



# 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,<br>Dublin 6    |
| Type of inspection:        | Unannounced                    |
| Date of inspection:        | 20 August 2025                 |
| Centre ID:                 | OSV-0000058                    |
| Fieldwork ID:              | MON-0048005                    |

## 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: | 43 |
|--|----|

## 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 20 August 2025 | 09:30hrs to 16:30hrs | Frank Barrett | Lead |

## What residents told us and what inspectors observed

Leeson park nursing home is situated in a suburb of Dublin City. The period residence, which the nursing home occupies, is decorated with warm, inviting colours, with high ceilings reflective of the period. There is a large wooden stairwell which dominates the entrance area, and the hall is decorated with stuffed animals and pictures. The main entrance is on the first floor and is accessed via steps at the front, with wheelchair accessible entrance to the side. There is a lower level referred to as the ground floor level, where the wheelchair accessible entrance is. The whole centre is laid out over four floors with residents accommodated on each level. Due to the nature of the building, there are various corridors linking the wings of the centres and floors. There are communal spaces on all levels except for the second floor. Each level is serviced by passenger lifts and stairs. However, some of the resident rooms within the centre do not have both options available due to a change of level that requires negotiating a number of steps to get to the main stairs or the lift. There were also areas of the centre with residential accommodation which open directly onto the main stairwell. In order to mitigate the risk associated with evacuation of residents from these rooms in the event of a fire affecting those stairs, the rooms are provided with an external escape stairs which leads to the ground level at the side of the centre. During this inspection, obstructions such as bins and waste oil containers were observed at the base of this stairs which were removed when staff were alerted to this unsafe practice.

Residents had access to all of the communal spaces, which were well maintained, and clean for use at mealtimes, activities, or for meeting with visitors and relaxing. However, one resident was living in a room which opened directly into a space which was used for dining. This arrangement placed the resident at risk in the event of a fire, as the room would be effectively an inner room. This means that the only escape from that resident room was through the dining space. Management acted immediately when this was brought to their attention by the inspector, to ensure the resident's safety was prioritised. This resident spoke of how good the staff are, and that they are attentive to the needs. However, a small number of residents expressed to the inspector that they were not happy with their meals, the inspector observed staff attend to one of these residents with kindness, giving them their choice. The registered provider committed to doing a full review of meal options for all residents to improve satisfaction with the service.

Externally, there were building used for storage and ancillary use such as laundry and staff changing areas. There was a significant amount of mixed flammable and combustible materials stored in one of the large storage buildings which increased the risk of fire. The provider committed to rearranging this storage space after the inspection. There was also a garden accessible from the ground floor for use by residents. It was raining on the day of this inspection, and because of the weather, residents were not using the garden, however, both residents and staff mentioned

their use of the garden space when weather allows, and evidence of this could be seen within the garden where planting was being carried out.

Resident bedrooms were clean and had space for residents to decorate as they wished. Many of the rooms had en-suite facilities and there were communal toilets facilities on all levels, however, some residents that did not have shower facilities in their en-suite rooms, did not have close-by access to a shower. One resident on the first floor did not have a shower available to them without having to move to the other end of the floor past the reception area, which may impact on their privacy. Similarly on the ground floor, one of the shower rooms was out-of-order for some time awaiting a part to repair it, resulting in 2 residents without shower facilities in their en-suites, having to cross the floor past all other rooms to access the available communal shower.

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

## Capacity and capability

Overall, this inspection found that there was a robust management structure in place at Leeson Park house Nursing home, however, this needed significant further strengthening to address deficits in governance and management, and for the oversight of fire safety and premises issues as identified on this inspection.

The registered provider for Leeson Park House nursing home is Shanid Limited. The nursing home is part of a larger nursing home group, Silver Stream Health Care Group. A senior management team is in place to provide management support to all nursing homes in the group. There was a person in charge, who was supported by a team of nursing staff and healthcare assistants. Food, laundry, and cleaning services were provided through dedicated staff, and there were activities staff, and management support staff such as receptionist and finance.

Fire safety and premises audits were being carried out at the centre including daily, weekly and monthly checks on escape routes, fire doors, fire alarms and evacuation aids. Daily escape route checks were not identifying particular obstructions to escape noted on this inspection. Management had put in place a system of Personal emergency evacuation plans (PEEPs), which identified the ability of each resident to evacuate in the event of a fire, and assessed the assistance required including the most appropriate evacuation aid if needed. These PEEPs were in place and updated for each resident, and staff were familiar with their use.

From an evacuation in the event of a fire standpoint, night time staffing arrangements were based on the numbers of residents and their dependencies. However, at the time of the inspection further training was required to ensure that staff would be able to manage the evacuation of all residents within the confines of the structural layout of the building, and to ensure procedures were followed as per their own policy.

Governance and Management arrangements to protect residents from the risk of fire were not adequate to quantify and identify fire safety issues within the building, and within the procedures at the centre. The provider had completed a fire safety risk assessments (FSRA) in 2019 and 2023. The scope of the most recent assessment was limited to a review of fire doors and did not identify aspects found on this inspection. This inspection found that accommodation occupied by a resident was in effect an inner room meaning that the escape route from the bedroom required evacuation through another room, which was the only way out. In addition due to the building structure the building fire certificate required room 13 and 25 to accommodate resident who are ambulant, which means do not require aids for mobility. This was due to the need to travel over steps in the event of an evacuation. Fire safety is discussed in further detail under Regulation 28: Fire Precautions, and the management of fire safety is discussed under Regulation 23: Governance and Management

## Regulation 23: Governance and management

Significant improvement was required to ensure that systems and processes were sufficient to ensure the services provided are safe, appropriate and consistent. For example:

- The oversight and management of fire safety at the centre required review in the form of an updated fire safety risk assessment (FSRA) of the entire premises, and the impact that fire safety would have on each resident. The most recent FSRA was limited to fire doors, and a previous FSRA had identified some issues which were not implemented, while other fire safety related issues were not currently assessed. The provider committed to having a full FSRA encompassing all aspects of fire safety in the building completed following this inspection and to submit to Chief Inspector, a time bound action plan to address recommendations arising from this assessment.
- Fire safety audits completed daily on escape routes were not assessing all areas or escape routes as obstructions on the external escape stairs were not noted.
- The requirements of the buildings fire cert to ensure that 2 rooms were retained for ambulant only residents was not documented in staff training, policy or evacuation strategy at the centre. While both rooms had ambulant

residents on the day of inspection, there was no arrangement as to how this would be managed if the residents mobility deteriorated.

- The food offering for all residents required review to ensure that residents choice at mealtimes was reflected in the food offering. The provider committed to this review on the day of inspection, and provided information in the days after the inspection that gave the required assurances that the review had been completed and that amendments had been made to the menus with input from resident surveys.
- The residents access to shower facilities required further management oversight, as the locations, and the availability of these facilities did not promote the rights of the residents to access shower facilities easily. Environmental audits of the nursing home facilities were not identifying the delay in repairs.

Due to the nature of the risk to residents posed by the above items, a letter was issued to the provider following the inspection requesting information on mitigation or removal of these risks. The provider submitted a detailed response which did provide assurance that these risks were adequately dealt with.

Judgment: Not compliant

## Quality and safety

This inspection found that the premises of Leeson park nursing home required further maintenance input and that fire safety required significant improvement.

While the provider had put in place a number of fire safety systems including an up-to-date services fire detection and alarm system of L1 category which provides assurance that detection is in place in all areas, the risk associated with an outbreak of fire within the building was heightened by storage practice, containment deficits and the means of escape.

Due to the nature of the building structure, resident bedrooms were accessed by a variety of corridors, some of which had changes in level, and stairways which provided a link to each level. One of the twin rooms had access to the main entrance area from their bedroom through a corridor which had three steps to accommodate the change in level. There was a portable ramp in place, which appeared to be designed for these steps, however, there was no record of staff training in the placing and use of this ramp for the evacuation of those residents. The alternative exit route was through a stairway to the lower ground floor. Further escape route concerns were noted on the external escape stairs which was the alternative escape route for bedrooms 13 and 25. While the stairs was in place, the doors accessing the escape stairs was impeded by furniture, and the exit from the



stairs was impeded by oil drums and waste bins at the base of the stairs. These obstructions were removed on the day of inspection.

Storage practice required review to reduce the risk of fire on the exit routes to the assembly point. A maintenance shed which was accessed by the pathway from the rear of the centre, was overfilled with a range of products many of which were flammable such as solvents, fuels alongside combustible materials such as timber and cardboard materials.

There was a standalone gas boiler fitted within a dedicated room on the third floor. This boiler was serviced, however, the measures to detect gas within the room were not in place, and differed significantly from the measures in place in other rooms where gas appliances were present such as the kitchen and laundry.

Some measures to restrict the spread of fire through containment of fire smoke and fumes, required review as some services which penetrated compartment lines were not sealed. This would provide a route for the passage of smoke fire and fumes in the event of a fire on either side of the compartment line. The compartment line, is the barrier that separates the building into zones of relative safety. These zones allow progressive evacuation to be completed which was the preferred evacuation strategy in this nursing home. These breaches of the compartment lines would impact on the progressive horizontal evacuation of residents as set out in the evacuation strategy for the centre, as this process relies on places of relative safety within the building to evacuate to. Breaches in compartment lines would jeopardise this separation. Further work was also required to ensure that doors were fitted with appropriately maintained fire and smoke seals, and that attic hatches provided a barrier between levels to prevent the spread of fire. Fire safety concerns are discussed under Regulation 28: Fire Precautions.

The premises was respectful to the age of the building, and some of the period details were visible and well maintained. However, maintenance concerns were impacting on the quality of life for some residents living at Leeson Park nursing home. While some bedrooms had access to full en-suite facilities within their rooms, many did not, and these residents required the use of communal shower facilities and some required the use of communal toilet facilities also. On the day of inspection some of the communal shower rooms were out of working order resulting in residents having to travel to the next available shower room which in some cases was a substantial distance away, and required that resident to pass by communal dayrooms, or communal spaces impacting on their privacy and dignity. On resident en-suite had significant discolouration and possible mould on the ceiling as a result of a leak from above. This was rectified by the maintenance staff following this inspection, however, this damage was clearly a longstanding issue which had not been addressed previously. Premises concerns are noted in Regulation 17: Premises.

## Regulation 17: Premises

While overall, the premises at Leeson Park Nursing Home was pleasant and maintained, a number of areas required review to conform to the matters set out in Schedule 6 of the regulations. For example:

The provision of toilet and bathing facilities for residents required on-going review as a communal shower room was out of order on the day of inspection. A toilet was also out of order and a resident en-suite had significant damage to the ceiling impacting on its use by that resident. A further resident's en-suite had a fan which was missing a protective cover exposing the internal electrics. There was a crack in the window of a residents bedroom. The provider had noted this crack, however, access restrictions to that window had resulted in a delay to repairing the glass.

Improvements were required of the registered provider to ensure that the premises is in line with the Statement of Purpose and the floor plans for which it is registered. For example:

A dining area was set up in an area outside a resident bedroom. This was not in line with the statement of purpose or the floor plans submitted for the registration of the centre.

Judgment: Substantially compliant

## Regulation 28: Fire precautions

Significant further improvement was required by the registered provider to take adequate precautions against the risk of fire and to provide suitable fire fighting equipment. For example:

- There was no gas detection system installed in the third floor boiler room. This differed from the system in the kitchen and laundry where gas was used as a fuel which were provided with an automatic shut off linked to gas detection devices within the laundry and kitchen areas. A gas leak in this boiler room would not be detected and could result in a fire in the event of a leak.
- The mix of items stored in the maintenance shed included high fire-risk items such as petrol equipment stored alongside flammable items such as paint and aerosols and combustible timber and cardboard products.
- The fire extinguisher in the laundry was not fitted to the wall and was not prominent under signage.

Improvement was required from the registered provider to ensure, by means of fire safety management and fire drills at suitable intervals, that persons working in the centre and, in so far as is reasonably practicable, residents are aware of the procedure to be followed in the case of a fire. For example:

- While fire drills were being conducted monthly with input from a specialist, there was some centre specific evacuation risks which were not being trialled. The use of the movable ramp was not being practiced, nor was the use of the external escape stairs. The evacuation considerations of the residents in rooms on the half landings were not being trialled. These rooms required specific consideration, as the doors opened directly onto the stairs half way between the floor levels.

Significant improvements were required of the registered provider to make adequate arrangements for containing fires. For example:

- Service penetrations were not sealed as they passed through compartment lines at the ceiling of the first floor. This reduced the effectiveness of the compartmentation of the building, which would impact on the time available in an evacuation within the building.
- Assurance could not be obtained that attic hatches were fire rated. These attic hatches provided access to the attic space above, and could be a weakness in the compartmentation of the centre if they are not fire rated to prevent fire spreading above the ceilings.
- The ground floor accessible shower had a hot press area which was not separated from the adjoining escape corridor. Services passed through this area which did not appear to be sealed and therefore fire smoke and fumes would have a route to pass through separation lines. There were also electrical component in this room which may be impacted by the moisture within the shower room, increasing the short circuiting risk and subsequent fire.
- A number of issues were noted with doors around various areas of the centre. For example
  - A sample of doors reviewed outlined that some smoke seals were damaged or missing, resulting in a reduction of containment of fire smoke and fumes.
  - The sample also noted issues with doors closing, as some doors did not close fully on release from their holders.

Judgment: Not 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                |
|--|-------------------------|
| <b>Capacity and capability</b>           |                         |
| Regulation 23: Governance and management | Not compliant           |
| <b>Quality and safety</b>                |                         |
| Regulation 17: Premises                  | Substantially compliant |
| Regulation 28: Fire precautions          | Not compliant           |

# Compliance Plan for Leeson Park House Nursing Home OSV-0000058

Inspection ID: MON-0048005

Date of inspection: 20/08/2025

## 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  | Not Compliant |
| <p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>To ensure compliance, the Registered Provider has implemented and will continue to action the following measures:</p> <ul style="list-style-type: none"><li>• The Registered Provider has engaged a Fire Safety Consultant to complete a FSRA of the entire premises, and the impact that fire safety would have on each resident and a time bound action plan to address recommendations arising from this assessment will follow upon completion and all findings will be actioned.</li><li>• All staff have been met with and reminded to ensure the daily checks on escape routes are fully assessed and that the external escape stairs is always included. This will be reviewed by the RPR Governance Team at their visits to the centre.</li><li>• The two identified rooms are now included in the centres SOP, Fire drill evacuation form and in the internal emergency response plan. Should there be any change in the mobility of the residents occupying these rooms, an alternative suitable room will be made available.</li><li>• Regarding food choice and menus, following the inspection, the Provider completed a review of resident meal options and satisfaction levels. Assurances were provided days after the inspections that amendments were made to the menus with input from resident surveys. Ongoing monthly surveys continue to monitor satisfaction and outcomes, which will be reflected in the Centre's Annual Review for 2025.</li><li>• The centre has adequate shower facilities to meet each residents needs. Prospective residents are informed of the facilities available prior to admission, ensuring that their needs and preferences can be accommodated.</li><li>• The Environmental audits of the nursing home facilities are reviewed at each visit to the centre by the RPR Governance Team. Timelines for completion of identified repairs are agreed and monitored until completion.</li></ul> |               |

|   |                         |
|---|-------------------------|
| Regulation 17: Premises   | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 17: Premises:<br/>To ensure compliance the Registered Provider will have the following implemented and actioned as required:</p> <ul style="list-style-type: none"> <li>• The Environmental audits of the nursing home facilities are reviewed at each visit to the centre by the RPR Governance team. Timelines for completion of identified repairs are agreed and monitored until completion. All communal areas will be prioritised for repair. All issues found on the day of inspection have been resolved to the satisfaction of the residents.</li> <li>• To ensure the premises remains in line with the Statement of Purpose and the registered floor plans, the dining area has been relocated to an appropriate space. This is reflected in the Statement of Purpose and floor plans.</li> </ul>   |                         |
| Regulation 28: Fire precautions   | Not Compliant           |
| <p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:<br/>To ensure compliance the Registered Provider will have the following implemented and actioned as required:</p> <ul style="list-style-type: none"> <li>• The Gas detection system is currently being extended to provide cover to the third floor boiler room.</li> <li>• All items stored in the maintenance shed included high fire-risk items such as petrol equipment stored alongside flammable items such as paint and aerosols and combustible timber and cardboard products have been reorganised and are no longer stored together. The room has also been decluttered to prevent the build up of excess combustible material.</li> <li>• The fire extinguisher in the laundry has been securely wall-mounted and clearly identified with appropriate fire safety signage.</li> <li>• The use of the movable ramp and the external escape stairs is now included and practiced in every scheduled fire drill</li> <li>• A suitable firestopping contractor has been engaged with and are currently completing works in all service risers to ensure compartment lines are not compromised.</li> <li>• Attic Hatches will be assessed and replaced as required with fire rated equivalents where necessary.</li> <li>• The Hot press area in the shower room will be reviewed and firestopping will be completed as required by a suitable firestopping contractor.</li> <li>• All Fire Doors in the home are routinely inspected and all issues noted in this report will be promptly addressed as part of a continuous program of reactive and preventative works.</li> </ul> |                         |

## 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(1) | The registered provider shall ensure that the premises of a designated centre are appropriate to the number and needs of the residents of that centre and in accordance with the statement of purpose prepared under Regulation 3. | Substantially Compliant | Yellow      | 10/11/2025               |
| 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      | 10/11/2025               |



|                     |   |                         |        |            |
|---------------------|---|-------------------------|--------|------------|
| 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.   | Not Compliant           | Orange | 10/11/2025 |
| Regulation 28(1)(a) | The registered provider shall take adequate precautions against the risk of fire, and shall provide suitable fire fighting equipment, suitable building services, and suitable bedding and furnishings.   | Not Compliant           | Orange | 31/03/2026 |
| Regulation 28(1)(d) | The registered provider shall make arrangements for staff of the designated centre to receive suitable training in fire prevention and emergency procedures, including evacuation procedures, building layout and escape routes, location of fire alarm call points, first aid, fire fighting equipment, fire control techniques and the procedures to be | Substantially Compliant | Yellow | 31/03/2026 |

|                     |   |               |        |            |
|---------------------|---|---------------|--------|------------|
|                     | followed should the clothes of a resident catch fire.   |               |        |            |
| Regulation 28(2)(i) | The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires. | Not Compliant | Orange | 31/03/2026 |