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:	Summerville Healthcare
Name of provider:	Summerville Healthcare Limited
Address of centre:	Strandhill, Sligo
Type of inspection:	Unannounced
Date of inspection:	07 May 2026
Centre ID:	OSV-0000397
Fieldwork ID:	MON-0042704

About the designated centre

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

Summerville Nursing Home is a purpose built privately run nursing home located in the seaside village of Strandhill in County Sligo. The building is a single storey with capacity to accommodate 47 residents requiring long-term care. Bedroom accommodation comprises 46 single bedrooms of which 37 have full en-suite toilet and shower facilities. Two single bedrooms have no en-suite facilities and six have an en-suite toilet. There is one two bedded room which has an en-suite toilet and shower. The building is bright and spacious and there are sea views from the sitting room and some bedrooms.. There is a choice of communal areas available and a designated physiotherapy room, hairdressers and oratory.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	46

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 7 May 2026	09:00hrs to 17:00hrs	Celine Neary	Lead

What residents told us and what inspectors observed

Overall, the inspector found that residents living in this designated centre were supported and encouraged to enjoy a good quality of life. This was an unannounced inspection, and on arrival at the centre, the inspector was let into the centre by a member of the administration team at reception. A brief introductory meeting was held with the person in charge, and then the inspector did a walk around of the centre. The inspector reviewed the premises and observed staff providing care and support for residents during the morning, lunchtime and afternoon. The inspector spoke with several residents, relatives and staff throughout the day, to gain an insight into what it was like for residents living in this centre.

Residents gave positive accounts of the care that they were receiving from staff. Some residents who spoke with the inspector said that " I like it here", "Its good enough" and "they help me when i ask". Residents told the inspector that they felt safe and supported living in this centre. Relatives spoken with were also complimentary and satisfied with the care provided. They said that staff knew them by name and welcomed them to visit. Residents described the food as good and varied and said that visitors were also offered drinks or tea when they visited. Several residents told the inspector that they had lived locally in the area, and were pleased that they could continue to live close by to friends and relatives.

Staff were observed delivering care and support to residents, which was respectful, patient and kind, and in line with their assessed needs. The care and support were carried out in a supportive and unhurried manner. It was obvious that staff were aware of residents' individual needs and preferences, and residents appeared to be relaxed and comfortable in their presence. A number of staff have worked in the centre for several years and are well known to the residents. Residents were familiar with the owner, the person in charge and the staff and described them as helpful, approachable and kind.

Overall, the premises were found to be well maintained, warm and comfortably decorated. There was a variety of communal day spaces. There was ample space in the corridors for the movement of any specialised or supportive equipment that a resident might require. Grab rails and handrails were provided in bathrooms and corridors. The inspector found that the library room was used by administrative staff as an office, and the bath had been removed from the bathroom. Access to the residents' front garden area was locked throughout the day. Staff told the inspector that it was locked to prevent a resident with cognitive impairment, from leaving the centre without support and assistance.

The centre was exceptionally clean throughout, and staff were observed performing hand hygiene at appropriate intervals. Equipment was also clean, and supplies were stored and segregated appropriately. Systems were in place for the segregation and flow of soiled and clean laundry in line with good practice in infection prevention

and control. The inspector saw that systems were in place for the safe return of laundered personal clothing to residents.

Residents were observed spending the day seated in the large reception area or quietly in their bedrooms. There were two other communal sitting rooms available, but the inspector did not observe residents using these rooms on the day of inspection. Many residents attended mass in the oratory on the morning of the inspection, and in the afternoon, many residents enjoyed their lunch together in the dining room, which was observed to be a pleasant social dining experience for all. Assistance and support were provided to those who needed help, and staff were knowledgeable regarding the special dietary requirements of each resident. Residents were complimentary about the quality of the food. One resident told the inspector that the food was good but that sometimes there was too much fish on offer.

There was an activities schedule in place which provided residents with opportunities to participate in a choice of recreational activities throughout the day. Residents stated that they had plenty to do every day and that they had a choice in how they chose to spend their day. One resident described how they preferred to spend their day in their bedroom, listening to the radio and that staff always provided assistance when it was needed.

Residents spoken with said they had no concerns but knew who to speak with if any issues arose. They confirmed that any day-to-day issues that arose were dealt with promptly and resolved by the person in charge.

In summary, residents were receiving a good service from a responsive team of staff delivering safe and appropriate person-centred care and support to 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 on the quality and safety of the service being delivered. The levels of compliance are detailed under the individual regulations.

Capacity and capability

Summerville Healthcare Limited is the registered provider of this designated centre. The inspector found that this was a well-managed centre, and that the quality and safety of the services provided to residents were of a good standard. The provider representative has a strong presence in the centre and was available throughout the day of the inspection. The inspection was facilitated by the person in charge, who had been in post since January 2026. They were well known to the residents, relatives and staff.

The inspector found that the governance and management structure was clear, effective and well established. There were established systems in place to monitor the care and welfare of the residents. Senior management met frequently, which provided good oversight of the service provided. However, the use of communal space for residents was not in line with the floor plans and statement of purpose submitted to the Chief Inspector of Social Services, as the provider had removed bathing facilities from the centre.

The person in charge was supported by two clinical nurse managers and a full complement of staff, including nursing and care staff, administration, activity, housekeeping, catering, and maintenance staff. The person in charge is supported by the provider representative, who is based on-site. The person in charge knew the residents well and was knowledgeable regarding their individual needs. She met with residents and their families regularly to discuss any issues arising.

Staffing levels on the day of this inspection were adequate to meet the needs of the 46 residents accommodated in the centre, during the day and at night. Observations of staff and residents' interactions confirmed that staff were aware of residents' needs, and were able to respond in an effective manner to meet those assessed needs. A review of the centre's rosters confirmed that staff numbers were in line with the staff structure as outlined in the designated centre's statement of purpose.

The training matrix and a sample of staff files were reviewed, and it was found that mandatory and other training were facilitated for staff appropriate to their various roles. Staff files reviewed contained the required paperwork, such as An Garda Síochána (police) vetting, references, employment history and registration details for nursing staff.

A review of the complaint management systems in the centre found that complaints were managed in line with the requirements under Regulation 34: Complaints.

Registration Regulation 4: Application for registration or renewal of registration

The registered provider submitted an application to renew the registration of Summerville Healthcare. The specified documents were submitted and fees paid in accordance with regulatory requirements.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge had been in post in the centre since January 2026. They had the necessary qualifications and experience, as set out in the regulations. They

demonstrated good knowledge of their regulatory responsibilities, and of the needs of the residents in the centre.

Judgment: Compliant

Regulation 15: Staffing

The registered provider had ensured that the number and skill-mix of staff was appropriate to meet the needs of all residents, in accordance with the size and layout of the designated centre.

Judgment: Compliant

Regulation 16: Training and staff development

All staff were facilitated to attend mandatory training, which included annual fire safety, safeguarding residents from abuse, basic life support, infection prevention and control, and safe moving and handling procedures.

Staff were appropriately supervised according to their individual roles.

Judgment: Compliant

Regulation 19: Directory of residents

A directory of residents was maintained in the centre, which was updated as required. This included all of the information as set out in Schedule 3 of the regulations, including the dates of admission and discharge, and contact details for next of kin.

Judgment: Compliant

Regulation 21: Records

The records requested for review under Schedules 2, 3 and 4 were made available to the inspector. Those reviewed were compliant with the relevant legislative requirements.

Judgment: Compliant

Regulation 22: Insurance

The registered provider had an up-to-date contract of insurance against injury to residents in place, as required by the regulations.

Judgment: Compliant

Regulation 23: Governance and management

Although there was an established governance and management in place, the oversight of fire safety, premises and residents' rights was not robust. As a result, the provider was not in compliance with these regulations, as outlined under the quality and safety section of this report.

Judgment: Substantially compliant

Regulation 24: Contract for the provision of services

A sample of residents' contracts of care was reviewed. All contained details of the services to be provided, the fees for these services, and any additional fees. The terms relating to the bedroom of each resident were clearly set out, including the number of occupants of the bedroom. All contracts had been signed.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge had ensured that all necessary notifications had been notified to the Chief Inspector, in writing within 2 working days of its occurrence.

Judgment: Compliant

Regulation 34: Complaints procedure

The centre had robust policies and procedures in place to manage complaints. There was a low level of complaints in this centre. The complaints procedure was displayed in the communal area of the centre.

A review of the complaints log found that the staff documented any dissatisfaction reported and investigated each complaint. A plan was put in place to resolve issues to the satisfaction of the complainant. Each complaint was documented in line with the requirements under Regulation 34.

Judgment: Compliant

Quality and safety

Overall, residents living in the centre received a good standard of direct care and support, which ensured that they were safe and that they could enjoy a good quality of life. There was a person-centred approach to care, and residents' wellbeing and independence were promoted. However, some action was required to come into full compliance with regulations.

The design and layout of the premises were suitable for their stated purpose and met the residents' needs. Corridors were wide and contained rails fixed to the walls to assist residents with their mobility. Residents' accommodation was individually personalised with the residents' own belongings. Residents had adequate storage space in their bedrooms and bathrooms. The inspector observed visitors coming and going on the day of the inspection, and there were no restrictions on visiting.

Staff were familiar with the residents' needs, and residents received good standards of nursing care and support. Resident's care plan documentation clearly guided staff in providing person-centred care in line with residents' individual preferences and wishes. The inspector found that there was a good standard of care planning in the centre. Care plans were based on a comprehensive assessment of residents' needs, using a selection of validated nursing assessment tools to identify the most appropriate intervention to meet residents' assessed needs.

The centre was found to be clean and warm. Infection prevention and control measures were in place and monitored by the person in charge. There was evidence of good practices in relation to infection control, and staff were observed using good hand hygiene techniques throughout the day of the inspection.

For the most part, residents' rights and choices were promoted and respected within the centre. However, residents' access to their own enclosed garden area was observed to be restricted on the day of this inspection. Activities were provided in accordance with the needs and preferences of residents, and there were daily opportunities for residents to participate in group or individual activities. Residents

had access to a range of media, including newspapers, telephone and TV. There were resident meetings to discuss key issues relating to the service provided.

The inspector found that a bath had been removed from the designated centre, and as a result, residents did not have access to bathing facilities if requested. A generous communal space for residents, known as the library, was used as an office by the administration team. Residents did have access to three other communal day rooms, but these were not in use on the day of this inspection. All residents were observed sitting in the reception foyer or their bedrooms.

The inspector found that residents were adequately protected from abuse. The provider had implemented comprehensive safeguarding measures, including policies and procedures and staff education in the safeguarding of vulnerable adults.

Regulation 18: Food and nutrition

Residents had access to adequate amounts of food and drink, including hot and cold drinks throughout the day. Snacks were available if requested. A varied menu was available daily, providing a range of choices to all residents, including those on a modified diet. Residents were encouraged to attend their dining room at mealtimes to promote a social dining experience. Specific dietary requirements were met, and catering and care staff were knowledgeable and familiar with the individual's recommended diets. Residents were monitored for weight loss and were provided with access to dietetic services when required. There were sufficient numbers of staff to assist residents at mealtimes. Residents who did not want a meal were given the choice of other alternatives.

Judgment: Compliant

Regulation 27: Infection control

The procedures were consistent with the National Standards for Infection Prevention and Control in Community Services (2018). Staff were observed to practice good hand hygiene techniques. There were sufficient hand washing facilities available to staff, residents and visitors throughout the centre. All areas of the centre, including equipment, were observed to be very clean, and all areas were clutter free.

Judgment: Compliant

Regulation 28: Fire precautions

Fire evacuation plans on display were inaccurate and did not reflect the current occupancy of bedrooms in the centre. They referred to several twin rooms which were no longer twin occupancy. This could cause confusion in the event of a fire emergency.

There was a one set of double-compartment doors which did not create an adequate seal once closed. Maintenance was on-site during the inspection to adjust these doors.

A door from the corridor to the housekeepers' store was propped open manually, and the door did not contain a door closure mechanism, which could engage to close the door in the event of a fire emergency. A member of maintenance staff addressed this on the day of the inspection, fitted a door closing mechanism and removed the prop which had been put in place.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

Care planning documentation was available for each resident in the centre. A sample of resident care plans was reviewed. Each resident had a person-centred care plan in place. Assessments were completed within 48 hours of admission, and all care plans were updated within a four-month period or more frequently.

Judgment: Compliant

Regulation 6: Health care

Residents had access to a general practitioner (GP) of their choice. GPs visited residents regularly. Health professionals such as dietitian, physiotherapist, occupational therapist, speech and language therapy, and tissue viability nurse were made available to residents, where required. Residents were facilitated to visit their local dentist, if required.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

Many residents' movements were monitored by sensor alarms. 34 of the 46 residents had sensor alarms in use. Alternative options had not been trialled in order to reduce their use. This was an overly restrictive practice in place.

Judgment: Substantially compliant

Regulation 8: Protection

Measures were in place to safeguard residents from abuse. These included arrangements in place to ensure all allegations of abuse were addressed and managed appropriately to ensure residents were safeguarded.

Judgment: Compliant

Regulation 9: Residents' rights

Residents could not freely access their garden area. The door out to their enclosed garden was locked throughout the day in order to safe keep one resident who was at risk of wandering. This was restricting all other residents living in the centre from accessing their outdoor space.

Feeding aprons were placed on residents at mealtimes without asking their preference and consent.

Judgment: Substantially compliant

Regulation 17: Premises

This centre did not have a bath available to residents, which is required under Schedule 6 of the regulations.

Judgment: Substantially 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	
Registration Regulation 4: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 18: Food and nutrition	Compliant
Regulation 27: Infection control	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant
Regulation 17: Premises	Substantially compliant

Compliance Plan for Summerville Healthcare OSV-0000397

Inspection ID: MON-0042704

Date of inspection: 07/05/2026

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: Fire evacuation plans are under review and will be updated. • The double fire doors have been adjusted to achieve a correct seal. • The door prop has been removed. • A self-closing mechanism has been installed. • These actions have been completed. Compliance will be monitored through the centre's governance and quality assurance programme, including scheduled environmental audits, fire safety audits, maintenance reviews and monthly management meetings to ensure ongoing compliance.	
Regulation 28: Fire precautions	Substantially Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: • Fire evacuation plans have been reviewed and are underway to reflect the current bedroom occupancy. • The compartment fire doors have been adjusted to ensure an appropriate seal. • The door prop has been removed and a self-closing mechanism installed. • The indoor garden was reviewed – we have had a specialist evaluate the automatic doors and they are now working. The walled garden is now secure with the addition of outdoor glass panels to ensure residents' safety. • Updated evacuation plans have been communicated to staff and incorporated into ongoing fire safety training and fire drills. • These works have been completed and are included in the ongoing maintenance and fire safety programme.	

Regulation 7: Managing behaviour that is challenging	Substantially Compliant

Outline how you are going to come into compliance with Regulation 7: Managing behaviour that is challenging:

• Restrictive practices have been reviewed for all residents using an individual multidisciplinary assessment. The use of sensor alarms has been significantly reduced following person-centred risk assessments, with alternative least restrictive interventions implemented where appropriate. Restrictive practices are now reviewed quarterly and sooner if a resident's condition changes. The restrictive practice register is monitored through the clinical governance programme to support ongoing reduction in restrictive practices.

Regulation 9: Residents' rights	Substantially Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights:

• Garden access has been reviewed we now have a secure and enclosed indoor garden.
• Risk assessments have been updated to balance resident safety with freedom of movement.
• The use of protective clothing at mealtimes is discussed with each resident and, where appropriate, their representative. Residents' preferences and consent are respected and documented within their care plan.

Regulation 17: Premises	Substantially Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:
• The provider has commenced planning to reinstate bathing facilities in accordance with Schedule 6 requirements.
• Any alterations to the premises will be discussed with HIQA before implementation.
• The statement of purpose and the floor plans will be amended following completion of works.

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	30/09/2026
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	30/09/2026
Regulation 28(1)(c)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Substantially Compliant	Yellow	31/08/2026
Regulation 28(2)(i)	The registered provider shall make adequate	Substantially Compliant	Yellow	31/07/2026

	arrangements for detecting, containing and extinguishing fires.			
Regulation 28(3)	The person in charge shall ensure that the procedures to be followed in the event of fire are displayed in a prominent place in the designated centre.	Substantially Compliant	Yellow	31/08/2026
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.	Substantially Compliant	Yellow	04/07/2026
Regulation 9(3)(a)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may exercise choice in so far as such exercise does not interfere with the rights of other residents.	Substantially Compliant	Yellow	06/07/2026