

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:	Announced
Date of inspection:	20 May 2025
Centre ID:	OSV-0000059
Fieldwork ID:	MON-0041930

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 from 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:	119
--	-----

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
Tuesday 20 May 2025	08:20hrs to 15:50hrs	Karen McMahon	Lead
Tuesday 20 May 2025	08:20hrs to 15:50hrs	Aoife Byrne	Support

What residents told us and what inspectors observed

Inspectors found that residents living in Lisheen Nursing Home were well cared for and supported to live a good quality life by a dedicated team of staff, well known to residents. In conversation with the inspectors residents were content about their lived experience in the centre, with comments such as "I couldn't be in a better place" while another spoke about the staff stating "the team are excellent".

This inspection was carried out over one day. Following an introductory meeting, inspectors spent time walking through the centre, which provided inspectors with an opportunity to introduce themselves to residents and staff. Some residents were observed to be up and about while others were having their morning care needs attended to by staff. This also gave inspectors the opportunity to observe the lived experience of residents in their home environment and to observe staff practices and interactions.

The centre can provide accommodation for a maximum of 120 residents and is split over two floors, with bedrooms located on both of these floors. The premises was laid out to meet the needs of residents, and to encourage and aid independence. The centre was visibly clean, tidy and well-maintained. Call bells were available in all areas, and answered in a timely manner.

Residents' bedrooms were observed to be bright, spacious and comfortable. Many residents had personalised their rooms with photographs and personal possessions from home. All the rooms had a cosy and homely feel to them and each room was uniquely laid out to meet the needs of the residents living in them. All residents had access to either an en-suite or shared bathroom facilities.

Each floor had a variety of communal spaces for residents use. These spaces included sitting rooms, dining rooms and smaller quiet spaces. There was an oratory located on the ground floor for quiet reflection and religious services. One area of the centre had shop fronts painted on the walls of the corridor including a post office, that had a post box which residents could post letters in and was regularly checked by staff. The hairdressing room was also decorated with a shop front to reflect entering a hair salon. There was a old style cottage front with vintage memorabilia inside the window, reflective of years gone past that would be reminiscent to many residents residing in the centre.

Each floor was split into named units to allow for structured management and staffing of the centre and ensure effective oversight. There was no restrictions on residents accessing any of these units. Residents were observed in the various areas of the centre, and it was evident that residents' choices and preferences in their daily routines were respected. Some residents were relaxing in the communal areas, while other residents mobilised freely or with assistance around the building. As the day progressed, residents were observed in the communal areas, watching TV,

chatting to one another and staff, or participating in scheduled activities.

Two large enclosed garden spaces were located in the middle of the building and were accessed through a number of entry points located on the ground floor. These spaces were observed to be well maintained with a variety of plants and flowers, level pathways and appropriate outdoor furniture. There was also a large outdoor chest board located in one of the garden spaces. Staff reported that while many residents didn't use it, it was used a lot by visiting children and residents enjoyed watching them play.

Inspectors observed the dining experience at lunch time and saw that the meals provided were well-presented and looked nutritious. Residents were provided with a choice of meals, which consisted of roast chicken or beef stew on the day of inspection. Assistance was provided by staff for residents who required additional support and these interactions were observed to be kind and respectful. The meal time was seen to be a social occasion where both staff and residents spent time talking to each other. Feedback from residents was positive. They reported to enjoy the meals and that portions were plentiful.

Staff who spoke with the inspectors were very knowledgeable about residents and their needs. The inspectors observed that personal care was attended to a very good standard. There was a pleasant atmosphere throughout the centre, and friendly and familiar chats could be heard between residents, visitors and staff.

Residents spoke positively about their experience of living in the centre. They said that staff respected their choices and treated them with dignity and respect. Residents said that they felt safe, and that they could freely speak with staff if they had any concerns or worries. One resident told inspectors that the staff "would bend over backwards" to help them.

One of the residents moved to the centre recently with their dog. Inspectors were told this was very important to the resident and has made the transition to living in the centre easier. There was also a cat and a visiting dog in the centre and inspectors were told that the residents' enjoyed spending time with the dog and cat.

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 the quality and safety of the service being delivered.

Capacity and capability

Overall, the findings of this inspection were that Lisheen Nursing Home was a well-managed centre where there was a focus on ongoing quality improvement to enhance the lived experience of residents. The inspectors found that residents were receiving a good service from a responsive team of staff delivering safe and

appropriate person-centred care and support to residents.

This was an announced inspection carried out by inspectors of social services to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended).

Lisheen Nursing Centre Limited is the registered provider for the designated centre. It is a family operated centre. There are three company directors who are actively engaged in the running of the centre on a daily basis. The management structure within the centre was clear, with identified lines of authority and accountability. The person in charge is supported within the centre by an assistant director of nursing, seven clinical nurse managers, a clinical nurse specialist and a team of nursing, healthcare, activities, catering and domestic and maintenance staff. The provider also employed an Operations Manager and a team of full time administrative staff. There was management cover in the centre seven days per week.

There were good management systems in place such as clinical governance meetings, staff meetings and residents meetings. It was clear these meetings ensured effective communication across the service for example: audit results were discussed with action plans in place to aid shared learning. The quality and safety of care was being monitored through a schedule of audits some of which include infection prevention control, falls management and dining experience.

From review of the staff roster and communication with staff and residents, it was found to have appropriate staffing numbers in place to meet the needs of the 119 residents living in the centre.

Records reviewed by the inspectors were found to be held securely and were found to be accurate, up to date and accessible. All required documents for each staff member were made available and found to be compliant with the regulatory requirements. Residents' records evidenced daily nursing notes with regard to the health and condition of the residents and treatment provided.

Regulation 15: Staffing

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

There was at least one registered nurse on duty at all times.

Judgment: Compliant

Regulation 21: Records

All Records outlined in schedule 2, 3 and 4 of the regulations were found to be stored in a safe and accessible format on the day of the inspection.
Judgment: Compliant
Regulation 23: Governance and management
<p>There was a clearly defined, overarching management structure in place and staff were aware of their individual roles and responsibilities. The management team and staff demonstrated a commitment to continuous quality improvement through a system of ongoing monitoring of the services provided to residents. The centre was well-resourced, ensuring the effective delivery of care in accordance with the statement of purpose.</p> <p>A comprehensive annual review of the quality and safety of care provided to residents in 2024 had been completed by the person in charge, with targeted action plans for quality improvement set out for 2025. The review also contained feedback and consultation with residents and their representatives.</p>
Judgment: Compliant
Quality and safety
<p>Residents living in the centre received care and support which ensured that they were safe, and that they could enjoy a good quality of life, that supported and upheld their rights. Residents reported feeling safe and content living in the centre. There was a person-centred approach to care, and residents' well-being and independence were promoted. The inspectors observed that the staff treated residents with respect and kindness throughout the inspection.</p> <p>A sample of 12 care plans were reviewed by inspectors on the day of inspection. Inspectors found that care plans in the centre were clear, concise and relevant to the resident's personal care and social needs. Validated assessment tools were used, and care plans were documented as being updated at three monthly intervals in line with their own policy and met regulatory requirements of ensuring care plans were reviewed at least four monthly.</p> <p>A review of residents' records found that there was regular communication with the residents' general practitioners (GP) regarding their health care needs. Residents could access the expertise of allied health care professionals such as dietetic services, and speech and language therapists for further expert assessment through a system of referral. Any clinical directives as recommended by the relevant health care professional were immediately inputted in to the residents person centred care</p>

plan.

Residents receiving end of life care had their needs and wishes respected and clearly documented in their care plans. There was access to medical services as required and many staff had taken part in training to enhance the end of life care that they delivered. Resident's family and friends were facilitated to remain with residents at all times, in accordance with the resident's wishes.

Residents who required transfer to hospital had all relevant documents, including the nursing transfer document sent with them. The nursing transfer document included information on their past medical history, list of current medications and emergency contact numbers. Any changes to care were reflected in the residents care plan, on return to the centre. Transfer documents were saved in the residents medical file.

An up-to-date risk register was available, it contained both clinical and non-clinical risks identified and assessed and measures and actions in place to control the risks. It included potential risks identified in the centre and the management of risks such as abuse, unexplained absence, infectious diseases, accidental injury, self harm and violence.

Pharmacy services were provided by an external contractor and there was a digital system for medication administration in place. Both the GP and pharmacy had relevant access to this system and all nursing staff received relevant training on using the system. Fridge storage for medication had a record of daily temperature recordings.

Regulation 13: End of life

Inspectors reviewed the record for one resident who had recently received end of life care. Records showed that the resident received the appropriate care and comfort to meet their physical, emotional, psychological and spiritual needs. The appropriate arrangements for following the resident's death had been established and documented prior to their passing and followed as per the resident's wishes.

Judgment: Compliant

Regulation 20: Information for residents

A residents guide was available. It had been updated since the last inspection and included a summary of services available, terms and conditions, access to inspection

reports, the complaints procedure and advocacy services and visiting arrangements.
Judgment: Compliant
Regulation 25: Temporary absence or discharge of residents
The documentation completed for the temporary discharge of a resident to hospital was reviewed. All relevant information about the resident was sent to the receiving hospital. On return from the hospital, medical and nursing discharge letters, together with other relevant documentation was received and available for review in individual record files.
Judgment: Compliant
Regulation 26: Risk management
<p>There was a risk management policy in place to inform the management of risks in the centre. There was a major incident emergency plan in place, in the event of serious disruption to essential services.</p> <p>The centre's risk register was updated regularly with environmental and clinical risks identified and assessed, and measures and actions in place to control the risks.</p>
Judgment: Compliant
Regulation 29: Medicines and pharmaceutical services
There was an appropriate pharmacy service offered to residents and a safe system of medication administration in place. Policies were in place for the safe disposal of expired or no longer required medications.
Judgment: Compliant
Regulation 5: Individual assessment and care plan
Residents' care plans were developed following assessment of need using validated assessment tools. Care plans were seen to be person-centred, and updated at

regular intervals.
Judgment: Compliant
Regulation 6: Health care
The registered provider had ensured that all residents had access to appropriate medical and health care, including a general practitioner (GP), physiotherapy, speech and language therapy and dietetic services.
Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Compliant
Quality and safety	
Regulation 13: End of life	Compliant
Regulation 20: Information for residents	Compliant
Regulation 25: Temporary absence or discharge of residents	Compliant
Regulation 26: Risk management	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant

