

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:	07 July 2026
Centre ID:	OSV-0004450
Fieldwork ID:	MON-0049947

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:	94
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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
Tuesday 7 July 2026	17:45hrs to 21:30hrs	Maureen Kennedy	Lead
Wednesday 8 July 2026	08:00hrs to 16:00hrs	Maureen Kennedy	Lead

What residents told us and what inspectors observed

This was an unannounced monitoring inspection conducted with a focus on adult safeguarding and reviewing the measures the registered provider had in place to safeguard residents from all forms of abuse. The inspection was conducted over the course of an evening and the following day by one inspector of social services. There were 94 residents accommodated in the centre on the days of inspection.

On the first evening of the inspection, the inspector walked around the centre and took the opportunity to meet with residents, visitors and staff. The premises is a purpose-built nursing home. It is spacious and tastefully decorated with wide corridors, designed and laid out around six secure inner courtyard gardens, all of which give the home a bright and airy feel. During the walk around the centre, some residents were seen up and about, relaxing in the gardens and enjoying the evening sunshine, while other residents were relaxing in the communal sitting rooms and bedrooms or mobilising around the centre supervised by staff.

The inspector spoke in depth to twenty residents who were complimentary in their feedback and expressed satisfaction about the standard of care provided. Residents reported that they were 'well looked after' and that the 'staff were very kind'. Friends and families were observed to visit residents throughout the evening and day of inspection. The inspector spoke with 6 visitors who told the inspector that they 'couldn't fault' the care received by their family member and any issues highlighted were 'sorted'.

On the second day of inspection, the inspector observed residents enjoying their breakfast in their bedrooms or in the dining rooms. A variety of breakfast items were available and were being served to residents as per their preferences. Food appeared hot and supervision was in place to ensure that residents were being served in a timely manner. Residents informed the inspector that there was a good choice of food available to them and that they can access food and snacks whenever they want. The food served was found to be in accordance with the residents' assessed needs.

The inspector walked around the centre observing the morning routine for the residents and interactions between staff and residents. Staff were observed knocking on residents' doors before entering and were seen checking in with residents on a regular basis. Staff were observed to be very interactive with the residents attending to their needs in an unrushed, kind and patient manner.

Residents were supported to enjoy a good quality life in the centre. Residents and staff were seen spending time chatting and laughing together, as residents went about their daily routines. Residents had access to television, radio and newspapers. The activities schedule was displayed around the centre with a range of activities available to residents seven days weekly. A minibus was available at the centre for

scheduled trips and the inspector observed residents returning to the centre on the afternoon of the inspection after a trip to a local art gallery.

Resident bedrooms were found to be clean and organised and many were decorated in a manner that reflected the residents' preference including photographs, soft furnishings and ornaments. Residents who spoke with the inspector were happy with the size, layout and décor of their rooms.

The centre was clean and overall well-maintained by a team of maintenance and housekeeping staff. The inspector observed that equipment used by residents was in good working order and reusable equipment was cleaned and stored appropriately. Staff were observed to have good hand hygiene practices. Infection prevention and control measures were in place, such as multidrug-resistant organism (MDRO) surveillance and antibiotic usage.

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, this inspection found that the registered provider had good governance and oversight procedures in place, which ensured that residents were kept free from harm in their home.

This was an unannounced inspection to monitor regulatory compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 to 2025 (as amended). This inspection had a specific focus on the provider's performance with respect to safeguarding vulnerable adults. The inspector followed-up on information received and found that it was partially substantiated. A recent 'ant infestation' in one bedroom had been managed by the provider and was under control.

The registered provider of Sunhill Nursing Home is LSJ Care Limited and is part of the wider Evergreen group. The person in charge has responsibility for the day-to-day operations of the centre and was supported by a general manager, who was actively involved in the management and oversight of the centre. The person in charge was further supported by an Assistant Director of Nursing (ADON), a team of Clinical Nurse Managers (CNMs), a team of nurses and health care staff, activities staff, kitchen and household staff. It was evident that the centre's management and staff focused on providing a quality service to residents and promoting their well-being.

There was a clearly defined management structure in place with a schedule of regular team meetings including clinical governance, management, staff and

residents meetings and minutes of these meetings were available for the inspector. The inspector reviewed the 2025 annual review of the centre and a quality improvement plan was in place. The residents' opinions and their views were taken into account when developing this annual review. There were clear systems in place for the oversight and monitoring of care and services provided for residents. The management team had developed audits that identified where improvements were required and records of these audits were available for the inspector to review.

On the days of the inspection, there were adequate staffing resources to ensure the effective delivery of care in accordance with the statement of purpose, and to meet residents' individual needs. The staff were visible within the nursing home tending to residents' needs in a respectful manner. Staff had the required skills, competencies and experience to fulfil their roles and responsibilities.

Regulation 15: Staffing

The staffing levels on the days of the inspection were appropriate to the size and layout of the centre and the current residents and their dependency needs.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had access to appropriate training. All staff had attended the required mandatory training to enable them to care for residents safely. There was good supervision of staff on the days of the inspection.

Judgment: Compliant

Regulation 23: Governance and management

There was a clearly defined management structure in place. The person in charge and wider management team were aware of their lines of authority and accountability. They demonstrated a clear understanding of their roles and responsibilities.

Judgment: Compliant

Quality and safety

Overall, the residents reported that they were happy living in the centre. The inspector saw evidence of individual residents' needs being met and a good level of compliance with regulations and standards.

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 with dementia and those 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) were being effectively supported by staff. Dedicated care plans that identified triggers and distraction techniques were in place to support each resident and contained information that was person-centred in nature. There were arrangements in place to safeguard residents from abuse. All staff spoken with were clear about their role in protecting residents from abuse.

Residents' rights and choice were promoted and respected within the centre. There was access to advocacy with contact details displayed in the centre. The registered provider ensured residents were consulted about the management of the designated centre through participation in residents meetings. Residents also had access to an independent advocacy service.

Regulation 10: Communication difficulties

The inspector found that residents with communication difficulties had their communication needs assessed and documented in their care plan. Staff were knowledgeable about each resident's specialist communication requirements and ensured residents had access to any aids or supports to enable effective communication and inclusion. All residents had access to specialist services, as required.

Judgment: Compliant

Regulation 17: Premises

The registered provider ensured premises were appropriate to the number and needs of the residents living there.

Judgment: Compliant

Regulation 26: Risk management

There was a risk management policy and risk register in place which identified hazards and control measures for the specific risks outlined in the regulations. Arrangements for the investigation and learning from serious incidents were in place and outlined in the policy.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Care plans were personalised and contained detailed information specific to the individual needs of the residents. They were updated quarterly or sooner, if required. Care plans demonstrated consultation with the residents and, where appropriate, their family.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

Each resident experienced care that supported their physical, behavioral and psychological wellbeing. The person in charge ensured that all staff had up-to-date knowledge and skills, appropriate to their role, to respond to and manage behaviour that is challenging.

Judgment: Compliant

Regulation 8: Protection

All reasonable measures were in place to protect residents from abuse including staff training and an up-to-date safeguarding policy. Staff were aware of the signs of abuse and of the procedures for reporting concerns. The nursing home was

pension-agent for residents and a separate client account was in place to safeguard residents' finances.

Judgment: Compliant

Regulation 9: Residents' rights

Residents' rights were upheld in the centre. 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

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	Compliant
Quality and safety	
Regulation 10: Communication difficulties	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management	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