throughout the centre.

Regulation 10: Communication difficulties

Residents' communication needs were discussed on admission, and care plans were developed if residents had needs in relation to hearing, sight, language, and cognitive skills to understand, and process information.

Care plans set out residents' skills, and abilities, and the areas where they required additional support. Care plans described hearing and sight needs clearly, and had clear instructions for the management, and cleaning for equipment such as glasses, and hearing aids.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

The inspector reviewed a sample of residents' care records, and spoke with several residents on the day. Records showed that the person in charge completed a pre-admission assessment for all potential residents to ensure that the centre could meet the person's needs if they were offered a placement in the centre.

In addition, records showed that all newly admitted residents had a comprehensive assessment of their needs when they came to live in the centre. The assessment included potential risks such as skin integrity, and falls, as well as the resident's current needs. Nursing staff worked with the resident, and where appropriate, their representative to develop a care plan setting out the care and support the resident needed. Care plans also identified self-care abilities as well as where support was needed. Care plans were reviewed regularly by nursing staff, and were updated if the resident's care, and support needs changed.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

Staff had access to training in the management of responsive behaviours. This helped to develop their skills, and knowledge to respond to, and manage these behaviours, and support residents maintain their dignity, and integrity. Staff were observed to support residents that upheld their individuality, promoted choice, and ensured that support, and engagement with residents were respectful.

Judgment: Compliant

Regulation 8: Protection

The provider had arrangements in place to safeguard residents, and protect them from the risk of abuse. These arrangements were supported by policies and procedures that guided staff practices, and outlined the organisations response to safeguarding concerns. All staff had completed safeguarding training, and demonstrated an awareness of their role in protecting residents from the risk of abuse. Residents reported that they felt safe living in the centre, highlighting the supportive, and respectful manager with whom staff engaged with them. The provider had procedures in place to support residents in the management of their personal finances. The provider ensured that staff personnel files contained all the requirements of Schedule 2 of the regulations.

Judgment: Compliant

Regulation 9: Residents' rights

There were arrangements in place for residents to pursue their interests on an individual basis or to participate in group activities in accordance with their interests and capacities. There was a schedule of activities in place which was available for residents to attend and, there was a well-organised events calendar for residents to access every month. Residents also had good access to a range of media which included newspapers, television, and radios.

Resident meetings were held on a regular basis, and meeting records confirmed that there was on-going consultation between the staff and residents regarding the quality of the service provided. Residents' views on the service were accessed daily and more formally through residents' satisfaction surveys where their views and feedback were incorporated into the annual review of the designated 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 23: Governance and management	Substantially compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 10: Communication difficulties	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Arus Breffni Nursing Unit OSV-0000659

Inspection ID: MON-0047283

Date of inspection: 09/01/2026

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 23: Governance and management	Substantially Compliant

Outline how you are going to come into compliance with Regulation 23: Governance and management:
To ensure compliance with Regulation 23: Governance and Management, the Person Participating In Management & Person In Charge have put in the following measures:

Person Participating In Management & Person In Charge have completed a review of audit schedule on 25/02/2026 and outstanding actions have been completed and formally documented.

Person Participating In Management & Person In Charge completed a review of care plan audit system and social care activities on 25/02/2026. The importance of the accurate recording of activities in resident progress notes and care plans was communicated to all nursing staff and health care assistants. The importance of accurate recording of activities was also discussed at the unit monthly meeting in February 2026.

All audit documents continue to require documented senior management review and sign off with clear accountability and defined timeframes for action completion. Compliance will be monitored by the Person in Charge through monthly meetings and routine audit spot checks.

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 23(1)(d)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Substantially Compliant	Yellow	25/02/2026