



**Health  
Information  
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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:	20 February 2026
Centre ID:	OSV-0000058
Fieldwork ID:	MON-0049187

## 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:	42
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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
Friday 20 February 2026	08:10hrs to 16:15hrs	Aoife Byrne	Lead

## What residents told us and what inspectors observed

From the observations of the inspector and from speaking with residents and staff, it was evident that Leeson Park House Nursing Home was a centre where residents were enjoying a good quality of life. Residents' were supported by kind and competent staff. Residents' spoken with were complimentary in their feedback and told the inspector that the "centre is fabulous", with one resident saying "the food is like a hotel" and another saying "staff genuinely care".

This was a one-day, unannounced inspection. The purpose of the inspection was to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), following an application by the registered provider to renew the registration of the centre. The inspector followed up on information received in statutory notifications from the provider, information received in unsolicited concerns submitted to the Chief Inspector, and the compliance plan from the last two inspections in February 2025 and September 2025.

There were 42 residents living in the centre, with three vacancies on the day of the inspection. The centre is a victorian period residence which was renovated and extended to meet the needs of the residents. The centre is laid out over four floors, with each floor accessible by stairs and lifts. The original features of the house had been maintained with high ceilings and large windows that created a sense of space and grandeur. The premises provided a homely environment and was decorated to match the period style of the house with antique artwork, traditional armchairs and furnishings. However, the inspector found there was significant wear and tear throughout the centre.

The inspectors saw lunch being served, and the food appeared hot and appetising. Residents spoken with said that the food was to a high standard, tasty and there was a good choice available. Staff were seen to assist residents in a respectful manner, sitting beside them and engaging them in conversation during the meal. Residents were offered a choice of drinks and condiments at their meal, and drinks and snacks were also offered throughout the day.

The inspector observed residents interacting with staff, attending activities such as coffee morning and exercises and spending their day moving freely through the centre from their bedrooms to the communal spaces. Many residents had built up friendships with each other and were observed sitting together and engaging in conversations with each other.

Resident and visitors whom the inspector spoke with were highly complementary of the care and attention received by their loved ones. One visitor said "the care is second to none", while a resident echoed this sentiment stating "staff are fantastic".

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, findings of this inspection were that this was a well-managed centre, where management and staff were striving to ensure residents were provided with person centred care and support. Action was required to ensure compliance in respect to premises and infection prevention and control.

As outlined previously, during this inspection, the inspectors reviewed the detail of unsolicited information received by the Chief Inspector. The information received pertained to concerns regarding the governance and management of the centre and safeguarding. This information was found to be unsubstantiated on this inspection.

Leeson Park House Nursing Home is operated by Shanid Limited who is the registered provider of this designated centre. The centre is part of the Silver Stream Healthcare group which has a number of nursing homes throughout Ireland. The person in charge (PIC) was supported in their role by a clinical nurse manager (CNM) and a full complement of staff including nursing and care staff, activity co-ordinators, housekeeping, catering, administrative and maintenance staff.

Inspectors saw that there were systems in place to ensure the efficient delivery of care to residents and this was continuously monitored with oversight from senior management team. The systems included an auditing programme, which was overseen by the person in charge. Both clinical and non-clinical audits were completed on a monthly and quarterly basis and action plans were implemented and completed to address any issues identified. Audits included care plans, falls prevention and management, restrictive practice and infection prevention and control. However, the high levels of compliance achieved in recent environmental and equipment hygiene audits were not reflected on the day of the inspection.

Residents' views on the quality of the service provided were sought through satisfaction surveys, feedback events and resident meetings.

The inspector was informed that an assistant director of nursing was due to commence in post on 23 February 2026 and management were actively recruiting for another CNM with internal interviews occurring on the 27 February 2026. These vacancies did not impact the governance and management in the centre. From a review of staff rosters and observations on the day of the inspection, it was evident that there was an appropriate number of staff to meet the needs of the residents.

Staff were visible in the various areas of the centre and were attentive towards residents.

There was an ongoing schedule of training in the centre and the person in charge had good oversight of mandatory training needs. There was evidence that there was mandatory staff training booked for staff in March 2026. Inspectors reviewed a sample of staff supervision records and it was evident that staff were appropriately supervised.

#### Registration Regulation 4: Application for registration or renewal of registration

The registered provider had submitted a complete application for the renewal of registration within the required time frame.

Judgment: Compliant

#### Regulation 15: Staffing

The staffing numbers and skill-mix were appropriate to meet the needs of residents living in the centre.

Judgment: Compliant

#### Regulation 16: Training and staff development

Staff had access to training appropriate to their role. Staff had completed training in fire safety, safeguarding, managing behaviours that are challenging and, infection prevention and control. There was an ongoing schedule of training in place to ensure all staff had relevant and up to date training to enable them to perform their respective roles.

Judgment: Compliant

#### Regulation 21: Records

The inspector followed up on the compliance plan from the inspection in February 2025 in relation to Regulation 21: Records and found that residents' records were stored securely and safely and in line with the regulations.

Judgment: Compliant

### Regulation 23: Governance and management

Following up on the compliance plan from the fire risk inspection in September 2025 some actions were addressed such as monthly food audits. However, the registered provider had committed to ensuring an updated fire safety risk assessment (FSRA) was completed by early November to ensure the safety of the residents, this was not completed at the time of the inspection. Following this inspection the provider confirmed that the FSRA is scheduled to be completed by 27 March 2026.

While there were some good systems in place to oversee the clinical and social care provided to the residents, these systems did not fully extend to the oversight of the premises and the maintenance of the residents environment. For example;

While cleaning audits were conducted these were done on a monthly basis by an external company. There was no oversight of the hygiene standards within the centre on a daily basis, this impacted on the ability to identify immediate risks, and implement timely corrective action to ensure safe standards of hygiene.

Maintenance audits were completed, however there were deficits in relation to the maintenance of the premises. Further oversight is required due to repeat findings from the last inspection and the registered provider committed to ensuring the centre was well maintained by November 2025. Findings in this regard are detailed under Regulation 17:

Premises,

This is a repeat finding from the last two inspections.

Judgment: Not compliant

### Regulation 3: Statement of purpose

There was a written statement of purpose prepared for the designated centre and made available to the inspector for review. It was found to contain all pertinent information as set out in Schedule 1 of the regulations and accurately described the facilities and the services provided.

Judgment: Compliant

## Quality and safety

Overall, the inspector found that the residents living in Leeson Park House Nursing Home were receiving a good quality of life. Residents' health, social care, and spiritual needs were seen to be provided in line with the regulations. Some areas required further review and attention to improve compliance with the regulations, these included infection prevention and control and the maintenance of some parts of the premises.

Residents' had timely access to general practitioners (GP) and specialist services, such as psychiatry of later life, physiotherapy, dietetics and speech and language therapy, as required. Residents had access to GPs from local practices, and the person in charge confirmed that GPs visited the centre on a regular basis and when required..

Residents' needs were comprehensively assessed following admission. Residents' assessments were undertaken using various validated tools, and care plans were developed following these assessments. Care plans contained adequate detail to guide staff in the provision of person-centred care. Care plans had been updated to reflect changes in the residents condition concerning falls, pressure sores and communication needs.

The inspector followed up on a number of safeguarding notifications submitted to the Chief Inspector since the last inspection. From this review, inspectors found that where an allegation of abuse had been made, the person in charge completed an investigation into the allegation. There was evidence that there where required referrals were sent to external agencies such as the safeguarding and protection team and independent advocacy services.

The registered provider was a pension agent for five residents. There was a separate pension account established for residents into which their pensions were paid and appropriate policies and procedures were in place to ensure the safeguarding of residents finances in the centre.

The premises was designed and laid out to meet the resident's individual and collective needs. The inspector identified examples of good practice in the prevention and control of infection. For example, staff were observed to apply basic infection prevention and control measures known as standard precautions such as hand hygiene, appropriate use of personal protective equipment, to minimise risk to residents, visitors and their co-workers. However, a number of practices were identified which had the potential to impact the effectiveness of infection prevention and control within the centre. For example, some communal spaces had not been cleaned and several items of equipment were also observed to be visibly unclean.

Findings in this regard are presented under Regulation 27; infection prevention and control.

## Regulation 17: Premises

The premises did not conform to all matters set out in Schedule 6 of the regulations. For example:

Ø Some parts of the interior of the centre were not well-maintained, this included:

- Paintwork was seen to be chipped on bedroom doors, skirting boards, architraves and radiator covers.
- Wear and tear to architraves throughout the corridors and bedrooms.
- A skirting board was lifting from the wall in an en-suite.
- There was a hole in the floor beside a radiator in an en-suite.
- Cupboards and shelving were damaged in bathrooms and two residents bedrooms.
- Two bathrooms had broken toilet roll dispensers on the floor.
- Rips in upholstered chairs and carpets.

These are repeat findings from the previous inspections.

Inappropriate storage of equipment was seen, for example;

- Zimmer frames, linen skips and wheelchairs were stored in assisted bathrooms.

There was inadequate storage facilities seen for residents' belongings and equipment. Personal items belonging to one resident was seen stored in the communal mezzanine lounge area.

Judgment: Not compliant

## Regulation 27: Infection control

Following the last inspection in February 2025, the registered provider had committed to ensuring the centre was maintained and the environment and equipment supported effective infection prevention and control by October 2025.

Areas within the centre did not support effective infection prevention and control, for example; chipped paintwork and rips in upholstered chairs and carpets could not ensure effective cleaning.

Furthermore, the environment was not managed in a way that minimised the risk of transmitting a health care-associated infection. This was evidenced by;

- The curtains in the dining room were visibly dirty.
- The floor in the oratory was visibly dirty.
- Toilets and bathrooms were found to be unclean. For example: visible staining and dirt in hand basins and shower.
- Shower drains in en-suite were visibly dirty.
- Staff hand washing sinks had visible build up of dirt and mounted soap dispensers were visibly dirty.
- Monthly audits were completed by the facilities company and indicated 83% compliant, however this does not coincide with the findings on the day of inspection.

Judgment: Not compliant

### Regulation 29: Medicines and pharmaceutical services

The inspector followed up on the compliance plan from the February 2025 in relation to Regulation 29; Medicines and pharmaceutical services and found that medicinal products were stored safely and in line with the product advice. Daily temperature checks were occurring for both medication rooms and medication and specimen fridges.

Judgment: Compliant

### Regulation 5: Individual assessment and care plan

Residents care documentation was maintained electronically. Residents' care plans were developed following assessment of need using validated assessment tools. Care plans were seen to be updated at regular intervals.

Judgment: Compliant

### Regulation 6: Health care

Records showed that residents received a high standard of evidence-based nursing care and there was good oversight of residents clinical care by management. Residents had timely access to a General Practitioner, and there was evidence of regular reviews. Residents were also supported with referral pathways an access to

allied health and social care professionals such as a dietitian, speech and language therapist and chiropract as required. A physiotherapist attended the centre on two days each week.

Judgment: Compliant

### Regulation 7: Managing behaviour that is challenging

There was evidence that residents who presented with responsive behaviours were responded to in a very dignified and person-centred way. Care plans were seen to outline de-escalation techniques to support staff with managing and effectively respond to the behaviours. There was evidence that the behaviour was managed in a manner that was least restrictive, with residents being referred to a clinical specialist for advice and supportive plans.

Judgment: Compliant

### Regulation 8: Protection

The registered provider had taken all reasonable measures to safeguard residents from abuse. All staff were up to date with safeguarding training. Incidents and allegations of abuse had been appropriately investigated by the person in charge.

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
<b>Capacity and capability</b>	
Registration Regulation 4: Application for registration or renewal of registration	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 3: Statement of purpose	Compliant
<b>Quality and safety</b>	
Regulation 17: Premises	Not compliant
Regulation 27: Infection control	Not compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant

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

Inspection ID: MON-0049187

Date of inspection: 20/02/2026

## 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	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <ul style="list-style-type: none"> <li>• A revised governance structure has been implemented to strengthen oversight of environmental hygiene and premises. The Person in Charge (PIC), supported by the ADON and CNM, will complete weekly environmental walks using a standardised checklist to identify risks, ensure timely action, and monitor standards.</li> <li>• The Infection Prevention Control Domestic audit will be now completed monthly instead of quarterly to complement and provide oversight of existing external audits. Findings will be reviewed by the PIC, in collaboration with the Estates and Facilities Manager, with clear action plans developed, assigned, and monitored to completion within agreed timeframes.</li> <li>• Weekly visits by the external contractor supervisor are in place. Findings are reviewed with local management at the time of visit and escalated to the Facilities Manager where required, ensuring timely resolution of any issues identified.</li> <li>• A maintenance tracking system on EPIC is in place and utilised by staff to log maintenance issues on a daily basis. This has been reinforced and is reviewed weekly by the management team to ensure all issues are prioritised, actioned within agreed timeframes, and escalated where required.</li> <li>• The Fire Safety Risk Assessment (FSRA) was conducted on 19 March 2026. A detailed action plan arising from the FSRA will be implemented, with progress monitored through governance and management meetings.</li> </ul>	
Regulation 17: Premises	Not Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:

- A comprehensive premises review has been completed, and a structured maintenance plan has been developed to address all identified deficits in a prioritised and time-bound manner.
- Painting works are carried out on an ongoing basis. All areas identified with chipped paintwork (including doors, architraves, skirting boards, and radiator covers) are being prioritised and will be completed by 31/08/2026.
- Architraves and fire doors are inspected as part of routine fire door audits. Any defects identified will be addressed through the maintenance plan, with completion by 31/08/2026.
- The damaged skirting board and flooring defects identified in ensuites, and any similar issues throughout the centre, will be repaired by 31/08/2026.
- All resident bedrooms will be inspected to ensure cupboards and shelving are in good repair, with remedial works completed by 31/08/2026.
- All bathrooms and en-suites will be inspected by 14/06/2026 to ensure fixtures (including toilet roll dispensers) are securely fitted and maintained to an appropriate standard.
- Damaged furniture and furnishings have been addressed, with rips in upholstered chairs repaired and carpets scheduled for repair or replacement by 31/08/2026.
- A full review of storage capacity will be completed by 30/06/2026 to ensure adequate storage for residents' personal belongings and equipment, and to eliminate inappropriate storage in communal areas.
- Staff have been re-educated on appropriate storage practices through staff huddles. Compliance will be monitored through daily environmental walk-rounds, monthly audits, and Health & Safety meetings, with any issues identified addressed promptly.
- Ongoing oversight of the premises will be maintained through the maintenance tracking system (EPIC), with regular review by management to ensure timely completion of all works.

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Regulation 27: Infection control

Not Compliant

Outline how you are going to come into compliance with Regulation 27: Infection control:

- A meeting has been held with the external cleaning contractor to review inspection findings. A targeted cleaning programme has been implemented and commenced to immediately address identified deficits. Items outside the contractor's scope (e.g. curtains) are being addressed by the Nursing Home Maintenance Officer.
- All damaged or worn surfaces (e.g. chipped paintwork, torn upholstery, damaged flooring) identified as infection control risks are being prioritised under the maintenance plan to ensure all surfaces are intact, cleanable, and compliant with IPC standards.
- Curtains are being steam cleaned, with this programme commenced and all identified curtains scheduled for completion by 31/08/2026.
- The oratory floor has been cleaned, and this area has been added to routine

monitoring schedules. Any flooring requiring further intervention (deep cleaning or replacement) will be addressed by 31/08/2026.

- All toilets and bathrooms are routinely cleaned by the housekeeping team with support from the facilities team if necessary. All rooms will be reviewed to check for the condition on toilet and wash facilities.
- Shower drains have been incorporated into routine cleaning and inspection checklists. Where standard cleaning is insufficient, drains will be removed and subject to enhanced cleaning using appropriate equipment and agents.
- All hand-washing sinks and soap dispensers will be reviewed to ensure they are clean and in good condition. Any damaged or unsuitable dispensers will be replaced by 30/06/2026.
- The Infection Prevention Control Domestic audit will be now completed monthly instead of quarterly to complement and provide oversight of existing external audits. Findings will be reviewed by the PIC, in collaboration with the Estates and Facilities Manager, with clear action plans developed, assigned, and monitored to completion within agreed timeframes.
- The housekeeping team are receiving refresher training and, weekly supervision visits by the external contractor supervisor are in place. Findings are discussed at the time with Management in the home and escalated to Facilities Manager as appropriate.
- An IPC Link Nurse will be appointed and supported to undertake relevant training. Course application has been submitted and due to take place September/October 2026. In addition, two nurses were enrolled in further IPC Masterclasses (March and April 2026). These additions will further support the implementation of IPC best practice, provide staff guidance, and promote consistency in infection prevention and control measures across the centre.

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## 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.	Not Compliant	Orange	31/08/2026
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.	Not Compliant	Orange	15/04/2026
Regulation 27(a)	The registered provider shall ensure that infection prevention and control procedures consistent with the standards published by the	Not Compliant	Orange	31/08/2026

	Authority are in place and are implemented by staff.			
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