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:	Carthage Nursing Home
Name of provider:	Anvik Company Limited
Address of centre:	Mucklagh, Tullamore, Offaly
Type of inspection:	Unannounced
Date of inspection:	14 July 2026
Centre ID:	OSV-0000021
Fieldwork ID:	MON-0050555

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 five kilometres 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 24-hour nursing care to residents. Residents with health and social care needs of 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:	57

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 14 July 2026	07:30hrs to 15:15hrs	Laurena Guinan	Lead

What residents told us and what inspectors observed

Residents living in Carthage Nursing Home told the inspector that they were 'lucky to live here', and described the staff as 'kind' and 'lovely'. Residents who could not verbalise their opinions appeared content, and there was a relaxed atmosphere throughout the day.

Carthage Nursing Home is a purpose-built centre, spread over two floors. Residents' bedrooms were on both floors, and there was access between the floors by a lift or stairs. A reception area at the entrance led to interconnected sitting and dining areas that were spacious and comfortably furnished so that residents could use the areas for different activities such as reading, watching TV, or taking part in music sessions. All these areas were seen to be well used during the day, with residents telling the inspector it was lovely to have a choice of quiet and busy areas to choose from.

There was access to two secure courtyards from the sitting areas. These had even pathways and ample seating to allow residents to enjoy the outdoors in a safe manner. One resident told the inspector that they loved tending to the flowers in the courtyards, as gardening was a big part of their life. There was an appropriately equipped smoking room that had a new ventilation system installed for residents' comfort.

The inspector saw breakfast and lunch being served, and residents were given the choice to dine in their bedrooms or in the dining rooms. Some residents were seen to have a late breakfast, and residents said that they were also accommodated to order off the menu, should they wish to do so. There was ample staff to assist residents, and meal times were calm and relaxed. Residents said they 'never had a bad meal here', and described the food as 'second to none'.

Residents could receive visitors in a variety of areas. There was a well-equipped visitors' kitchen on the first floor, as well as a visitors' room on the ground floor. Visitors were complimentary of the care provided. One visitor said they felt 'privileged' that their loved one lived in Carthage Nursing Home, and another visitor said that they were impressed at the cleanliness and homeliness of the centre. All visitors spoken with said that they were made welcome at any time.

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

The inspector found that there was a stable management and governance structure in the centre, and actions the provider committed to from the previous compliance plan had been completed.

This was an unannounced inspection to inform the application to renew the registration of the designated centre, and 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 January 2026.

Anvik Company Limited is the registered provider for Carthage Nursing Home. There was a person in charge who worked full-time in the centre. One of the company directors who worked full-time in the centre, and an operations manager, provided management support. Both were present on the day of inspection. Clinical nurse managers, staff nurses, healthcare assistants, activities coordinators, household, catering and maintenance staff made up the remainder of the staff team in the centre.

There was a suite of audits available for review, including environmental, care plan, nutrition, and falls audits, and these were seen to have corresponding quality improvement plans to address issues identified. An annual review for 2025 had been completed in consultation with residents and families. This had a quality improvement plan that was being implemented. For example, improved internet connection was identified as an area for improvement, and minutes of management meetings showed that there was engagement with internet providers to enhance the connection. There was a system of staff, management and residents' meetings that demonstrated good communication within the centre. Concerns raised by residents were disseminated to staff and addressed at management meetings. Findings from audits and feedback from staff appraisals were communicated to staff. Issues identified during meetings had action plans in place to address them, with a responsible person nominated. These actions were seen to be completed promptly.

The centre's policies and procedures were up to date and available for review by staff. Policies and procedures required under Schedule 5 of the regulations were reviewed, and had been updated within the required time frame of three years.

The inspector reviewed the file for the person in charge and saw that they had the qualifications and experience as required by the regulations. The person in charge engaged openly with the inspector during the inspection and showed a good understanding of their regulatory requirements. They displayed a proactive approach to improving standards in the centre, and was known by name to residents and their families.

Staff rosters showed that there was an appropriate skill-mix of staff, including at least one registered nurse on duty at all times. There was a system in place to provide suitable cover for each department. Over the course of the day, call bells

were answered promptly and residents in communal rooms were seen to be appropriately supervised. Residents told the inspector that staff were always available to help and they were never left waiting for assistance. The inspector reviewed the professional registrations for all nursing staff, and found that all staff who worked in the centre as nurses held valid registration with the Nursing and Midwifery Board of Ireland (NMBI).

There was a complaints procedure on display in the centre and this was in line with the regulations. The inspector reviewed a sample of complaints and saw that they were handled in line with the procedure. Both the complaints officer and the review officer had completed training in managing complaints.

Registration Regulation 4: Application for registration or renewal of registration

The registered provider had submitted an application to renew the registration of the designated within the correct time frame, and with the required information.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge fulfilled the requirements of the regulations.

Judgment: 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

Regulation 23: Governance and management

The registered provider had ensured that there were sufficient resources and there was a clearly defined management structure in the centre. The management

systems in place ensured that the service provided was safe, appropriate, consistent and effectively monitored.

Judgment: Compliant

Regulation 34: Complaints procedure

The registered provider had an accessible and effective procedure for dealing with complaints which was in line with the regulations.

Judgment: Compliant

Regulation 4: Written policies and procedures

The registered provider had all the policies as required under Schedule 5 of the regulations. These were reviewed every three years, and were available to staff.

Judgment: Compliant

Quality and safety

The inspector saw that residents living in Carthage Nursing Home received a high standard of care from staff who were familiar with their needs and abilities.

There was a mix of single and twin bedrooms in the centre and all bedrooms seen on the day were clean and comfortably furnished. Residents spoken with said they were happy with the space and cleanliness of their rooms, and many had personalised them with their own belongings to make them homely. The corridors were free of obstruction and had hand-rails to facilitate easy mobility throughout the centre. The courtyards were seen to be well used on the day of the inspection, and a number of residents and visitors said that they valued the pleasant outdoor spaces. The centre was bright and well-ventilated, and all areas were well maintained. All residents' equipment seen by the inspector was clean and in good working order.

The inspector reviewed a sample of care plans and saw that residents had a comprehensive assessment using validated assessment tools within 48 hours of admission to the centre. Care plans were developed using these assessments, and they were reviewed at a minimum of four monthly intervals. Care plans were

developed based on the assessment findings, and they were seen to be person-centred to clearly direct staff how to care for the resident. A family member told the inspector that staff were attentive to residents' current needs, abilities and preferences, and adapted routines and resources to accommodate them.

Regulation 17: Premises

The premises was appropriate to the number and needs of the residents, and conformed to the matters set out in Schedule 6 of the regulations.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Residents had a comprehensive pre-admission assessment completed. Validated assessment tools were used to develop care plans within 48 hours of admission and these were reviewed every four months or as required.

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	
Registration Regulation 4: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 23: Governance and management	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 5: Individual assessment and care plan	Compliant