



**Health  
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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:	Cara Care Centre
Name of provider:	Orbitview Limited
Address of centre:	Northwood Park, Santry, Dublin 9
Type of inspection:	Unannounced
Date of inspection:	13 January 2026
Centre ID:	OSV-0000735
Fieldwork ID:	MON-0049326

## About the designated centre

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

Cara Care Centre is a five storey, purpose built nursing home. It is located in Northwood Park in Santry, close to shops and amenities. The registered provider is Orbitview Limited, and the person in charge is supported by the management team and staff such as nurses and healthcare assistants. The centre can accommodate 102 male and female residents, in 62 single en suite bedrooms and 20 double en suite bedrooms. There are facilities in place for social, recreational and religious activities, and there is a pleasant zen garden available for residents to use.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	80
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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
Tuesday 13 January 2026	08:10hrs to 16:00hrs	Aislinn Kenny	Lead
Tuesday 13 January 2026	08:10hrs to 16:00hrs	Sinead Lynch	Support

## What residents told us and what inspectors observed

The majority of the residents living in Cara Care Centre were content living in the centre. Some residents told inspectors "The staff here are great, it's ten out of ten here and "I'm so glad I'm here". Other residents said that, at times, they were left waiting for staff to assist them and that there was a high turnover of staff in the centre.

The inspectors spoke with nine residents, and three visitors to gain insight into what was like living in the centre. The inspectors also observed the environment, interactions between residents and staff, and reviewed various documentation.

Cara Care Centre is comprised of five floors. Residents are accommodated on each floor. The centre is accessed through the ground-floor entrance lobby and passenger lifts facilitate travel between the floors.

Residents were accommodated in mostly single and some twin rooms, each bedroom had an en-suite. In general, bedrooms had comfortable seating, and most were personalised with items from home, such as family photographs, artwork, bedding and ornaments. Inspectors observed that in some cases, where a double bedroom had only one occupant, the empty bed was not made. This did not provide for a homely environment as the resident living in that room had to look at a plastic mattress on a bedframe.

Residents had access to several communal areas, including a dining room and a sitting room on each floor. There was a coffee dock and a visitors' area on the ground floor, and an activities room on the first floor. Some residents were also observed sitting in smaller seating areas near the nurse's station on certain floors. A pleasant outdoor garden was accessible for residents from the ground floor. The centre was clean and staff were observed to implement good hand hygiene and infection prevention and control measures throughout the day.

The inspectors walked around the centre and observed the morning routine for residents on all floors. There was a calm atmosphere throughout and most residents were observed sleeping in their bedrooms or eating breakfast. Some residents were in communal areas or walking around the centre. Staff were observed to respect residents' privacy and dignity, they knocked on residents' doors and awaited a response before entering.

Inspectors observed that residents' records were kept in an unsecured manner on the third and fourth floors of the centre. This was brought to the attention of staff on the day.

Lunchtime was a sociable and relaxed experience, with residents observed dining in the various dining rooms in the centre or in their bedrooms, according to their preferences. A three-course meal consisting of soup, a main course and a dessert was freshly prepared on-site in the centre's kitchen and served to residents. A menu

was displayed on each table and residents confirmed that they were offered a choice of main meals. The food served appeared nutritious and appetising. There were drinks available for residents at mealtimes and throughout the day. Staff were observed providing assistance to several residents who required support during breakfast and dinner times. Staff were kind and courteous in their interactions with the residents. The majority of residents spoke positively to the inspectors about the food quality, quantity, and variety, with a minority expressing a more neutral response, such as "it's grand," when asked about the food.

The following two sections of the report present the findings of this inspection concerning governance and management arrangements in place in the centre and how these arrangements impacted the quality and safety of the service being delivered. The areas identified as requiring improvement are discussed in the report under the relevant regulations.

## Capacity and capability

Overall, the inspectors found that while there were good governance and management structures in place in this centre, some further improvements were required to ensure that the systems in place were sufficient to provide safe, appropriate, consistent and effective care to residents. This related in particular to the management of records, premises and behaviours that challenge, where some gaps were identified as further detailed in the report.

This was an unannounced inspection completed over the course of one day by inspectors of social services. 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 to 2025 (as amended). During this inspection, the inspectors followed up on the compliance plan from the previous inspection conducted in July 2025, and found that the provider had completed all actions committed to as part of the compliance plan. However, there was a repeat finding regarding unlocked sluice rooms and the provider committed to address this on the day of the inspection.

The registered provider of Cara Care Centre is Orbitview Limited. It is part of the Emeis Ireland group who own and run a number of centres in Ireland. There was a director of the company and a regional director present in the centre on the day of the inspection. The person in charge was on planned leave on the day of the inspection and the assistant director of nursing (ADON) had responsibility for the day-to-day operations of the centre in their absence. The ADON was supported in their role by the Clinical Nurse Managers (CNMs) and a team of nurses and healthcare support staff. There was a schedule of staff meetings in place, including a monthly governance meeting attended by the regional director. Inspectors reviewed minutes from these meetings and observed a set agenda including clinical care, health and safety and complaints. The management team had developed

audits that mostly identified where improvements were required. An analysis of incidents had also taken place on a monthly basis. However, there was a lack of assurance in respect of the robustness of this analysis as inspectors observed that the same action plan was in place for three consecutive months despite there being different findings every month. This and other findings are further discussed under Regulation 23: Governance and Management.

Residents' meetings took place in the centre on a quarterly basis and residents attended these to discuss various issues that had arisen. Various issues were discussed at the meetings, such as food and menus, activities, outings and premises. Residents had been consulted about their meal times following the previous inspection and had decided that mealtimes would not change.

On the day of the inspection the numbers and skill mix of staff was appropriate to meet the needs of the residents. The provider had increased the number of staff on the first floor since the previous inspection and this was observed to have a positive impact. From a review of documents the provider had committed to reviewing the staffing in line with dependency levels of residents. There were 75 residents in the centre on the day of the inspection, as five were temporarily absent from the centre.

### Regulation 15: Staffing

The provider had ensured that there was sufficient staffing to meet the assessed needs of the residents in accordance with the size and layout of the centre.

Judgment: Compliant

### Regulation 21: Records

Not all records were maintained in a manner that was safe at all times. For example: Schedule 3 records containing residents' personal information were kept in unlocked cupboards on the third and fourth floors and could be accessed by unauthorised persons.

Judgment: Substantially compliant

### Regulation 23: Governance and management

This inspection found that the governance and management systems in place were not sufficiently robust to ensure continuous oversight of the quality and safety of care provided to residents as evidenced by:

- While the provider was completing an analysis of incidents, the action plan that was in place to address the findings was found to be generic and did not meaningfully engage with and effectively address the individual findings of the analysis.
- Care plan audits were completed, however there were no action plans in place to address the findings of the audits.
- The investigation process into an alleged safeguarding incident required further review. While the incident was appropriately notified to the chief inspector and an investigation had taken place in line with policy, the investigation process required strengthening to ensure investigations were comprehensive, effectively documented and addressed all aspects of the incident.
- Following a finding on the previous inspection, locks had been installed on the sluice rooms and cleaning rooms in the centre to ensure the safety of residents. However, they were not being used by staff and this practice had not been identified by the registered provider. Inspectors found that all sluice rooms on the ground, second, third and fourth floors were left open on separate occasions throughout the day.

Judgment: Substantially compliant

## Quality and safety

Overall, residents living in Cara Care Centre were well cared for by a team of dedicated staff. Residents had good access to services provided by medical and health and social care professionals. General Practitioners (GPs) carried out routine on-site visits to residents on a monthly basis, or more frequently as required in response to need.

Residents' nutrition and hydration needs were met. Systems were in place to ensure residents received a balanced and nutritious diet, based on choices and preferences. The inspectors observed sufficient staff to assist residents with dining, where necessary. Meals were nicely presented and looked appetising. A variety of snacks and refreshments were available throughout the day and night to meet the needs of the residents as required.

Action had been taken to address issues found in relation to infection prevention and control found on the previous inspection. Overall, the centre was clean and the household team were knowledgeable in their roles. The inspectors identified some good practice in the prevention and control of infection and the centre was visibly

clean. Staff were observed to apply basic infection prevention and control measures to minimise risk to residents, such as good hygiene practices at points of care.

The design and layout of the premises was generally suitable for the centre's stated purpose and function. The centre was clean and tidy. However, some areas of the centre required attention to ensure it fully complied with Schedule 6 requirements. This is discussed under Regulation 17: Premises.

The inspectors observed that staff did know how to communicate respectfully and effectively with residents while promoting their independence. Staff were aware of communication needs of the residents and care plans were person-centred regarding specific communication needs of individuals.

Residents with responsive behaviours (how residents living with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment) had care plans in place. Staff spoken with on the day outlined to the inspectors their knowledge of appropriate interventions to support residents with responsive behaviour. However, the care plans in place did not always guide practice and in some cases care plans were not followed and implemented as detailed under Regulation 7: Managing behaviour that is challenging.

All staff had completed safeguarding training, and staff knowledge of safeguarding procedures was evident on the day of inspection. Staff spoken with understood what constituted abuse and knew how to report a concern.

### Regulation 10: Communication difficulties

The inspectors found that residents with communication difficulties had their communication needs assessed and documented in their care plan. Staff were knowledgeable about each residents communication requirements.

Judgment: Compliant

### Regulation 13: End of life

The centre had a comprehensive End of Life policy to guide staff and the inspectors saw evidence of this being implemented in residents' care plans.

Judgment: Compliant

## Regulation 17: Premises

While generally the centre was well-maintained, there were some areas that required maintenance attention, for example;

- A pest control light on the first floor dining room was loose and coming away from the wall. This was unsightly and could pose a risk to the residents, visitors and staff.
- There was no handle on the en-suite door of room 312, posing a health and safety risk.

Judgment: Substantially compliant

## Regulation 18: Food and nutrition

Residents informed the inspectors that there was a good choice of food available to them and that they can access food and snacks whenever they wanted. The service of food was good and residents had a choice at each mealtime.

Judgment: Compliant

## Regulation 25: Temporary absence or discharge of residents

The person in charge ensured that where a resident was discharged from the designated centre, it was done in a planned and safe manner.

Judgment: Compliant

## Regulation 27: Infection control

Infection prevention and control training was up to-date. The registered provider had adequate resources available to ensure safe infection prevention and control practices were effectively implemented.

Judgment: Compliant

## Regulation 7: Managing behaviour that is challenging

While staff had access to training in areas such as responsive behaviour and restrictive practice training, inspectors saw that not all staff consistently demonstrated up-to-date knowledge and skills to manage and respond to responsive behaviour. For example:

- There was no evidence that psychosocial interventions were always tried before administration of medicine as a mean to manage and support residents with responsive behaviours. Care plans were not always informed by assessments such as ABC charts (Antecedent, Behaviour, Consequence) and did not provide sufficient level of detail to guide staff in respect of the specific person-centred interventions to respond to incidents of responsive behaviours.
- The care plans developed for residents presenting with responsive behaviour did not guide care. Care plans did not always identify triggers to inform staff of what measures they needed to take to prevent an incident or an escalation of behaviour. Instead, behavioural care plans consisted more of a list of specific incidents that had occurred and the detail of each incident of responsive behaviour.

Judgment: Substantially compliant

## Regulation 8: Protection

There were systems in place to safeguard residents and protect them from the risk of abuse. Safeguarding training was up-to-date for all staff and a safeguarding policy provided staff with support and guidance in recognising and responding to allegations of abuse.

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>	
Regulation 15: Staffing	Compliant
Regulation 21: Records	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
<b>Quality and safety</b>	
Regulation 10: Communication difficulties	Compliant
Regulation 13: End of life	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 25: Temporary absence or discharge of residents	Compliant
Regulation 27: Infection control	Compliant
Regulation 7: Managing behaviour that is challenging	Substantially compliant
Regulation 8: Protection	Compliant

# Compliance Plan for Cara Care Centre OSV-0000735

Inspection ID: MON-0049326

Date of inspection: 13/01/2026

## 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 21: Records	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 21: Records:</p> <ol style="list-style-type: none"> <li>1. Records containing residents' personal information are now stored in locked cupboards, and the key is accessible only to authorised staff. Completed 10.02.26</li> <li>2. The management walkabout will monitor compliance with the above on a weekly basis. Completed 10.02.26</li> </ol>	
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <ol style="list-style-type: none"> <li>1. The PIC will ensure that action plans following incident analysis are specific to the incidents analysed each month. This will be presented at the monthly clinical governance and overseen by the Regional Director. Complete and ongoing</li> <li>2. The PIC will develop an action plan after each monthly audit, clearly outlining the specific findings and required improvements with clear timelines and completion dates for all actions by 28.02.26. This will be overseen by the Regional Director at the monthly clinical governance. Complete and ongoing</li> <li>3. The PIC will review the safeguarding investigation process and strengthen same to ensure all aspects of the incident, including the chronology of events, interviews conducted, findings, and outcomes, will be clearly documented comprehensively and contemporaneously. This will be monitored through regular audits and during clinical governance meetings from 09.02.26. Complete and ongoing</li> <li>4. The PIC has implemented further measures to ensure that sluice and housekeeping rooms remain secured at all times and promote staff adherence. The CNMs will complete</li> </ol>	

regular walkabouts to monitor compliance from 16.02.26. Completed and ongoing	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <ol style="list-style-type: none"> <li>1. The pest control light in the first-floor dining room is repaired and repositioned as of 10.02.26</li> <li>2. The en-suite door in room 312 was repaired, and a suitable handle was installed to ensure safe and easy access as of 10.02.26</li> </ol>	
Regulation 7: Managing behaviour that is challenging	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 7: Managing behaviour that is challenging:</p> <ol style="list-style-type: none"> <li>1. The PIC will ensure that all residents presenting with responsive behaviours have their care plans updated to provide clear guidance to staff and to ensure appropriate assessments, including antecedent, behaviour and consequences. The care plan will also include psychosocial and non-pharmacological interventions to be trialled prior to the use of medication. This will be completed by 31.03.26</li> </ol>	

## 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	10/02/2026
Regulation 21(6)	Records specified in paragraph (1) shall be kept in such manner as to be safe and accessible.	Substantially Compliant	Yellow	10/02/2026
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	28/02/2026
Regulation 7(1)	The person in charge shall ensure that staff	Substantially Compliant	Yellow	31/03/2026

	have up to date knowledge and skills, appropriate to their role, to respond to and manage behaviour that is challenging.			
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