



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

Issued by the Chief Inspector

Name of designated centre:	Carthage Nursing Home
Name of provider:	Anvik Company Limited
Address of centre:	Mucklagh, Tullamore, Offaly
Type of inspection:	Announced
Date of inspection:	23 May 2024
Centre ID:	OSV-0000021
Fieldwork ID:	MON-0043485

About the designated centre

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

Carthage Nursing Home is a purpose-built facility located in Mucklagh, approximately 5kms outside Tullamore town. The centre is registered to provide residential care to 59 residents, both male and female, over the age of 18 years. The centre caters for residents with long term care, respite, palliative and convalescence care needs. The centre provides 24hr nursing care to residents. Residents with health and social care needs with all dependency levels are considered for admission. There are 39 single and 10 twin bedrooms. Most of the bedrooms have full en suite facilities. Residents have access to safe enclosed courtyard gardens.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	58
--	----

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
Thursday 23 May 2024	09:55hrs to 17:45hrs	Fiona Cawley	Lead

What residents told us and what inspectors observed

The inspector observed that residents living in this centre received a very good standard of care and support. Residents were complimentary about staff and the care they provided. Staff were observed to deliver care and support to residents which was kind and respectful, and in line with their assessed needs.

Following an introductory meeting with person in charge and director of nursing the inspector completed a tour of the building. Carthage Nursing Home is a purpose-built facility located in Mucklagh, Co. Offaly. The living and accommodation areas were spread over two floors which were serviced by an accessible lift.

Accommodation was provided for 59 residents, and comprised of single and twin bedrooms, many of which were ensuite. Residents' bedrooms were bright and spacious, and provided residents with sufficient space to live comfortably, and with adequate space to store personal belongings. Many bedrooms were personalised, and decorated according to each resident's individual preference. Communal areas available to residents included sitting rooms, dining room, conservatory and prayer room. There was also a visitors' room available, providing residents with a comfortable space to meet with friends and family members in private. Throughout the centre the décor was modern, and all areas were designed and furnished to create a homely and accessible living environment for residents.

The building was found to be laid out to meet the needs of residents. Corridors were sufficiently wide to accommodate residents with walking aids, and there were appropriate handrails available to assist residents to mobilise safely. There was a sufficient number of toilets and bathroom facilities available to residents. The centre was bright, warm, and well-ventilated throughout. Call-bells were available in all areas and answered in a timely manner. All areas of the centre were very clean, tidy, and well-maintained.

Residents had unrestricted access to safe, secure outdoor spaces. These areas included courtyards which contained a variety of suitable garden furnishings and seasonal plants.

There was a designated smoking area which was adequate in size and well ventilated. There were measures in place to ensure the residents' safety when using this facility, including ventilation, appropriate furniture and access to suitable fire fighting equipment.

There was a warm, friendly atmosphere throughout the centre on the day of the inspection. As the inspector walked through the centre, residents were observed to be content as they went about their daily lives. Residents were observed in the various areas, and it was evident that residents' choices and preferences in their daily routines were respected. Residents moved freely around the centre, and were observed to be socially engaged with each other and staff. Other residents were observed sitting quietly, relaxing and watching the comings and goings in the

centre. A small number of residents were observed enjoying quiet time in their bedrooms.

The inspector spent time observing staff and resident interaction in the various areas of the centre. The inspector observed that personal care needs were met to a very good standard, and that staff were kind, patient, and very attentive to residents' needs. Care and support was provided to residents in a respectful and unhurried manner. Staff supervised communal areas appropriately, and those residents who chose to remain in their rooms, or who were unable to join the communal areas were supported by staff throughout the day. Staff who spoke with inspectors were knowledgeable about residents and their needs. Familiar, respectful chats could be heard between residents and staff.

Throughout the day, residents were happy to chat with the inspector. Residents' feedback provided an insight of their lived experience in the centre. The inspector spoke in detail with a total of 10 residents. Residents spoke positively about their experience of living in the centre. Residents told inspectors that they were very happy with their bedroom accommodation and general surroundings, which were comfortable and suitable for their needs. One resident described the centre as 'a lovely place' and said that they loved the fact that it was in the countryside. Another resident commented on the 'lovely view' from their bedroom window. Residents stated that staff were kind and always provided them with assistance when it was needed. One resident praised the management and staff for the 'lovely atmosphere' in the centre. Residents also told the inspector that they felt safe in the centre, and that they could freely raise any concerns with staff. Residents who were unable to speak with the inspector were observed to be content and relaxed in their surroundings.

There were opportunities for residents to participate in recreational activities of their choice and ability, either in the communal areas or their own bedrooms. Residents were also provided with access to television, radio, internet, newspapers and books. There was a schedule of activities in place including music, arts and crafts, exercises, bingo, quizzes and gardening. The activity co-ordinator on duty on the day was knowledgeable about the social care needs of residents. Residents told the inspector that they were free to choose whether or not they participated in planned activities. The inspector observed a game of bingo and quiz, both of which were very well attended by residents. There was a lively atmosphere with lots of laughter and banter between residents and staff. The inspector observed that staff ensured that all residents were facilitated to be actively involved in activities.

Friends and families were facilitated to visit residents, and the inspector observed many visitors in the centre throughout the day.

Residents told the inspector that they had a choice of meals and drinks available to them every day, and they were complimentary about the quality of food. The dining experience was observed to be a social, relaxed occasion. The inspector saw that the food was appetising and well presented. Residents were assisted by staff, where required, in a sensitive and discreet manner. Other residents were supported to

enjoy their meals independently.

In summary, the inspector found residents received a good service from a responsive team of staff delivering safe and appropriate person-centred care and support to residents.

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

This was an announced inspection carried out by an inspector 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). The inspector reviewed the action taken by the provider to address areas of non-compliance found on the last monitoring inspection in February 2023.

The findings of the inspection reflected a commitment from the provider to ongoing quality improvement that would continue to achieve positive outcomes for residents who lived in the centre. The provider had addressed the actions required following the last inspection in respect of Regulation 23: Governance and Management, Regulation 17: Infection control and Regulation 28 Fire precautions.

The inspector found that this was a well-managed centre, and that the quality and safety of the services provided to residents were of a good standard. Anvik Company Limited is the registered provider of the centre. The company had two directors, one of whom represented the provider worked in the centre as the director of nursing. The governance and management was well organised, and the centre was well resourced to ensure that residents were supported to have a good quality of life. There was a clearly defined organisational structure in place, with identified lines of authority and accountability. There was a person in charge in post who demonstrated a clear understanding of their role and responsibility. They were supported in their role by an operations manager, a director of nursing and two clinical nurse managers. The management of the centre was further supported by a full complement of staff, including nursing and care staff, housekeeping, catering, administrative, activity and maintenance staff. The management team were a visible presence in the centre and were well known to the residents and staff. There were systems in place to ensure appropriate deputising arrangements in the absence of the person in charge.

There were sufficient numbers of suitably qualified staff available to support residents' assessed needs. Staff had the required skills, competencies, and experience to fulfil their roles. The team providing direct care to residents consisted of registered nurses and a team of healthcare assistants. Communal areas were

appropriately supervised, and inspectors observed kind and considerate interactions between staff and residents. Teamwork was very evident throughout the day. The person in charge, director of nursing and clinical nurse managers provided clinical supervision and support to all the staff.

The provider had management systems in place to monitor and review the quality of the service provided for residents. A range of clinical and environmental audits had been completed. These audits reviewed practices such as, care planning, nutrition, falls, the use of restrictive practices, medication management, and antimicrobial stewardship. Where areas for improvement were identified, action plans were developed and completed. Audit results were discussed at regular management meetings and communicated to all staff. In addition, key aspects of the quality of the service were reviewed by person in charge on a weekly basis. This included information in relation to use of antibiotics, falls, care plans, wounds, nutritional status and other significant events. A comprehensive annual review of the quality and safety of the services had been completed for 2023, and included a quality improvement plan for 2024.

Staff had access to education and training appropriate to their role. Staff were facilitated to attend training. This included fire safety, manual handling, safeguarding, managing behaviour that is challenging, and infection prevention and control training. There were arrangements in place to provide supervision and support to staff.

There was an effective system of risk management in the centre. The centre had a risk register which identified clinical and environmental risks, and the controls required to mitigate those risks. Arrangements for the identification and recording of incidents was in place.

The centre had a complaints policy and procedure which clearly outlined the process of raising a complaint or a concern. A complaints log was maintained with a record of complaints received. A review of the complaints log found that complaints were recorded, acknowledged, investigated and the outcome communicated to the complainant.

Regulation 15: Staffing

There was sufficient staff on duty with appropriate skill mix to meet the needs of the residents, taking into account the size and layout of the designated centre.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had access to training and had completed all necessary training appropriate to their role.

Judgment: Compliant

Regulation 21: Records

Records were stored securely and readily accessible. The inspector reviewed a number of staff personnel records, which were found to have all the necessary requirements, as set out in Schedule 2 of the regulations.

Judgment: Compliant

Regulation 23: Governance and management

There were strong governance arrangements in the centre. There was a clearly defined management structure in place with identified lines of authority and accountability. There were sufficient resources available and an effective monitoring system in place to ensure positive outcomes for residents living in the centre.

Judgment: Compliant

Regulation 34: Complaints procedure

There was an effective complaints procedure in place which met the requirements of Regulation 34.

Judgment: Compliant

Regulation 4: Written policies and procedures

The policies required by Schedule 5 of the regulations were in place, and updated in line with regulatory requirements.

Judgment: Compliant

Quality and safety

Residents living in Carthage Nursing Home received a good standard of care and support which ensured that they were safe, and that they could enjoy a good quality of life. Residents were satisfied with their access to health care, and 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.

Care delivered to the residents was of a very good standard, and staff were knowledgeable about residents' care needs. Residents had a comprehensive assessment of their needs completed prior to admission to the centre to ensure the service could meet their health and social care needs. An individualised care plan was developed for each resident, within 48 hours of admission to the centre. The inspector reviewed a sample of eight residents' files. Care plans reflected the individual assessed needs of residents and how those needs were met to ensure person-centred safe quality care with positive outcomes for residents. Care plans were updated every four months, or as changes occurred, to reflect residents' changing needs. Daily progress notes demonstrated good monitoring of care needs and the effectiveness of care provided.

Residents were provided with access to appropriate medical care, with residents' general practitioners providing on-site reviews. Residents were also provided with access to other healthcare professionals, in line with their assessed needs.

There was appropriate oversight and monitoring of the incidence of restrictive practices in the centre. There were a number of residents who required the use of bed rails, and records reviewed showed that appropriate risk assessments had been carried out in consultation with the multidisciplinary team and resident concerned.

A safeguarding policy provided guidance to staff with regard to protecting residents from the risk of abuse. Staff demonstrated an appropriate awareness of the centres' safeguarding policy and procedures, and demonstrated awareness of their responsibility in recognising and responding to allegations of abuse. Residents reported that they felt safe living in the centre.

The needs and preferences of residents who had difficulty communicating were actively identified by staff, and efforts made to support residents to communicate their views and needs directly. Residents who required supportive equipment to communicate were provided with such equipment. Residents care plans reflected their communication needs and preferences.

Staff demonstrated an understanding of residents' rights and supported residents to exercise their rights and choice, and the ethos of care was person-centred. Residents' choice was respected and facilitated in the centre. Residents could retire

to bed and get up when they choose. Activities were observed to be provided by dedicated activities staff. Residents had the opportunity to meet together and discuss relevant management issues in the centre. Residents had access to an independent advocacy service.

The premises was designed and laid out to meet the needs of residents. The provider had completed significant refurbishment of the centre to improve the provision of en-suite showering facilities for residents.

The person in charge ensured that where a hospital admission was required for any resident, transfers were safe and effective by providing all relevant information to the receiving clinicians and that all relevant information was obtained on the resident's return to the centre.

There were appropriate infection prevention and control policies and procedures in place, consistent with the National Standards for Infection Prevention and Control (IPC) in Community Settings published by the Authority. The provider had taken action to ensure the physical environment supported effective infection prevention and control measures, and reduced the risk of cross infection. The centre was visibly clean on inspection. There were effective quality assurance processes in place to ensure a satisfactory standard of environmental and equipment hygiene was maintained.

Fire procedures and evacuation plans were prominently displayed throughout the centre. Personal evacuation plans were in place for each resident. There were adequate means of escape and all escape routes were unobstructed, and emergency lighting was in place. Fire fighting equipment was available and serviced as required. Staff with whom the inspector spoke were knowledgeable about what to do in the event of a fire.

There was effective oversight of medicines management to ensure that residents were protected from harm and provided with appropriate and beneficial treatment.

Regulation 11: Visits

The registered provider had arrangements in place for residents to receive visitors. Those arrangements were found not to be restrictive, and there was adequate private space for residents to meet their visitors.

Judgment: Compliant

Regulation 12: Personal possessions

Residents living in the centre had appropriate access to and maintained control over

their personal possessions.

Laundry services were on-site, and there were no issues raised by residents regarding laundry.

Judgment: Compliant

Regulation 17: Premises

The design and layout of the centre was suitable for the number and needs of the residents accommodated there.

Judgment: Compliant

Regulation 25: Temporary absence or discharge of residents

Where a hospital admission was required for any resident, the person in charge ensured that all relevant information about the resident was provided to the receiving hospital and that all relevant information was obtained on the resident's return to the centre.

Judgment: Compliant

Regulation 26: Risk management

There was an up-to-date risk management policy and associated risk register that identified risks and control measures in place to manage those risks. The risk management policy contained all of the requirements set out under Regulation 26(1).

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

There were processes in place for the prescribing, administration and handling of medicines, including controlled drugs, which were safe and in accordance with current professional guidelines and legislation.

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

Residents had access to appropriate medical and allied health care professionals and services to meet their assessed needs.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

A restraint-free environment was promoted in the centre, in line with local and national policy. Each residents had a risk assessment completed prior to any use of restrictive practices. The use of restrictive practises were regularly reviewed to ensure appropriate usage.

Judgment: Compliant

Regulation 8: Protection

The provider had systems in place to ensure that residents were protected from the risk of abuse.

Judgment: Compliant

Regulation 9: Residents' rights

Residents' rights were upheld in the designated centre. The inspector observed that residents' privacy and dignity was respected. Residents told the inspector that they were well looked after and that they had a choice about how they spent their day.

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 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	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
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant