Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Report of an inspection of a Designated Centre for Older People.

Issued by the Chief Inspector

Name of designated centre:	Tara Care Centre
Name of provider:	Nirocon Limited
Address of centre:	5/6 Putland Road, Bray, Wicklow
Type of inspection:	Unannounced
Date of inspection:	05 May 2026
Centre ID:	OSV-0000107
Fieldwork ID:	MON-0048791

About the designated centre

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

Tara care centre was first established in 1963 in the town of Bray, Co. Wicklow. Tara Care centre is a registered designated centre for older people with capacity to accommodate a maximum of 47 residents. The centre provides 24 hour nursing care to long term or short term residents, who are over the age of 65 years who have low, medium, high or maximum dependency care needs. According to the centre's statement of purpose the main aim was to promote quality of life and independence through friendly, professional care. Tara care centre was situated less than a five minute walk from the seafront in Bray and from local shopping amenities. The centre comprises of two adjoining period houses and has 15 single bedrooms, 13 of which have en suite facilities and ten double bedrooms. Four additional three-bedded rooms are also in the centre. There were a number of communal spaces and facilities for residents to use and a patio garden located to the rear of centre which had a number of sitting areas for residents to enjoy.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	46

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 5 May 2026	10:20hrs to 15:45hrs	Laurena Guinan	Lead

What residents told us and what inspectors observed

The inspector spoke with a number of residents and visitors on the day of the inspection and they were very complimentary of the staff and the standard of care. One resident said that they 'could not fault it', and another said it was 'nearly as good as home'.

This was an unannounced inspection to monitor the provider's compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended). Inspectors also followed up on the compliance plan from the previous inspection, and statutory notifications submitted to the Chief Inspector since the last inspection in May 2025.

Tara Care Centre was set in a period property that was extended to the rear. It was spread over four floors with access between floors via a lift and stairs, and resident accommodation was on each floor. On entering, there were two sitting rooms on either side of the corridor which had bay windows and were bright and spacious. Residents were seen here watching TV and listening to religious music on the morning of the inspection. A dining room was located beside one of the sitting rooms, and this was attractively set for lunch, with tablecloths, napkins and a picture menu on display. A second dining room and a sitting room were located on the lower ground floor towards the back of the building, and were mainly used by residents with significant cognitive impairment. The serving hatch in this dining area was decorated to resemble a shop front, although the shutter was rusted with flaking paint. There was a colourful mural of flowers and butterflies on the wall of the sitting room, and patio doors gave access to an outdoor space that had planting and a covered smoking area. The area had garden furniture, but some of the chairs were broken, and the threshold of the patio door had a large lip on it that would be difficult for residents with reduced mobility to navigate. This was brought to the attention of the person in charge as it had also been identified on the previous inspection. A visitors' room was located on the ground floor and this was comfortably furnished with a TV and couches, but was without a call-bell and there was no sign to indicate that an oxygen concentrator was stored here.

The centre had a number of shower rooms throughout the centre, and there was a bath available on the lower ground floor. There were two hoists stored in the bathroom, and two boxes were in the bath which did not make the room easily available for residents to use. While the centre overall was clean and had a homely feel, there were many areas where flooring was marked or damaged, and walls, doors and skirting were damaged and had chipped paintwork. The inspector observed a toilet window that was cracked and had a hole in it, and an en-suite window which was in a state of disrepair. These were shown to the person in charge who requested maintenance to repair them as a matter of urgency.

The inspector saw lunch being served and the residents spoken with said that the meals were always tasty and there was a good variety on offer. One resident who did not like what was on the menu was offered an alternative, and they said 'staff always make sure I get something I like'. Another resident described the food as 'excellent'. There was ample staff to assist residents, and they were seen to do so in a respectful manner. Some residents chose to eat in their bedrooms and their meals were served individually.

Residents were seen taking part in bowling, and an initiative called the Happiness Programme where stories and pictures were projected onto a wall. Staff said many residents with cognitive impairment found this soothing, and the atmosphere was relaxed during the session. Residents were also seen to receive visitors in different areas of the centre, and visitors spoken with said they were made to feel welcome. They said staff were excellent at communicating concerns or changes in their relative with them, and they said that they felt their relative was safe and well-cared for. The family of a resident who had recently been admitted said that staff were supportive and understanding, and this had helped their loved one to settle in well.

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

Capacity and capability

Nirocon Limited is the registered provider of Tara Care Centre and is managed by two company directors, both of whom were present on the day of the inspection. The inspector saw that there was a stable management structure in place, and the centre was well-resourced. However, the management systems in place had not identified issues with the premises, or ensured that these issues were dealt with promptly.

One of the directors was the person in charge, and they worked full-time in the centre, supported by an assistant director of nursing. A clinical nurse specialist role was also recently created and was to be filled internally. This role will support the management structure by taking responsibility for staff mentoring, supervision and training. Staff nurses, health care assistants, activities coordinators, household, catering and maintenance staff made up the remainder of the staff team in the centre. The inspector saw that there was adequate staff to attend to and supervise residents. Residents said that they were always attended to quickly, with one resident saying that staff 'come running to help' when they ring their call-bell. Call-bells were heard to be responded to promptly.

There was an annual review for 2025 that was seen to have been done in consultation with residents and their families, and had a quality improvement plan in place. The inspector saw a system of audits that showed a good level of compliance

in areas such as wound care and falls. Where areas for improvement were identified, there was an action plan in place. For example, the falls audit had identified that residents mostly experienced a fall when attempting to mobilise independently. An action plan was in place that included addressing supervision of residents with staff, and discussing residents at risk of falls at daily handovers. This was seen to have been communicated to staff during a staff meeting. There was a good system of management, staff and residents' meetings which showed that findings from audits, and feedback from residents, were distributed to all staff. All the meetings had action plans in place and designated a person responsible for completing the action plan. Concerns raised at a residents' meeting about feeling rushed at meal times was communicated to kitchen and care staff, and a plan was in place for a nurse to supervise each dining room to ensure a relaxed meal service. This was observed to be in practice at the lunch service. The inspector found that the registered provider had not fully implemented the compliance plan from the inspection in May 2025 in respect of the maintenance of the premises and storage. This will be discussed under Regulation 23: Governance and management and Regulation 17: Premises.

Regulation 23: Governance and management

The inspector found that the oversight systems in place were not sufficiently robust to ensure that the service provided was effectively monitored. This was evidenced by:

- The compliance plan from the previous inspection had not been completed in full. For example, garden access modifications were to have been completed by 30th September 2025, but were seen outstanding on the day of the inspection.
- The registered provider had committed to implementing a maintenance checklist. While a maintenance reporting system was in use, and the inspector was told that daily walkarounds took place, these had not identified issues such as broken windows seen on the day of the inspection. The maintenance system was also not accurately recording if items reported had been completed.

Judgment: Substantially compliant

Regulation 15: Staffing

There were sufficient numbers of staff available with the required skill mix to ensure that residents' needs were met in a prompt manner.

Judgment: Compliant

Quality and safety

Residents living in Tara Care Centre told the inspector that the staff were caring and attentive, and the inspector saw many interactions during the day where staff displayed a good understanding of residents' individual needs and abilities. However, issues with the maintenance of the premises and inappropriate storage practices, which were outstanding since the previous inspection did not ensure that all areas of the centre were safe and independently accessible to residents.

There was a laundry onsite for all residents' and household laundry. Residents had expressed concern about clothes not being returned at a residents' meeting in February. This had been addressed with laundry staff and care staff at the time, and the inspector spoke with the laundry staff on the day who were knowledgeable about the the care and return of residents' clothes. Residents and visitors spoken with said that they had no issues with missing clothing and felt that their belongings were safe. One family commented that their loved one was always wearing clean clothes and appeared well-groomed. Residents said that they had ample space for their belongings and found their bedrooms comfortable.

Following the previous inspection in May 2025, the registered provider had enhanced the fire drill system and included a night time fire drill. These drills were seen to have been repeated at intervals to ensure staff were confident at evacuating a compartment correctly. All staff had received updated training in fire safety, and there was a daily checklist of fire doors, equipment and evacuation routes. All evacuation routes were free of obstruction, and emergency lighting was in working order.

The inspector reviewed a sample of care plans and saw that assessments were carried out, with corresponding care plans implemented within 48 hours of admission. Residents who displayed responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment) had care plans which documented the known behaviour, and was personalised with potential triggers and de-escalation techniques. Staff spoken with were knowledgeable of how to manage responsive behaviours, and all staff had received training in the area. On the day of the inspection, the inspector observed staff managing instances of agitation and verbal aggression in a kind and respectful manner. Staff responded to the residents using names of family members or items of interest to the resident, which showed a familiarity with the residents' needs and wants. There was a restraint register in place that was reviewed regularly, and staff showed a good understanding of assessing and implementing restrictive practices. Assessments and care plans to support restrictive practices in use were found to be person-centred.

The inspector saw that many of the residents' bedrooms had been personalised with the residents' photos and soft furnishings, although not all bedrooms had lockable storage for residents. This was discussed with the person in charge who said that because keys had regularly gone missing, they do not routinely provide lockable storage, but it is provided at the resident's request. There was a warm, homely feel throughout the centre, however, there were areas of flooring and woodwork that were in a state of disrepair, and the inspector saw inappropriate storage practices in the bathroom and store rooms. These are repeat findings and will be discussed under Regulation 17: Premises.

Regulation 12: Personal possessions

Residents' clothes were laundered regularly and returned to them. Residents had adequate space for their clothes and personal possessions.

Judgment: Compliant

Regulation 28: Fire precautions

The registered provider had taken adequate precautions against the risk of fire.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

The registered provider had ensured that assessments were completed and care plans implemented within 48 hours of a resident's admission. Care plans were reviewed at a minimum of four monthly intervals.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

Staff displayed good knowledge and skills to respond to and manage behaviour that challenges. Restraint was used in accordance with national policy.

Judgment: Compliant

Regulation 17: Premises

The registered provider had not ensured that the premises conformed to the matters set out in Schedule 6 as evidenced by:

- Doors, skirting boards, hand rails and walls throughout the centre had chipped or marked paintwork.
- Damaged doors and skirting boards.
- Many areas had flooring that was marked or damaged. The person in charge confirmed that some bedrooms had been identified for new flooring, but these areas did not include all the areas seen on the day of the inspection.
- The threshold of the door to the outdoor area was a potential trip hazard for residents.
- Hoists and boxes stored in the bathroom.

These are repeat findings. Other premises issues seen on this inspection included:

- A cracked mirror in one of the bedrooms that posed a risk of injury to the resident.
- Two toilet windows were in a state of disrepair.
- Not all bedrooms had lockable storage.
- Broken chairs were seen in the garden area.
- The visitors' room was without a call-bell.

Judgment: Substantially 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 23: Governance and management	Substantially compliant
Regulation 15: Staffing	Compliant
Quality and safety	
Regulation 12: Personal possessions	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 17: Premises	Substantially compliant

Compliance Plan for Tara Care Centre OSV-0000107

Inspection ID: MON-0048791

Date of inspection: 05/05/2026

Introduction and instruction
This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant -** A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.

- **Not compliant -** A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Regulation Heading	**Judgment**
Regulation 23: Governance and management	Substantially Compliant

Outline how you are going to come into compliance with Regulation 23: Governance and management:

The provider has reviewed the systems in place and identified a strategy for monitoring the premises and has implemented the following measures:
• A comprehensive premises audit tool has been developed and implemented to assess all resident bedrooms, communal areas, bathrooms, external areas and ancillary rooms. This audit includes environmental, infection prevention and control, maintenance and safety checks.
• Weekly environmental and maintenance audits are now completed by the Maintenance Manager, with findings recorded and tracked through an action plan.
• Monthly oversight will be undertaken by the registered Provider and senior management team to review outstanding maintenance issues, prioritise works and monitor progress to completion.
• A central maintenance register is being developed to record all identified deficits, assign responsibility and monitor completion dates.
• Premises and maintenance issues, via the new audit tool, is now a standing agenda item at weekly health and maintenance meetings to ensure ongoing oversight and timely escalation of any outstanding works.
• Additional resources have been allocated to support the completion of identified works, including the engagement of external contractors for painting, flooring replacements and repairs.
• Progress on the premises improvement plan will be monitored through the centre's governance structures and reviewed by the registered provider to ensure sustained compliance with Regulation 17: Premises.
• These measures will strengthen oversight of the physical environment and provide assurance that maintenance issues are identified, actioned and monitored in a timely manner, ensuring the centre remains safe, comfortable and appropriate to meet the needs of residents.

Regulation 17: Premises	Substantially Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:
Regulation 17: Premises – Provider Response
The Provider has undertaken a comprehensive review of the premises to ensure the environment is maintained in a good state of repair and remains suitable to meet the needs of residents.
The following actions have been completed or are currently in progress:
• A painting contractor has been engaged and has commenced a programme of remedial works throughout the centre. This includes the repair and repainting of chipped and marked walls, doors, Kitchen hatch, skirting boards and handrails, together with repairs to damaged doors and skirting boards where required. Most of these works have been completed
• A flooring contractor has been appointed, and a replacement programme has commenced to address damaged and worn flooring identified during the inspection. In addition, all areas identified through the centre's enhanced maintenance audit process will be incorporated into the flooring replacement schedule to ensure ongoing oversight.
• The threshold leading to the outdoor area has now been modified to eliminate the identified trip hazard and improve resident safety. (Completed)
• Hoists and other stored items have been removed from the bathroom areas. (Completed)
• Storage arrangements have been reviewed and reorganised to ensure bathrooms remain free from inappropriate storage and are used solely for their intended purpose. (Completed)
• The cracked mirror identified during the inspection has been replaced. (Completed)
• Repairs to the two damaged toilet windows have been replaced. (Completed)
• A review of storage facilities within resident bedrooms has been undertaken. Lockable storage is being provided in all bedrooms where such facilities were not previously available to support residents' privacy and security. (In Progress)
• Damaged garden furniture identified during the inspection has been removed and replaced as required to ensure the outdoor environment remains safe and accessible for residents.(Completed)
• The installation of a call-bell system in the visitors' room to ensure residents can summon assistance when required. Completed

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	30/09/2026
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.	Substantially Compliant	Yellow	31/08/2026