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:	Lisheen Nursing Home
Name of provider:	Lisheen Nursing Centre Ltd.
Address of centre:	Stoney Lane, Rathcoole, Co. Dublin
Type of inspection:	Unannounced
Date of inspection:	15 June 2026
Centre ID:	OSV-0000059
Fieldwork ID:	MON-0050160

About the designated centre

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

Lisheen is a purpose-built privately-owned designated centre which has been operating since 1988. Lisheen is a two-storey building which has been adapted and extended to provide accommodation for 120 residents over the age of 18 years who need long-term care and support. Accommodation is provided in single and twin bedrooms, most of which are en-suite. The centre is named in nine different units, however, it is staffed and managed in seven units, each of which has a dedicated staff team. These units are laid out into homesteads with spacious communal areas served by a small kitchenette. The landscaped gardens are of a dementia-friendly design and provide a safe outside space for residents. Lisheen is situated on a landscaped site with views over the surrounding countryside. The centre is a short distance form a local village with shops, community centre and churches. The village is served by public transport routes. There is a large car park to the front of the building and disabled parking is available. Lisheen provides care and support for individuals who require assistance with the activities of daily living. This includes persons with cognitive impairments, dementia and long-term mental and intellectual disabilities.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	120

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 15 June 2026	08:00hrs to 16:05hrs	Niamh Moore	Lead
Monday 15 June 2026	08:00hrs to 16:05hrs	Sarah Armstrong	Support
Monday 15 June 2026	08:00hrs to 16:05hrs	Kaleda Ramadani	Support

What residents told us and what inspectors observed

Overall, inspectors found that Lisheen Nursing Home was a nice place to live. Residents living in the centre were cared for by a dedicated team of staff, who knew and understood their needs well. All feedback received from residents, visitors and staff was positive. Residents spoke most highly of the staff who supported them, their living environment, the activities and the food available in the centre. Staff who spoke with inspectors said they felt supported by the management team and that they enjoyed working in the centre.

This was an unannounced inspection carried out by three inspectors of social services over the course of one day. On arrival to the centre, the inspectors introduced themselves to the person in charge and completed a walk around of the premises. During the walk around, the inspectors had the opportunity to meet with residents and staff as they were preparing for the day ahead, and to observe the morning practices. Inspectors found that a small number of residents were up and dressed for the day, and taking their breakfasts in the communal spaces, while watching morning television. Others were still in bed or relaxing in their bedrooms. Some residents were observed being assisted with their meals in their bedrooms, and where this was the case, the staff were seated beside the resident's bed and chatting with them in a pleasant and friendly manner.

After the walk around, the inspectors met with the person in charge for an introductory meeting, where the purpose of the inspection was set out by the inspectors.

Throughout the day, inspectors found there was a relaxed and calm atmosphere in the centre. Residents' call bells were promptly responded to, and residents told inspectors that staff were quick to meet their needs. One resident said "they're very good, they're with me in no time". Residents also referenced the kindness of staff, and told inspectors that staff were gentle when assisting them. One resident told the inspectors "the staff are great, I've been here for years and I'm very happy", with another resident stating "I feel totally safe here, I'm in good hands". Similarly positive feedback was received from the visitors who spoke with the inspectors, they were very complimentary on the care their loved ones received in the centre. One visitor said that their loved one was always smiling.

Lisheen Nursing Home was set out across two floors and contained nine units in total, with capacity for up to 120 residents. Each unit was named after plants or flowers. Inspectors found the centre to be clean, warm, well lit and homely. Residents' bedroom accommodation was mostly single bedrooms, with 13 twin bedrooms. Residents had en-suites and some jack and jill bathrooms, which were shared between two bedrooms. Residents' bedrooms were personalized, and there were personal displays outside each bedroom to help residents identify their own rooms. There was adequate communal and quiet space for residents, and residents

had access to secure outdoor spaces which inspectors observed residents to be using on the day of inspection. The gardens were well maintained, with safe pathways, flower beds and raised planter boxes, containing colourful bedding plants and strawberry plants. There was also a large outdoor chess game, which residents told inspectors they enjoyed.

Residents had access to a schedule of activities in the centre, and inspectors observed the weekly timetable displayed in prominent locations for residents. On the day of inspection, residents were observed participating in making summer bunting with the activities staff. Mass was also offered on site, on the day of inspection, which was well attended by residents. Outside of the scheduled activities, residents were also observed enjoying their own individual activities. For example, some residents were seen doing puzzle books, and others were reading the paper and magazines during the day. A selection of reading materials were available to residents, and small libraries were recessed along corridors for residents to enjoy. Communal areas and corridors were observed to be decorated with residents' artwork, which added to the homely and inclusive feeling in the centre. In addition, where televisions and radios were observed to be in use, inspectors found that the choice of programming and music was appropriate considering the interests of residents. For example, familiar Irish country music was playing for residents during the time of morning staff handover, in the communal area in Carnation unit, and on the Gardenia unit "golden oldies 60s playlist" was playing during the lunch-time meal.

The inspectors observed the meal time experience for residents and found this to be a social and enjoyable occasion. For lunch, residents had cream of chicken soup, followed by a choice of back bacon with parsley sauce or beef and vegetable pie, served with vegetables and potatoes and a dessert. The meals were observed to be very well presented and were served hot. One resident told the inspectors "I'm after having terrific soup". Residents also confirmed they were offered a choice of meal, and that staff catered for them where they did not want the options on the menu. One resident told inspectors "I don't really like meat, I just like potatoes and vegetables and that's what I get. That's what I like". Inspectors also observed some residents eating items which were not on the menu on the day of inspection, as they wished for alternative options, for example, one resident was observed eating a plate of chips. Inspectors observed that there were sufficient staff available during the meal time to assist residents. Some residents required support from staff to take their meals. Inspectors found that where this was the case, staff were seated next to the resident and provided gentle and discreet assistance.

The next two sections of this report set out the findings of this inspection in relation to the governance and management arrangements in place in the designated centre, and how these arrangements impacted on the quality and safety of the services being delivered.

Capacity and capability

This inspection was carried out to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended). The inspectors also followed up on statutory notifications submitted by the provider, one item of unsolicited information received since the last inspection, and to inform the upcoming renewal of registration for the designated centre. Overall, the inspection found that Lisheen Nursing Home was a well-managed centre where residents were receiving high standards of safe, consistent and person-centred care.

The registered provider of Lisheen Nursing Home was Lisheen Nursing Centre Limited. There was a well-defined management structure in place, with clear lines of accountability and responsibility. There were two persons in charge appointed in the designated centre, and both held company director roles. They were supported in their role by a dedicated team of an operations manager, an assistant director of nursing, clinical nurse managers, staff nurses and healthcare assistants. Activities coordinators, housekeeping staff, laundry staff, catering staff, administrative and maintenance staff made up the remainder of the staffing compliment in the centre.

The registered provider had a staff training and development policy, dated February 2026. Staff had access to a suite of training and there was high compliance in all areas such as fire training, safeguarding, manual handling and infection control. Additional training was available to staff on topics such as basic life-saving skills, dysphagia and restrictive practices.

Records were kept in the centre and were available for review during the inspection. This included a copy of the current statement of purpose, the certificate of insurance and Schedule 5 policies. A sample of staff files was reviewed and these met the criteria of Schedule 2 of the regulations, and demonstrated that staff had valid Garda Síochána (Irish police) vetting in place, which had been obtained prior to staff commencing employment in the centre.

There were roles and responsibilities established within the management structure that identified the lines of authority and accountability. There were oversight systems in place to monitor the service provided, which included meetings and auditing. There was an annual review of the service for 2025 assessed against the National Standards, and there was an action plan in place for 2026. One of the areas for improvement identified for 2026, was an emphasis on the International Dysphagia Diet Standardisation Initiative guidelines, which inspectors evidenced good practice in this area, under the quality and safety section of this report. Notwithstanding these good measures, inspectors found that the oversight arrangements relating to diets required further review. This had also been identified as a recommendation in a nutrition audit dated in December 2025, and is further outlined under Regulation 23: Governance and Management.

The registered provider had in place an effective procedure for managing complaints. The complaints policy was displayed in a prominent location in the designated centre. Residents who spoke with the inspectors were aware of the

process in place for making complaints. Residents also told the inspectors that they felt safe and comfortable to raise any concerns they may have, however many noted they had no reasons to complain. From a review of recent complaints, inspectors found that these were managed in line with the centre's policy.

Registration Regulation 4: Application for registration or renewal of registration

The registered provider's application to renew registration was received within the correct timeframe and was under review at the time of the inspection.

Judgment: Compliant

Regulation 16: Training and staff development

The training matrix reviewed confirmed that staff were facilitated to access mandatory training, as required by the regulations. There was appropriate arrangements for supervision with a clinical nurse manager on-site seven days a week Monday to Sunday.

Judgment: Compliant

Regulation 21: Records

The inspectors reviewed the certificate of registration for all nursing staff and a sample of four staff files, which was made up of a variety of staff roles. These records met the requirements of Schedule 2 of the regulations.

Judgment: Compliant

Regulation 22: Insurance

The registered provider had a valid insurance contract in place.

Judgment: Compliant

Regulation 23: Governance and management

The registered provider had ensured that the designated centre had sufficient resources to ensure the effective delivery of care to residents in accordance with the statement of purpose and there was a clearly defined management structure in place. However, inspectors found that the management systems in place were not always effective to ensure the service provided to residents was effectively monitored. For example;

- Inspectors found that the management and oversight systems in place to ensure residents' dietary requirements were effectively communicated and implemented were not robust. As a result, residents did not always receive meals in line with their assessed nutritional needs or care plans. For example, residents requiring a weight management plan were provided with meals that did not align with their recommended diets, and oversight of fortification (the deliberate addition of vitamins and minerals to foods to improve their nutritional quality and prevent nutrient deficiencies) of foods had not identified that fortified meals and desserts were being routinely provided to all residents, including those that this was not appropriate.
- While it is acknowledged that the provider maintained an accurate and up-to-date record of all restrictive practices within the centre, quarterly returns on the use of restrictive practices reported to the Office of the Chief Inspector of Social Services, had not included all restrictive practices as per the record held on site.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The registered provider had a statement of purpose which met the requirements of Schedule 1 of the regulations, and had been reviewed as part of the provider's application to renew the centre's registration.

Judgment: Compliant

Regulation 34: Complaints procedure

The registered provider had in place an effective procedure for managing complaints which met the requirements of the regulations. Evidence was seen that the nominated complaints officer and review officer had received suitable training to deal with complaints in accordance with the designated centre’s complaints procedure. The complaints log was reviewed which evidenced that at the time of

inspection there was an overall low level of complaints received. Five verbal complaints were outlined so far in 2026 and from a sample reviewed by inspectors, these were managed and resolved locally in line with the policy, to the satisfaction of the complainant.

Judgment: Compliant

Regulation 4: Written policies and procedures

The registered provider had written policies and procedures maintained as required by Schedule 5, which had been reviewed within the previous three years.

Judgment: Compliant

Quality and safety

Overall, the inspectors found that residents living in Lisheen Nursing Home were supported to enjoy a good quality of life. All feedback received from residents and relatives was complimentary and staff said they enjoyed working in the centre.

The inspectors found that there were appropriate measures in place to ensure residents were safeguarded from abuse. There was high compliance with staff training in safeguarding vulnerable adults. This enabled staff to identify, prevent and respond to signs of abuse. Where an allegation of abuse had been made, the person in charge had ensured that a comprehensive investigation into the incident was carried out, and that key learnings were identified.

Residents were supported to retain control over their own personal property and finances. Where the registered provider acted as a financial agent, or where monies were held in the centre on behalf of residents, there was a clear and robust system in place to manage this.

Laundry services were provided on site for residents' clothing and personal items, and the laundry operated Monday to Friday each week to ensure a quick turnover. Residents spoken with confirmed that they were happy with the laundry service and residents' clothes were observed to be handled with care and neatly stored in residents' wardrobes.

Residents were complimentary of the meals and snacks they received in the centre. Residents had access to fresh drinking water at all times, and were offered choice of meal options. All meals were freshly prepared onsite, and were served to residents hot, well presented and in the appropriate consistencies based on residents'

nutritional care plans. Catering staff had received appropriate training in the preparations of modified-texture diets, and were able to communicate to inspectors how to verify correct textures were achieved for each type of modified diet. Residents who received modified texture diets were offered the same choice as residents who received normal diets, and efforts were made by the catering team to enhance the presentation of these diets to make them more attractive and appealing to eat. Pureed foods were set in ornate molds and efforts were made to align the presentation of pureed diets as closely as possible to the presentation of normal texture foods. For example, the daily dessert of apple tart was pureed and reconstructed in the shape of a slice of tart. Also, the pureed fry was presented in such a way that it resembled sausages, rashers and pudding and meant that each food item was identifiable to residents. During the meal times, there was a sufficient number of staff available to assist residents. Where residents required staff to support them with taking their meals, staff were observed to be doing so in a dignified and kind way.

Visits were observed taking place on the day of inspection and visitors and residents confirmed that visits in the centre were not restricted. There were suitable spaces in the centre where residents could receive their visitors, outside of their own bedrooms. This included communal areas and quiet areas and during the inspection, residents were observed receiving visitors in the gardens as it was a nice sunny day. There was a visiting policy in place in the centre which captured all the requirements of the regulations, including the process of visiting during an outbreak of infection, and the policy clearly set out the arrangements for residents to receive nominated support persons.

Residents were observed taking part in activities during the inspection, which included one-to-one based activities such as hand and nail care, and group activities including making summer bunting and group walks. There was a weekly activities schedule in place and this was displayed in different prominent locations around the centre. Residents who spoke with inspectors were aware of the different activities available. Activities offered in the centre were varied and catered for residents with different interests and capacities. For example, residents could participate in exercise classes, knitting, bingo, poker, pool, quizzes and movies. A ''cupán tae'' session was being organised for Friday mornings following suggestions raised through the residents' forum meetings. This was requested to allow residents enjoy a social event where they could learn to speak a few words in Irish. Residents also had access to independent advocacy services with some residents having availed of these services in the past. Information about independent advocacy services was displayed in a number of prominent locations throughout the centre.

Regulation 11: Visits

There was a visiting policy in place in the centre which contained all the information required under the regulations. The registered provider had made arrangements for residents to receive visitors and visits to residents were not restricted in the centre.

There were suitable communal and private facilities available for residents to receive visitors.

Judgment: Compliant

Regulation 12: Personal possessions

The registered provider acted as a pension agent for seven residents at the time of inspection. There was a robust system in place for this arrangement, and a separate residents' bank account was used to manage residents' pension monies. In addition, some residents requested that small amounts of cash be held on their behalf in the centre. Where this was the case, there was a robust and secure system in place to store and manage residents' monies, which included signatures of two staff for all transactions. Residents had access to their held monies seven days per week. Some residents wished to retain control over their own valuables. To support residents with this, secure lockable storage was available in residents' bedrooms for them to keep their valuable items safe.

Judgment: Compliant

Regulation 17: Premises

Inspectors found that the premises was well laid out to meet the needs of the residents, and in accordance with the statement of purpose. The centre was clean and overall well maintained by a team of maintenance and housekeeping staff.

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 throughout the day. Food was freshly prepared and cooked on site. The meals were served hot and in the consistency outlined in residents' individualised nutritional care plan.

Judgment: Compliant

Regulation 8: Protection

The registered provider had taken all reasonable measures to protect residents from abuse. There were high levels of compliance with staff training in safeguarding vulnerable adults. Where an allegation of abuse had been made, the person in charge had carried out an investigation.

Judgment: Compliant

Regulation 9: Residents' rights

There were suitable facilities for occupation and recreation for residents in the centre. Residents had suitable opportunities to participate in activities in accordance with their interests and capacities. Television, radio, newspapers and internet were available to residents. Residents' meetings were held every three months which provided residents an opportunity to participate in the organisation of the centre. Independent advocacy services were available to 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	
Registration Regulation 4: Application for registration or renewal of registration	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Lisheen Nursing Home OSV-0000059

Inspection ID: MON-0050160

Date of inspection: 15/06/2026

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:

As part of Lisheen's Quality Improvement Plan for 2026/2027, a review of our practices and the implementation of the International Dysphagia Diet Standardisation Initiative (IDDSI) guidelines was identified as an area for continued development. We welcome the inspectorate's acknowledgement of the good practice and improvements evidenced in relation to the management of residents with dysphagia.

In addition, the Quality Improvement Plan includes a review of our practices in relation to residents' assessed nutritional needs, with particular focus on how this information is documented, communicated and consistently implemented across all members of the multidisciplinary care and catering team. This will further strengthen our current practices and auditing of residents' individual nutritional requirements.

We also welcome the inspectorate's acknowledgement that an accurate and up-to-date record of all restrictive practices was maintained within the centre. For clarity, the discrepancy identified in relation to the quarterly returns related specifically to the number of sensor mats in use which were not returned due to a misunderstanding. All other restrictive practices recorded within the centre were reflected in the relevant returns.

Notwithstanding this, and prior to the publication of this inspection report, the quarterly returns for April–June 2026 included the number of sensor mats in use in Lisheen. Sensor mats will continue to be included in all relevant quarterly returns going forward.

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 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	01/10/2026