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:	Leeson Park House Nursing Home
Name of provider:	Shanid Limited
Address of centre:	10 Leeson Park, Dublin 6
Type of inspection:	Unannounced
Date of inspection:	06 July 2026
Centre ID:	OSV-0000058
Fieldwork ID:	MON-0050818

About the designated centre

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

Leeson Park House Nursing Home is home to 45 residents and provides long stay, short stay and focused care options for both male and female adults with a range of dependencies and needs. There is full time nursing care provided to residents. The house is situated in a residential area of Dublin 6. Accommodation is arranged over four floors and includes single, companion and shared accommodation with assisted bath and shower rooms. There is also a penthouse suite situated on the fourth floor. The reception rooms are a defining feature of the house with fireplaces, high ceilings and art work. The dining room is large and spacious. There are a number of lounges, reading and recreational areas including a library and a small oratory. There is an enclosed garden which is maintained to compliment the unique characteristics of the home.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	44

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
Monday 6 July 2026	08:00hrs to 14:30hrs	Aoife Byrne	Lead

What residents told us and what inspectors observed

This was an unannounced inspection, carried out over one day, by an inspector of social services. The inspector met with many of the residents who were living in the centre and based on the observations and discussions it was evident that Leeson Park Nursing Home was a nice place to live. Staff were seen to be familiar with the residents' needs and preferences, and were observed to be respectful in their interactions with residents.

Leeson Park Nursing Home is located in Ranelagh, Dublin 6. The centre is registered to provide care for a maximum of 45 residents with one vacancy on the day of the inspection. The centre was originally a private Victorian house that was renovated and extended to meet the needs of the residents. The centre is laid out over four floors and includes 35 single bedrooms and five twin bedrooms.

On arrival the inspector spent time walking through the centre, which provided an opportunity to introduce themselves to residents and staff. Some residents were observed to be up and about in the communal area on the ground floor, while others were observed sleeping in their beds or waiting on breakfast in bed.

The premises was found to be clean, warm and bright and provided a homely environment for residents to live. It was decorated to match the old style of the house with antique artwork, traditional armchairs and furnishings. The inspector observed that new carpet had been fitted in the lounge area and corridors and bedroom doors had been painted since the last inspection in February 2026. There was an ongoing programme of refurbishment works to improve the premises that was seen on the day of the inspection.

During the walk around the inspector observed a number of notice boards for residents, staff and visitors, which provided information on the providers complaints process and advocacy services. There was a display in the reception area to inform visitors and residents that the centre participates in the Caru programme for nursing homes. This programme is to ensure staff are supported in the delivery of palliative, end of life and bereavement care.

There was a dedicated activity staff member on duty who provided a varied programme of activities. Throughout the inspection, the inspector observed different activities that had been arranged for residents to enjoy such as a coffee morning, bridge club and the "Siel Bleu" exercise programme. The activity coordinator had organised an upcoming summer party with games and fun, the inspector observed staff speaking with residents relating to this activity, which was due to occur later in the week.

The inspector observed the lunchtime meal. There was a choice of corn beef, or chicken. Tables were set with white tablecloths, cutlery, condiments and napkins to

support residents' independence. There were enough staff on duty to assist residents at mealtimes, and residents were not rushed. Most residents were complimentary regarding the meals in the centre with comments such as "the food is delicious". The inspector observed in the residents' meeting minutes that the chef attended these meetings to discuss meal options or to allow residents to voice opinions regarding the food.

On the day of inspection the atmosphere in the centre was calm and relaxed. The inspector observed that staff and residents' interactions were found to be person-centred, kind and respectful. The inspector spoke with residents and visitors who were very complimentary in their feedback and expressed satisfaction with the care, staff, activities programme and food. Residents and family members spoke highly of the staff and the centre, with comments such as "it's a fabulous place to live" and "staff are very kind".

The next two sections of this report will present findings in relation to governance and management in the centre, and how this impacts on the quality and safety of the service being delivered.

Capacity and capability

This was an unannounced inspection 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). This inspection also followed up on the compliance plan from the inspection in August 2025 in relation to fire precautions and reviewed solicited and unsolicited information. The inspector found that the provider had progressed with the majority of actions set out in their compliance plan, and this inspection found improvements in regulatory compliance. Notwithstanding this, there were gaps identified in meeting requirements of regulations to include Regulation 23: Governance and management and Regulation 28: Fire precautions.

Leeson Park Nursing Home is operated by Shanid Limited and is the registered provider of this designated centre, which is part of the wider Silverstream Healthcare group, who operates a number of other designated centres nationally. The inspector found the person in charge was responsive and knowledgeable during the inspection. The person in charge worked full time in the centre and was supported in their management role by a clinical nurse manager. An assistant director of nursing was recruited at the time of inspection and was due to commence in post in the coming months which will further strengthen the management systems in the centre.

There were some good governance systems in place in the centre. There was an annual review of the service for 2025, and there was a quality improvement plan in place for 2026. There was an auditing schedule in place, which included data

trending in areas such as, falls incidents and call-bell response times. Management meetings were occurring regularly, and key data in relation to clinical care and the operations of the nursing home were discussed at these meetings. The inspector saw that where follow-up actions were required from these meetings, there was a person responsible and a time frame for completion allocated. Notwithstanding these good practices, further oversight was required particularly relating to records and the premises. This is further discussed under Regulation 23: Governance and management.

There was a record of current registration details for all staff nurses with the Nursing and Midwifery Board of Ireland. However, the inspector saw that residents' records were not stored securely. On the day of the inspection the inspector observed residents' files were easily accessible, as the cupboard that was holding residents files was not locked and left open.

The centre had a complaints policy that was in line with the regulations. The inspector reviewed a sample of both verbal and written complaints and saw that they had all been dealt with appropriately. Residents were aware of the policy in place for managing complaints and told inspectors that they felt safe and supported to raise any concerns with the staff team.

Regulation 21: Records

Not all resident records were stored securely and safely in line with the regulations as follows:

- A storage cupboard with current residents' files was open and easily accessible in the nurses' station which was observed unattended at times.
- Residents electronic records were freely accessible at the nurses station as the computer was left unlocked and open to residents files during the inspection.

Judgment: Substantially compliant

Regulation 22: Insurance

The registered provider had a valid contract of insurance.

Judgment: Compliant

Regulation 23: Governance and management

Management systems to ensure that the service provided was safe, appropriate, consistent and effectively monitored were not sufficiently robust. This was evidenced by the following:

- While audits and reports were completed with actions and learning's identified, there was little evidence that the provider had completed or implemented the actions identified in these audits. For example: not all items on the fire safety risk assessment dated March and May 2026 had been completed within the recommended time frames. The inspector observed unprotected storage in escape routes and obstructions in corridors which posed a fire risk and impeded the safe means of escape. These were identified as highest priority actions on the fire safety risk assessment. These risk were identified in March 2026 and had not been addressed and remained in place during this inspection. Additionally, further oversight of storage practices was required across the whole centre.

Judgment: Substantially compliant

Regulation 34: Complaints procedure

Complaints were seen to be handled in line with the centre's complaints policy. A copy of the complaints procedure was displayed in prominent positions throughout the centre and included details of the complaints officer and what to do in the event complainants were not happy with the outcome of the complaint.

Judgment: Compliant

Regulation 4: Written policies and procedures

The policies required by Schedule 5 of the regulations were in place and up-to-date in line with regulatory requirements. The inspector saw that these were updated every three years as required.

Judgment: Compliant

Quality and safety

Overall, the inspector found that residents living in Leeson Park Nursing Home were in receipt of a good level of nursing care and were provided with opportunities for social engagement and enjoyed a good quality of life. While the provider had taken action to address the majority of issues identified during the previous inspections, further action was required to ensure compliance with the regulations with regards to the maintenance of the premises. These findings are detailed under the relevant regulations.

The inspector reviewed a sample of residents' records. Validated risk assessments were regularly completed to assess clinical risks such as the risk of malnutrition, falls and pressure ulcers. The inspector observed examples of person centred-care plans such as; end of life care plans that clearly outlined residents' assessed needs and included their preferences relating to their cultural and spiritual needs.

A review of residents' records found that there was regular communication with residents' general practitioners (GP) regarding their healthcare needs and residents had access to their GP as requested or required. Arrangements were in place for residents to access the expertise of allied health and social care professionals for further assessment. The recommendations of health and social care professionals was observed to be implemented in practice and reviewed frequently to ensure the care plan was effective.

The designated centre was clean and the premises were generally appropriate to the number of residents. While there were some areas of wear and tear, these areas were being addressed as part of the compliance plan from the February inspection and were due to be complete by 30 August 2026, it was clear on the day of inspection that refurbishment works were in progress. However, inappropriate storage of residents equipment continued to be observed in some areas of the premises, this is discussed under regulation 17: Premises.

A review of fire precautions in the centre found that the provider had completed the actions set out in the compliance plan submitted following the fire inspection in August 2025. Fire drills were occurring regularly and included the use of external escape stairs and moveable ramps. There was evidence of works completed on fire doors. However, further action was required to ensure residents safety in the event of a fire. This is discussed further under regulation 28: Fire precautions.

Regulation 13: End of life

End of life care plans were developed following a holistic assessment of the resident's physical, emotional, social, psychological and spiritual care needs.There was documentary evidence of a multidisciplinary approach to the decision making process regarding residents resuscitation status and evidence that the resident's wishes in this regard were respected.

Judgment: Compliant

Regulation 17: Premises

Action was required to address the following areas to ensure the premises meets the requirements of the regulations which are set out in Schedule 6. For example;

- There was unsuitable storage seen during the inspection. Due to the limitations of the building, inappropriate storage of residents equipment was seen in communal bathrooms and bedrooms. For example, items such as wheelchairs, and zimmer frames were stored in a communal bathroom and three hoists were stored in a residents bedroom blocking access to the residents wardrobes.

Judgment: Substantially compliant

Regulation 26: Risk management

There was an up-to-date risk management policy and associated risk register that identified risks and control measures in place to manage those risks. The risk management policy contained all of the requirements set out under regulation 26(1).

Judgment: Compliant

Regulation 28: Fire precautions

Notwithstanding the actions taken following the fire inspection in August 2025. The inspector observed some areas where the registered provider did not take adequate precautions against the risk of fire. For example:

- Some fire doors were wedged open.
- The fire fighting equipment in the smoking area was not maintained for example: the smoking apron for residents was covered in cigarette burns and would not provide adequate protection.

In addition, while the registered provider had commissioned an external contractor to review fire safety measures in the centre dated March and May 2026, there were a number of safety risks that required immediate attention that had not been followed up.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

The inspector reviewed a sample of five resident care plans and found that they described the interventions necessary to support residents with their assessed needs. Residents' care plans were developed following assessment of need using validated assessment tools. Care plans were seen to be person-centred and updated at regular intervals.

Judgment: Compliant

Regulation 6: Health care

Residents had access to general practitioners (GP), geriatrician and psychiatry of later life specialists. Services such as speech and language therapy and dietetics were available when required. Physiotherapy services were provided on a twice weekly basis. The inspector found that recommendations were acted upon which resulted in good outcomes for residents.

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 21: Records	Substantially compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 13: End of life	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant

Compliance Plan for Leeson Park House Nursing Home OSV-0000058

Inspection ID: MON-0050818

Date of inspection: 06/07/2026

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 21: Records	Substantially Compliant
Outline how you are going to come into compliance with Regulation 21: Records: The registered provider and person in charge have reviewed the arrangements for the secure storage and management of residents' records. The cupboard containing current residents' files at the nurses' station has been secured and must remain locked when records are not being accessed by authorised staff. Access to the cupboard is restricted to relevant nursing and management staff. The PIC, ADON and CNMs carry out spot checks to ensure that records are stored securely. Any poor practice identified is addressed immediately with the staff member concerned. All staff is continuously reminded that computers used to access residents' electronic records must be locked whenever left unattended. The automatic screen-lock settings on relevant computers have been adjusted to reduce the risk of residents' records being left accessible.	
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: The registered provider and person in charge have reviewed the centre's governance arrangements, with particular focus on the implementation, monitoring and closure of actions arising from audits, risk assessments and external specialist reports.	

The outstanding actions identified in the fire safety risk assessments have been reviewed by the person in charge and the Estates and Facilities Management Team. High-priority actions relating to storage in escape routes and corridor obstructions were addressed immediately.

A full review of storage practices has also been completed across the centre. Items that could obstruct escape routes or compromise fire safety have been removed or relocated to designated storage areas.

The person in charge, or a delegated senior staff member, will continue to complete weekly environmental and fire safety walkarounds. Findings, required corrective actions, responsible persons and completion dates will be documented and reviewed at the centre's management meetings. Actions will only be closed when evidence of completion has been reviewed and verified.

The Estates and Facilities Manager will review the centre's action tracker monthly until all outstanding fire safety and premises actions have been completed. Any overdue or unresolved actions will be escalated to PIC and Facilities team for adequate follow up.

Regulation 17: Premises	Substantially Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:
The registered provider and person in charge have reviewed storage arrangements throughout the centre to ensure that communal bathrooms, bedrooms and circulation areas remain accessible and available for their intended purpose.

The wheelchairs and walking frames observed in the communal bathroom have been removed and relocated to an appropriate designated storage area. The hoists stored in the resident's bedroom have also been relocated to a designated storage area, ensuring that the resident has unobstructed access to their wardrobe and personal belongings.

A room by room storage review has been completed to identify equipment stored in unsuitable locations. Equipment that is not in regular use has been removed from resident and communal areas. Existing storage areas have also been reviewed, and items that are no longer required have been removed to free up space for the needs of the centre and its residents.

Due to the space constraints within the building, storage arrangements require ongoing review. The person in charge and management team will continue to assess how available storage space is used and will address inappropriate storage as soon as it is identified.

Storage arrangements will be checked as part of weekly environmental walkarounds and

monthly Facilities Management reviews. Any inappropriate storage identified will be addressed immediately and recorded on the centre's action tracker.

Regulation 28: Fire precautions	Substantially Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions: The registered provider and person in charge took immediate action in response to the fire safety concerns identified during the inspection.

All wedges and other items used to hold fire doors open have been removed. Staff have been instructed that fire doors must not be wedged or otherwise prevented from closing unless connected to an approved automatic fire-door release system. This requirement has been reinforced through staff communication, fire safety drills and fire trainings.

The damaged smoking apron has been removed from use and replaced with suitable fire-resistant protective equipment. All firefighting and fire safety equipment provided in the smoking area has been inspected to confirm that it is appropriate, accessible and in satisfactory condition. The smoking-area risk assessment has also been reviewed.

The outstanding actions from the external fire safety risk assessments have been reviewed. High-priority issues relating to unprotected storage in escape routes and obstructions in corridors have been addressed.

The person in charge, or a delegated senior staff member, will continue to complete weekly fire safety walkarounds. These will be supported by monthly Facilities reviews to maintain effective oversight of staff practices and identified risks. Checks will include fire doors, escape routes, corridors, storage areas, firefighting equipment and the smoking area.

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	11/08/2026
Regulation 21(6)	Records specified in paragraph (1) shall be kept in such manner as to be safe and accessible.	Substantially Compliant	Yellow	11/08/2026
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	11/08/2026
Regulation 28(1)(a)	The registered provider shall take adequate	Substantially Compliant	Yellow	11/08/2026

	precautions against the risk of fire, and shall provide suitable fire fighting equipment, suitable building services, and suitable bedding and furnishings.			
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	11/08/2026