



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

## Issued by the Chief Inspector

Name of designated centre:	Sunhill Nursing Home
Name of provider:	LSJ Care Ltd
Address of centre:	Blackhall Road, Termonfeckin, Louth
Type of inspection:	Unannounced
Date of inspection:	18 September 2025
Centre ID:	OSV-0004450
Fieldwork ID:	MON-0043790

## About the designated centre

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

Sunhill Nursing Home is situated in the picturesque village of Termonfeckin, Co. Louth, and within 7 minutes drive from Drogheda town centre. The designated centre is registered to accommodate 102 residents, both males and females, over the age of 18 years who require long-term, short-term and transitional nursing or personal care. The centre provides care for a range of needs including general care of the older person, care of the client with physical disabilities, palliative care, acquired brain injury and dementia care. Accommodation consists of 88 single ensuite bedrooms and 7 twin ensuite bedrooms. All bedrooms are situated on the ground floor and the majority of bedrooms have access to an enclosed garden space. Communal facilities include 5 dining rooms, 9 sitting rooms, Memory Lane Cafe, hairdressing salon and 5 internal garden areas. The objective of the centre is to provide person-centred care to residents by supporting every aspect of their care requirements, while celebrating the diversity of residents and staff as a group and respecting the unique identity of each individual.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	97
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## How we inspect

To prepare for this inspection the inspector or 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 18 September 2025	07:45hrs to 16:15hrs	Maureen Kennedy	Lead

## What residents told us and what inspectors observed

On the day of inspection, the inspector spoke with many residents to gain insight into their experience of living in Sunhill Nursing Home. Residents spoken with were complimentary in their feedback and expressed satisfaction about the standard of care provided. Residents reported that the care was 'top class' and that they 'couldn't say a wrong thing about it'. The inspector also spoke with some family members who were visiting on the day, who said that 'everyone was so well looked after', and that the staff were 'so wonderful'. There were 97 residents living in the centre on the day of this unannounced inspection.

In the morning, residents were observed sleeping in their rooms while some residents were already up and in the dining area helping themselves to some breakfast. Carers were in attendance to assist residents if required. Staff who spoke with the inspector were knowledgeable about the residents they cared for and what their needs were. Staff were kind and caring in their interactions with residents and were respectful of residents' communication and personal needs. Staff were observed busily attending to residents' requests for assistance in a timely manner.

The centre was visibly clean, tidy and well-maintained with a calm and friendly atmosphere observed. The bedrooms viewed by inspector were homely and well laid out with sufficient storage space for belongings. Bedrooms were personalised with items of furniture and family photographs to help residents feel more at home. The centre is situated on the ground floor facilitating access to any of the five internal garden areas available for residents to use. Throughout the day, residents were observed using the many communal facilities in the centre, in groups watching television or quietly sitting with family members.

Residents were supported to enjoy a good quality life in the centre. Residents had access to television, radio and newspapers. A range of activities were available to residents seven days weekly, with the activities schedule displayed on television screens in the corridors and communal areas. The inspector observed residents participating in 'hearing therapy' on the morning of the inspection. The centre's hairdresser was in attendance on the day of inspection and residents were observed enjoying the experience. Residents and staff were seen spending time chatting and laughing together, as residents went about their daily routines.

The inspector observed the calm unhurried atmosphere in the centre's many dining rooms as residents dined. There was a menu available with choice of courses and a variety of drinks were offered to residents. The meals provided appeared appetising and were served hot. The inspector observed adequate numbers of staff available offering encouragement and assistance to residents as required and staff spoken with, were knowledgeable of residents' dietary needs including relevant modified diets. Feedback received from residents on the day of the inspection was that they

enjoyed the meals on offer, with one resident stating that you 'couldn't ask for better'.

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 impact on the quality and safety of the service being delivered.

## Capacity and capability

Overall, the inspector found that residents benefited from a well-run centre with good leadership and good governance and management arrangements in place which contributed to the centre's high level of regulatory compliance as evidenced by the findings of this unannounced inspection. It was evident that the centre's management and staff focused on providing quality service to residents and promoting their well-being.

The registered provider of Sunhill Nursing Home is LSJ Care Limited. The person in charge had responsibility for the day-to-day operations of the centre and is supported by the provider representative, an assistant director of nursing, three clinical nurse managers and a team of nurses and healthcare support staff. There was a schedule of regular meetings in place and the management team had developed audits that identified where improvements were required.

The complaints policy was reflected in practice and the inspector was assured that complaints were addressed promptly. Records of complaints were available and the inspector reviewed a number of complaints received. Complaints were listened to, investigated and they were informed of the outcome and given the right to appeal. Complaints were recorded in line with regulatory requirements. Residents and their families knew who to complain to if they needed to.

Documents were available for review including, written policies and procedures, directory of residents, complaint procedures, annual review and residents guide and were compliant with the legislative requirements.

## Regulation 23: Governance and management

There was a clearly defined management structure in place. Members of the management team were aware of their lines of authority and accountability and demonstrated a clear understanding of their roles and responsibilities. They worked well together, supporting each other through a well-established and maintained system of communication. There were clear systems in place for the oversight and monitoring of care and services provided for residents.

Judgment: Compliant

#### Regulation 34: Complaints procedure

The complaints procedure was on display in a prominent position within the centre. The complaints policy and procedure identified the person to deal with the complaints and outlined the complaints process. It included a review process, including nominated review officer, should the complainant be dissatisfied with the outcome of the complaints process. Reference was made to independent advocacy services available for residents who needed support with the complaints process.

Judgment: Compliant

#### Regulation 4: Written policies and procedures

Policies and procedures as required in Schedule 5 of the regulations were available for review, and had all been updated within the last three years.

Judgment: Compliant

### Quality and safety

Overall, the inspector was assured that residents were supported and encouraged to have a good quality of life in the centre and that their healthcare needs were well met.

Residents' families and friends were observed visiting residents on the day of the inspection. Residents met their visitors in their bedrooms or in the communal spaces in the centre. Visitors confirmed they were welcome to the home at any time. They all praised the care, services and staff that supported their relatives in the centre.

The inspector viewed bedrooms with permission and found that they were warm, bright spaces personalised with ornaments and photographs from home. Bedrooms were observed to have sufficient storage space for residents' clothing and personal possessions. A lockable storage space with a key was available to all residents. There was a laundry on-site and the provider had implemented an action plan from a previous inspection. Residents' clothing were put in a labelled laundry bag to ensure that laundry items do not get mixed up and to enable them to be returned to

the correct person. Residents told the inspector that the laundry service was good and all clothes were returned in a timely manner.

The centre had a comprehensive End of Life policy to guide staff. Following appropriate assessment, residents' wishes and preferences were sought in a timely manner to ensure their end-of-life care needs were respected. End-of-life care assessments and care plans included consultation with the resident concerned and where appropriate, the residents' representative.

The provider had systems to oversee the centre's infection prevention and control (IPC) practices. The environment was very clean and tidy on inspection day. There was surveillance of healthcare acquired infections. A targeted infection control auditing programme was undertaken. The inspector observed good practices in relation to standard precautions to reduce the spread of infection. For example, waste and laundry linen were managed in a way to prevent the spread of infection. Linen was appropriately segregated at point of care. The inspector noted, in line with the previous compliance plan, that the provider had installed additional clinical hand washing sinks for staff use and hand sanitizers were installed in each bedroom at the point of care. The inspector observed the newly acquired housekeeping trolleys and the electronic system to record the daily and deep cleaning schedules for the residence. Staff were observed to have good hand hygiene practices. The inspector observed that equipment used by residents was in good working order and reusable equipment was cleaned and stored appropriately.

Care planning documentation was available for each resident in the centre. An assessment of each resident's health and social care needs was completed on admission and ensured that the resident's individual care and support needs were being identified and could be met. Residents' needs were comprehensively assessed using validated assessment tools at regular intervals and when changes were noted to a resident's condition.

Residents' rights and choice were promoted and respected within the centre. Activities were provided in accordance with the needs and preference of residents and there were daily opportunities for residents to participate in activities. Residents had access to a range of media, including newspapers, telephone and TV. There was access to advocacy with contact details displayed in the centre.

## Regulation 11: Visits

The registered provider had arrangements in place for residents to receive visitors. Visits were not restricted and were aligned with the centre's visiting policy. There was adequate space for residents to receive their visitors in areas other than their bedrooms if they wished.

Judgment: Compliant



Regulation 12: Personal possessions
Residents were facilitated to have access to and retain control over their personal property. They had access to lockable space to store and maintain personal possessions. Clothes were laundered regularly and promptly returned.
Judgment: Compliant
Regulation 13: End of life
The centre had a comprehensive End of Life policy to guide staff and the inspector saw evidence of this being implemented in residents' care plans.
Judgment: Compliant
Regulation 27: Infection control
Infection prevention and control training was up to-date. The registered provider had adequate resources available to ensure safe infection prevention and control practices were effectively implemented.
Judgment: 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 were reviewed. Each resident had a pre-admission assessment carried out to ensure the centre could meet the residents' needs. Assessments were completed within 48 hours of admission and all care plans updated within a four month period or more frequently where required.
Judgment: Compliant
Regulation 9: Residents' rights

Residents' rights were upheld in the centre and all interactions observed during the day of inspection were person-centred and courteous. A residents' guide was available and included a comprehensive user-friendly summary of services available, terms and conditions, visiting arrangements and complaints procedures.

Judgment: Compliant

## Appendix 1 - Full list of regulations considered under each dimension

Regulation Title	Judgment
<b>What residents told us and what inspectors observed</b>	
<b>Capacity and capability</b>	
Regulation 23: Governance and management	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 13: End of life	Compliant
Regulation 27: Infection control	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 9: Residents' rights	Compliant