



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:	24 February 2025
Centre ID:	OSV-0000058
Fieldwork ID:	MON-0041025

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:	45
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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
Monday 24 February 2025	08:10hrs to 16:45hrs	Aoife Byrne	Lead
Monday 24 February 2025	08:10hrs to 16:45hrs	Niamh Moore	Support

What residents told us and what inspectors observed

The inspectors found that residents received a good standard of care from staff and management team who knew them well. From what was observed and from what residents said they were happy with the care and support they received. There was a relaxed atmosphere within the centre. In conversation with the inspectors residents were content about their lived experience in the centre, with comments such as "very happy living here", "Food is beautiful, with plenty of choice".

The designated centre is located in Ranelagh, Dublin 6. The centre is registered for 45 residents with no vacancies on the day of the inspection. The centre was originally a private Victorian house that was renovated and extended to meet the needs of the residents. The centre is laid out over four floors and was 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 old style of the house with antique artwork, traditional armchairs and furnishings. However further improvements were required in respect to the premises with significant wear and tear to flooring, armchairs and chipped paint throughout the centre. Storage space was limited and inspectors observed equipment being stored in the hallways which could be an obstacle as means of escape.

Overall, the premises was found to be clean, warm and bright. Communal space included a large dining room and a number of comfortable lounges, reading and recreational areas including The Kenny Room, The Library and Parnell Corner. The notice board showed the activity schedule for the day of the inspection. There was one activity coordinator working who ensured that residents had opportunities to participate in a variety of group activities. Residents were seen to engage well with staff and each other during these activities. Residents told inspectors that they enjoyed the activities on offer and praised the activity staff, in particular the external outings. One resident discussed a very enjoyable trip to Croke Park. The centre also had a visiting dog called Luna, and inspectors were told that the residents' enjoyed spending time with the dog. Inspectors also saw visitors arrive and bring their family dogs, which residents were also delighted to see and spend time with.

The inspectors noted that residents had access to a jug of fresh drinking water in their bedroom and at lunch time there were different choices of meals on offer. Residents said the food was very good, they were very happy with the choice of food served, with comments reported such as "I could not praise the kitchen staff enough" and "the food is very good". Lunch was a relaxed affair and, residents were observed enjoying the dining experience. Their independence was promoted with condiments on each dining table. Residents who required assistance were attended to by staff in a dignified, relaxed and respectful manner. Staff were available to assist residents with their meals in their bedrooms and in the dining room. However,

there was insufficient space in the dining room and residents were seen sitting in hallways and outside residents bedrooms for their meals.

Overall residents reported that they felt safe and secure in the centre and that they were supported by staff to live a good life. Residents stated that if they had any concerns or complaints they would speak with staff.

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

There was a clear governance and management structure in place in the centre and the registered provider had ensured that the centre was adequately resourced to deliver care in accordance with the centre's statement of purpose. Nonetheless, action was required to improve the providers' oversight of premises.

This was a one day inspection to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended).

Shanid Limited is the registered provider for the designated centre. The provider is part of the Silver Stream Healthcare group. The management structure within the centre was clear, with identified lines of authority and accountability. The Chief Financial Officer and a Director of Clinical Governance, Quality and Risk provided oversight. The person in charge was supported in their role by an assistant director of nursing, clinical nurse manager, a team of staff nurses, healthcare assistants, activity, catering, housekeeping, administration, activities and maintenance staff.

There were good management systems occurring such as clinical governance meetings, staff meetings and residents meeting. The quality and safety of care was being monitored through a schedule of quarterly audits including infection prevention and control, care plan and falls audits. An annual review of the quality and safety of care delivered to residents had been completed for 2024.

The inspectors reviewed the complaints records which showed that complaints were recorded in line with regulatory requirements, investigated and complainants were informed of the outcome and given the right to appeal. Residents and their families spoken to told the inspector they knew who to make a complaint to and they felt listened to when making a complaint.

Residents' records were not stored securely. On the day of the inspection the inspectors observed residents files were easily accessible, as the cupboard that was holding residents files was not locked and left wide open.

Regulation 19: Directory of residents

The directory of residents was reviewed and it was found to contain all the required information as detailed in Schedule 3 of the regulations such as name, address and next of kin details.

Judgment: Compliant

Regulation 21: Records

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

- A storage cupboard with current residents' files was open and easily accessible in the nurses' station which was observed unattended at times.
- A medication trolley with current residents files was easily accessible and was unattended at the time of the walk around.

Judgment: Substantially compliant

Regulation 23: Governance and management

Notwithstanding the good management systems in place to oversee the care and quality of service provided to the residents, the registered provider's oversight of the premises required strengthening due to repeat findings in relation to inappropriate storage practices and maintenance of the designated centre which is discussed under Regulation 17: Premises.

Judgment: Substantially compliant

Regulation 24: Contract for the provision of services

The inspector reviewed a sample of residents' contracts of care. These were seen to be agreed on admission to the centre and detailed the services provided to each resident whether under the Nursing Home Support Scheme or privately. The type of accommodation was stated along with fees, including additional fees for services which the resident was not entitled to under any other health entitlement.

Judgment: Compliant

Regulation 31: Notification of incidents

A record of all incidents occurring in the centre was maintained and all required notifications were submitted to the Chief Inspector within the time frames as stipulated in Schedule 4 of the regulations.

Judgment: Compliant

Regulation 34: Complaints procedure

There was a clear complaints procedure in place, which was displayed throughout the designated centre. The records showed that complaints were recorded and investigated in a timely manner and that complainants were advised of the outcome.

The complaints procedure also provided details of the nominated complaints and review officers. These nominated persons had received suitable training to deal with complaints. The complaints procedure outlined how a person making a complaint could be assisted to access an independent advocacy service.

Judgment: Compliant

Quality and safety

Residents within Leeson Park Nursing Home were receiving a good standard of care provided by a team of staff who knew their individual preferences well. Resident's rights were upheld and many residents reported to live a good quality of life within the nursing home. However, this inspection found that some areas of the premises impacted on the infection control measures in place and inappropriate storage of equipment and medicines was observed.

A review of a sample of safeguarding incidents were seen to have been investigated, and referred to the appropriate external agencies, for example the safeguarding and

protection team and independent advocacy services. The registered provider was a pension agent for three residents. Inspectors viewed documentation in relation to residents' finances and found that there were appropriate procedures in place to ensure that residents' finances were safeguarded.

Residents had opportunities to participate in meaningful activities, in line with their interests and capacities. On the day of the inspection, these activities included a coffee morning, board games and group exercise facilitated by an external provider. Records of attendance at activities was also maintained which showed there was a varied activity programme available with many residents attending. Residents meetings were held quarterly to ensure residents were consulted with regarding to the designated centre.

There was a visiting policy within the centre that outlined visiting was open and not restrictive. Visitors including family dogs were observed attending the centre throughout the inspection.

Inspectors viewed one twin-bedroom and saw since the last inspection, the access to the bathroom had been reconfigured to ensure both residents had sufficient space to contain a bed, a chair and personal storage space. Some aspects of the premises were in a poor state of repair and did not support effective infection prevention and control management. While there was a programme of maintenance in place to support the designated centre, additional attention was required to meet the requirements of Schedule 6 of the regulations, such as poor storage was identified on this inspection which is a repeat finding of the last inspection of March 2024. In addition, storage of medicines was not appropriate and safe at all times.

Inspectors observed that the same meal choices were available to all residents including those that required modified diets as per their assessed needs. Residents' choices regarding food and nutrition were respected, for example, residents were offered alternatives apart from what was on the menu as per their preferences. For those residents who required assistance there were plenty of staff available to provide assistance which was seen to be delivered in a kind and unrushed manner. However, not all care plans had been updated with the residents' assessed dietary needs. Overall, weight management records were seen to be recorded in line with residents' clinical risk according to their MUST score (a tool used to identify individuals who are at risk of malnutrition) and the registered provider's policy. There was evidence of appropriate and timely referrals to dietitians. Inspectors saw in two out of three records reviewed, nutritional assessments and care plans were updated in response to the changing needs of the residents.

Regulation 11: Visits

There were adequate arrangements in place for residents to receive visitors.

Judgment: Compliant

Regulation 17: Premises

Action was required to address the following areas to ensure that the premises meet the requirements which are set out in Schedule 6 of the regulations:

- There was unsuitable storage seen during the inspection. Due to the limitations of the building, inappropriate storage was seen in communal areas, corridors and communal bathrooms. For example, seven boxes of kitchen records were stored in a communal room, items belonging to a discharged resident were stored in the oratory and items such as wheelchairs, medication trolleys, hoists and chair scales were stored in corridors.
- There was insufficient space in the dining room and residents' were seen having their meals on corridors and outside residents bedrooms
- There were signs of general wear and tear, particularly to paint work on window sills, skirting boards and door frames. Some fabric chairs and carpets were also worn with rips and stains. Some items of equipment in communal bathrooms had rust on them. There was also a crack in a window in a day room.

This is a repeat finding of the last inspection in March 2024.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

Residents reported to be happy with the food provided. Residents had a choice of menu at meal times. Residents were provided with adequate quantities of nutritious food and drinks, which were safely prepared, cooked and served in the centre. Residents could avail of food, fluids and snacks at times outside of regular mealtimes. There was adequate supervision and assistance at mealtimes.

Judgment: Compliant

Regulation 27: Infection control

There was some good infection control measures in place, for example, sufficient housekeeping resources were in place and there were records of antimicrobial resistance surveillance, on the day of the inspection. However, the oversight of the environment and equipment in the centre as recorded under Regulation 17:

Premises did not support effective infection prevention and control, as chipped paintwork and rips in upholstered chairs and carpet could not ensure effective cleaning.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

Medication management practices required improvements. There was evidence that medicinal products were not stored securely in the centre, for example;

- Inspectors observed prescribed medicines stored in an unlocked cupboard and left unattended
- Three fridges used for medicines were unlocked and stored in communal areas that residents and visitors had access to. This was unsafe practice and posed a health and safety risk.

Judgment: Substantially compliant

Regulation 8: Protection

The registered provider had taken all reasonable measures to safeguard residents from abuse. There were policies and procedures available which provided staff with guidance with regards to protecting vulnerable adults. Staff had up-to-date training in the prevention, detection and response to abuse, and this recently included further in-person sessions. Inspectors followed up on a sample of notifications and found that where necessary, residents had safeguarding care plans in place.

Judgment: Compliant

Regulation 9: Residents' rights

Residents had opportunities to participate in activities in accordance with their interests and capacities. Residents expressed their satisfaction with the variety of activities on offer. Residents had access to daily newspapers, radio, and television. Residents were supported to access advocacy services if they so wished.

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 19: Directory of residents	Compliant
Regulation 21: Records	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Leeson Park House Nursing Home OSV-0000058

Inspection ID: MON-0041025

Date of inspection: 24/02/2025

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 21: Records	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 21: Records:</p> <ul style="list-style-type: none"> • All staff have been instructed to ensure that all storage press containing resident information is kept locked when not in use. This will be reviewed daily by the homes management team and by the RPR team with in the centre to ensure compliance. The lock on the ground floor nurses records cabinet press has been adjusted, and a guide note has been placed to remind the nursing team to keep it always locked. The Management team has implemented daily checks during house rounds to ensure compliance. <p>Nursing staff have been reminded to keep the medication trolley's locked when not in use or in attendance of. This will be reviewed daily by the homes management team and by the RPR team. In the interim, the medication files have been relocated to a locked cupboard at each nurse's station until the GP is fully active on the new Digicare medication electronic system.</p>	
Regulation 23: Governance and management	Substantially 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 will have the following implemented and actioned as required</p> <ul style="list-style-type: none"> • Due to the size, age and layout of the centre storage is an issue. The RPR team review the centre on a regular basis, at each visit the storage and premises are reviewed to ensure best practice where possible, and implement action plans where necessary. Actions completed by the PIC and the RPR team. • The maintenance of the premises is agreed and implemented by the RPR team EEM 	

and the Silverstream Technical team, including carpentry, electrical and plumbing. The centre has a Maintenance operative 2 days a week. The centre records and actions all maintenance issues as found

Regulation 17: Premises

Substantially Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:
To ensure compliance the Registered Provider will have the following implemented and actioned as required

- A full review has taken place again re-storage in the centre. All files in the communal room have been removed. The items from the deceased resident have been collected.
- Our fire safety consultant has been requested to make a site visit to assess any corridor areas which may have non-combustible equipment stored neatly against a wall in a demarked area. The assessment will consider the width of fire escape routes and noting any impingement of same, as well as any equipment potentially being electrically charged in the corridor.
- The dining area referred to is an annex area off a walk way that residents have used as a dining space since opening of the centre. This space will be added to the SOP.
- The home has a detailed system for capturing any defect issues such as wear and tear. All defect issues are routinely prioritized and actioned by the MO in the centre and or Technical Services Team. External contractors are also engaged to further support in-house staff in maintaining the centre. The broken window noted on the day of inspection is currently being costed for replacement and will then be actioned accordingly. All maintenance activities are reviewed at least monthly by the RPR team.

Regulation 27: Infection control

Substantially Compliant

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

To ensure compliance the Registered Provider will have the following implemented and actioned as required

- The areas of chipped paint work, ripped upholstery and carpets will be addressed through planned works of maintenance throughout the centre. This will ensure surfaces are able to be cleaned to meet IPC standards.

Regulation 29: Medicines and pharmaceutical services	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:</p> <ul style="list-style-type: none">• The PIC and their management team have met with all staff nurses and reminded them that all presses that contain prescribed medications are locked at all times when not in use. The PIC and their management support will ensure compliance• A new lock has been installed on the supplement press, and a guide note has been placed to remind the nursing team to keep it locked. The PIC had implemented daily checks during house rounds to ensure compliance.• The PIC and their management team have met with all staff nurses to remind them to ensure all fridges are kept locked with not in use. <p>A daily checklist has been implemented with the nursing team to ensure compliance during house rounds. This checklist is further validated daily by the PIC and ADON during their rounds.</p>	

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Substantially Compliant	Yellow	30/09/2025
Regulation 21(6)	Records specified in paragraph (1) shall be kept in such manner as to be safe and accessible.	Substantially Compliant	Yellow	06/03/2025
Regulation 23(c)	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	30/09/2025
Regulation 27	The registered provider shall ensure that	Substantially Compliant	Yellow	30/09/2025

	procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.			
Regulation 29(4)	The person in charge shall ensure that all medicinal products dispensed or supplied to a resident are stored securely at the centre.	Substantially Compliant	Yellow	06/03/2025