

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

Issued by the Chief Inspector

Name of designated centre:	Sullivan Centre
Name of provider:	Health Service Executive
Address of centre:	Cathedral Road, Cavan, Cavan
Type of inspection:	Unannounced
Date of inspection:	08 July 2026
Centre ID:	OSV-0000494
Fieldwork ID:	MON-0050958

About the designated centre

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

The designated centre provides care and support to meet the needs of both male and female older persons. It provides residential accommodation for 18 long term-care residents and two residents requiring short-term care/respite. The philosophy of care is to provide a quality residential service to older people who have a diagnosis of dementia and who are mobile. The ethos, culture, practices and procedures of the centre reflects a person-centred approach that promotes independence and functioning to the residents' highest potential. Meaningful expression is facilitated by occupational, recreational, physical and sensory stimulation. Management and staff aspire to these values by being open to new ideas and ways of working, demonstrating a commitment to effective communication, teamwork and developing practice to reflect a shared vision of residents' care. The centre is a single storey building located in an urban area.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	17
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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
Wednesday 8 July 2026	09:00hrs to 16:20hrs	Bernadette McDonald	Lead

What residents told us and what inspectors observed

Overall, the inspector found that improvements made to the residents' living environment since previous inspections supported residents to enjoy a good quality of life and ensured that their rights were respected. Residents enjoyed free access to their bedrooms and communal areas. On the day of inspection, residents did not have access to the internal courtyard garden as it was undergoing works to upgrade it. These works were due to be completed in a week's time. Residents had full access to a second secure garden, and were observed on the day of inspection to be sitting out having refreshments and enjoying the sunshine. There was a homely atmosphere in the centre, care and interactions between residents and staff were kind and unhurried. Residents' were observed to be content and relaxed, going about their day.

Staff knew residents well and were observed to engage residents in conversations about their individual interests, past lives and their families. The inspector observed staff and residents chatting and laughing as they walked together along the corridors and outside into the garden. It was evident that residents were enjoying these very positive and personal interactions with staff. Some residents liked to spend a lot of time talking with individual staff, and these staff were observed to patiently respond to their wishes for company.

This was an unannounced inspection, and on arrival at the centre the inspector met with the person in charge. Initially, the inspector walked around the centre with the person in charge. This gave the inspector an opportunity to meet with residents and staff and to observe life in the centre as residents prepared for their day. The person in charge demonstrated the many improvements to the residents' lived environment that had been completed and those in progress. The inspector observed that the internal courtyard garden was closed off and was informed that this was to facilitate an upgrade of the garden space and to remedy concerns around the old decking sinking and being unsafe for residents. Following this, an introductory meeting was held with the person in charge.

The inspector saw that residents went about their day with their own individual purpose, while having the kindness of staff to assist and the comfort of knowing staff were available if needed. Over the day, residents were observed sitting out in the garden, resting in the sitting room, enjoying the company of visitors in the lavender room and engaging in a number of meaningful activities with staff. Such activities included daily mass on television, 'Namaste' relaxation, one-to-one activities and dog therapy. The inspector spent periods of time in the communal areas throughout the day and observed that residents were enjoying positive and therapeutic interactions with staff. Some other residents preferred to walk along the corridors or go into the garden. One resident was observed enjoying being in the company of staff while they went about their work, and this was facilitated and well managed by the staff member. Residents who spoke with the inspector said 'they

were happy', and one resident told the inspector that "I am spoilt living here" and that they liked the staff caring for them. Residents also said that they felt safe in the centre. The inspector also met with family members of four residents, all of whom spoke positively about the kind care and attention their loved one received.

Sullivan Care Centre is a single-storey building with residents' accommodation on ground floor level throughout. Residents' bedroom accommodation comprised of 20 single rooms, two of which had en-suite toilet and wash-hand basin facilities. The corridors were wide and handrails were in place along all the corridors to support residents with their safe mobility. Grab rails were in place on both sides of the toilets and handrails were available in communal showers. The inspector observed that there were adequate communal showers and toilets provided within close proximity to residents' bedrooms and communal rooms to meet their needs.

The inspector observed that residents' bedrooms were colourfully decorated and were personalised with their family photographs and other personal possessions, including soft toys and colourful throws on their beds. Residents had adequate storage space for their clothes and personal possessions. The walls on parts of the circulation corridors in the centre had been colourfully decorated with colourful floral murals and other tactile stimulation objects, for example a music board. This gave residents visual variety and points of interest while walking along the corridors.

One of the two safe outdoor gardens was accessible to residents as they wished, due to works in the internal courtyard. These gardens provided interesting and therapeutic outdoor spaces for residents. The footpaths in the accessible garden were covered with a rubberised soft surface designed to protect residents from injury in the event of them falling. A glasshouse was available to residents in the second garden. The glasshouse, located in the garden to the side of the centre premises, and the raised flower/shrub beds in the garden in the middle of the centre premises facilitated residents with an interest in gardening to continue to pursue and enjoy their gardening interests. Garden ornaments and other memorabilia created points of interest for residents as they walked around the gardens. The lawns and flower beds were well maintained. Murals painted on the walls around the internal garden were based on the residents' past interests and occupations including farming, music and dancing.

The inspector observed that each resident had a functioning call bell in their bedrooms. Staff remained with residents in the communal areas at all times to ensure their needs were responded to without delay.

Lunchtime was observed to be a sociable and relaxed experience. Staff provided discreet and respectful assistance when required. Meals were freshly prepared in the centre's kitchen. The menu choices were displayed, and the food served appeared to be nutritious and appetising. A choice of meals was offered, and ample drinks and refreshments were available for residents throughout the day. Residents spoke positively to the inspector about the food quality, quantity and variety.

The next two sections will present an overview of the governance and management capability of the centre and the quality and safety of the service and present the findings under each of the individual regulations assessed.

Capacity and capability

Overall, the centre was being well managed for the benefit of the residents. The inspector found improvements in compliance with a number of regulations, and this was having a positive impact on the lived experience of the residents. These improvements included improvements to the premises and individual assessment and care planning.

This unannounced inspection was completed to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 to 2025 (as amended) .

The provider is the Health Service Executive (HSE) who is the national provider for healthcare in Ireland. The provider was represented by a senior manager on the day of the inspection. The inspection was facilitated by the person in charge (PIC) and the clinical nurse manager (CNM). Both managers worked in the centre full time and were well known to staff and to residents and their families. The management team were knowledgeable about individual residents and the day-to-day events and incidents that were happening in the centre. Staff told the inspector that managers were approachable and that they were well supported in their work.

There were enough staff on duty on the day of the inspection to meet the needs of residents and to support residents to spend their day as they wished. Onboarding of two staff nurses and two care staff was in process, and the new staff were due to commence employment later this month and in early August 2026. This will ensure the centre has its full complement of staff as per their statement of purpose.

Staff demonstrated accountability for their work and were clear about their roles and responsibilities when they were speaking with the inspector. Staff worked well together to ensure residents' needs and requests for support were met in a timely manner. Staff were seen to greet all residents as they passed by name and often stopped to have a few words with the residents about their day. Staff interactions with residents were empathetic and respectful. This helped to create a welcoming and pleasant atmosphere for residents and visitors.

There was a leadership and management team in place with clear lines of authority and accountability. The management structure was in line with the structure set out in the centre's statement of purpose. Managers were well known to staff and residents and were seen to be interacting with residents and staff throughout the day of the inspection.

The inspector viewed records of governance meetings, and staff meetings, which had taken place since the previous inspection. Regular governance meeting and staff meeting agenda items included key performance indicators (KPI's), training, fire safety, care planning, and residents' feedback. It was evident that the centre was continually striving to identify improvements, and learning was identified from feedback from residents and audits. There was evidence of a comprehensive and ongoing schedule of audits in the centre; for example care planning, post-fall management, restrictive practice, environmental and mealtime audits.

A comprehensive annual review of the quality and safety of care provided to residents in 2025 had been completed by the person in charge, with targeted action plans for improvement set out for 2026. The review also contained feedback and consultation with residents and their representatives.

Regulation 15: Staffing

There were sufficient staff on duty on the day of the inspection to meet the needs of the residents, taking into account the size and layout of the designated centre.

Judgment: Compliant

Regulation 16: Training and staff development

All staff were facilitated to attend up-to-date mandatory training on fire safety, safeguarding residents from abuse and safe moving and handling procedures. The person in charge had also ensured that staff working in the centre were facilitated to attend professional development training, to update their knowledge and skills to competently meet residents' needs.
Staff were appropriately supervised according to their individual roles.

Judgment: Compliant

Regulation 19: Directory of residents

The directory of residents contained all information as required under Schedule 3 of the regulations.

Judgment: Compliant

Regulation 23: Governance and management

There was a clearly defined, overarching management structure in place, and staff were aware of their individual roles and responsibilities. There were deputising arrangements in place for key management roles. The management team and staff demonstrated a commitment to continuous quality improvement through a system of ongoing monitoring of the services provided to residents. The centre was well-resourced, ensuring the effective delivery of care in accordance with the statement of purpose.

Judgment: Compliant

Regulation 24: Contract for the provision of services

The inspector reviewed a sample of residents' contracts of care, which included details of the allocated bedrooms, the services to be provided and the fees payable under the Nursing Home Support Scheme or otherwise.

Judgment: Compliant

Quality and safety

Overall, the inspector found that residents' nursing and social care needs were met to a good standard on this inspection. Residents' care and supports were person-centred and residents' needs, and preferences were key to how the service was organised and managed. This inspection found that residents' rights were respected and that residents were supported to make decisions regarding their daily lives in the centre. Residents' quality of life was optimised with unrestricted access to all areas of the centre, including the outdoors, as they wished. Residents were supported to access and participate in social activities that enabled them to continue to pursue their past interests, enjoy new interests and engage in positive risk taking and to live their best lives in line within their individual capacities.

The layout of the centre was maximised to ensure that residents could safely walk around and access different communal areas. There were assistive handrails on each corridor. There was unrestricted access to one outside garden area, which had safe walkways which were accessible to wheelchair users. The internal garden area was undergoing works on the day of inspection, and once completed, the residents will have full unrestricted access to this area.

A choice of meals and snacks was offered to all residents. A daily menu was available for residents in the dining rooms. Residents on modified diets received the correct consistency meals and drinks. The dining experience observed was a relaxed and sociable time spent together.

There was evidence of good practice in relation to resident assessment and care planning. Residents' needs were routinely and appropriately assessed and this information was incorporated into resident-specific care plans. Social assessments were completed for each resident, and individual detail regarding a residents' past occupation, hobbies and interests was completed to a high level of personal detail. This detail informed individual social and activity care plans.

Residents received good standards of nursing care, and they had access to timely health care from their general practitioner (GP) who attended the centre on three days each week. There was also good access for residents to a range of health and social care professionals and psychiatric services, including a regionally based advanced nurse practitioner in dementia care who supported staff with residents' care procedures and practices in the centre.

The inspector found that the rights of the residents living in Sullivan Centre were promoted, and the residents, where possible, were encouraged to live their lives in an unrestricted manner, according to their own capabilities. The centre's statement of purpose outlines that the provider's overall aim is to provide person-centred care through shared decision-making by their residents, families and carers, while endeavouring to provide a homely setting where each person's uniqueness and right to choice is valued. The quarterly residents group meeting was attended by a sage advocate to further promote a rights-based, person-centered approach, empowering residents to express their views, participate in decision making and have their voice heard.

Regulation 10: Communication difficulties

From a review of residents' records, it was evident that residents who had specialist communication requirements had these recorded in their care plan.

Judgment: Compliant

Regulation 17: Premises

The premises were appropriate to the needs of the residents and conformed to the matters set out in Schedule 6 of the regulations. There was a programme of progressive, ongoing maintenance in place.

Judgment: Compliant

Regulation 18: Food and nutrition

All residents had access to fresh drinking water. Choice was offered at all mealtimes, and adequate quantities of food and drink were provided. Food was freshly prepared and cooked on site. The meals were served hot and in the consistency outlined in residents' individualised nutritional care plan. Residents' dietary needs were met. There was adequate supervision and assistance provided to those who required it at mealtimes. Regular drinks and snacks were provided throughout the day.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Based on a sample of care plans viewed, appropriate interventions were in place for residents' assessed needs. Care plan reviews were comprehensively completed on a four-monthly basis to ensure care was appropriate to the resident's changing needs.

Judgment: Compliant

Regulation 6: Health care

Residents had timely access to their general practitioner (GP), health and social care professionals, specialist medical and nursing services including psychiatry of older age, community palliative care and tissue viability specialists as necessary. An on-call medical service was accessible to residents out-of-hours, as needed. Residents had appropriate access to national health screening programmes and were supported to safely attend out-patient and other appointments.

Judgment: Compliant

Regulation 9: Residents' rights

Overall, residents' right to privacy and dignity were well respected. Residents were afforded choice in their daily routines and had access to individual copies of local newspapers, radios, telephones and television. Independent advocacy services were available to residents, and the contact details for these were on display. There was

evidence that residents were consulted with and participated in the organisation of the centre, and this was confirmed by residents' meeting minutes, satisfaction surveys, and from speaking with residents on the day.

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 19: Directory of residents	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Contract for the provision of services	Compliant
Quality and safety	
Regulation 10: Communication difficulties	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 9: Residents' rights	Compliant