



# 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 January 2026
Centre ID:	OSV-0000021
Fieldwork ID:	MON-0049258

## 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:	57
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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
Wednesday 14 January 2026	08:55hrs to 15:45hrs	Laurena Guinan	Lead

## What residents told us and what inspectors observed

Residents living in Carthage Nursing Home described it as 'a great place to live' and praised the staff who they said 'always try to help'. 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 March 2025.

The centre was set over two floors, with resident accommodation on both floors. On arrival, the inspector walked around the centre and saw that residents were being assisted with their morning routine. The atmosphere was busy but calm, and call bells were answered promptly. There was a welcoming reception area where visitors signed in, and information such as the complaints procedure, advocacy and fire evacuation was on display. The reception led to a large communal area that was separated into smaller areas. Each area had its' own furnishings and TV, and were seen to be used differently throughout the day. One resident commented that she chose one particular area as it was quieter while still allowing her to see people come and go, and other residents were seen enjoying a music programme in another area. Towards the back of the centre, there was an additional sitting room for those who preferred minimal stimulation. A staff supervising these residents had relaxation music playing, and a calming fragrance came from a diffuser. The communal rooms were seen to be comfortably furnished and clean, however, spray bottles of cleaner were easily accessible in communal areas, which posed a risk that residents may ingest them. This was brought to the attention of the person in charge, who removed the bottles.

Residents had access to two secure courtyards from the communal areas, each of which had good pathways and seating. A smoking room was also located here, and while it was seen to be appropriately equipped, the ventilation was inadequate. This was brought to the attention of the person in charge and will be discussed later in the report. Residents' bedrooms on this floor were situated on the corridors surrounding the communal areas and those seen were clean, tidy and many had been personalised with residents' own belongings. The corridors were free of obstruction and had hand rails to allow for safe mobilisation throughout the centre. Residents also had access to an oratory and a visitors' room on this floor.

The centre had a number of bathrooms, toilets and sluice rooms on each floor. All these were clean and tidy, and the sluice rooms were kept locked. There were two store rooms on the ground floor, and while one was clean and tidy, the second store room had numerous items on the floor, and items such as used paint tins and empty containers stored alongside new towels and bedding sets. This will be discussed later in the report.

On the first floor, there was a sitting room, activities room and a visitors' kitchen. There was inadequate storage in the activities room, which resulted in boxes and bags stored on the floor and on the tables, and the sink area was stained and untidy. The visitors' kitchen was not equipped for visitors or residents to make tea or coffee and did not have a comfortable, welcoming feel. These issues were brought to the attention of the person in charge and will be discussed later in the report. The sitting room on this floor was seen to store a number of stacked armchairs, and other chairs in the room were worn. The person in charge reported that the chairs were due to be replaced with new furniture, and the room was in the process of being refurbished.

The inspector saw lunch being served and the meals were hot and of generous portions. Residents spoken with said that the food was tasty and there was a good choice available. One resident had opted for plain chicken instead of the chicken casserole on the menu, and this had been accommodated. There were two sittings for lunch in the main dining room to afford residents more space and time during their meal, and there was adequate staff to assist those who required it. Residents were also offered drinks and snacks during the day, with fresh water brought to the bedrooms in the morning, and freely accessible in the communal rooms.

Residents had a relaxing morning with a choice of TV and music programmes in the different sitting areas. A quiz was scheduled for the afternoon, and this was a lively, competitive event, with lots of discussion and interaction between residents and staff. Residents told the inspector that they enjoyed the activities on offer. One resident also said that they were delighted to maintain their link with their community day service, and looked forward to attending it each week.

Visitors spoken with on the day said that they were always made to feel welcome, and there were ample spaces available in which to spend time with their loved one. One visitor described the service as 'top notch' and said that staff were attentive and caring. Both residents and visitors spoken with said that they would have no concerns raising issues with staff, and were confident that staff would listen and respond to them.

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 centre had a clearly defined management structure in place, with clear lines of authority and accountability, although improvements were required in the oversight of the submission of notifications, residents' contracts, storage practices and communal rooms.

Anvik Company Limited was the registered provider of Carthage Nursing Home. The person in charge was a registered nurse who worked full-time in the centre and one of the directors also worked full-time in the centre. The person in charge was supported in their role by a team of clinical nurse managers, nurses, health care assistants, activities co-ordinators, and catering, household, administration and maintenance staff.

The inspector saw a schedule of management and resident meetings, and a residents' survey had been conducted in August 2025. Issues that had been identified at the meetings and from the residents' survey all had action plans to address them. The inspector saw that the action plans had been completed and the meetings facilitated a robust system of communication within the centre. There was a suite of audits in place and these also had action plans to address issues identified. The inadequate ventilation in the smoking area was discussed with the person in charge and the directors. They informed the inspector that there was a switch to turn the ventilation system on, but this was frequently switched off by residents. This will be discussed under Regulation 23: Governance and management.

The inspector saw a Preparedness Plan that had been developed to direct staff in dealing with outbreaks of infectious illnesses. The centre had experienced an outbreak of influenza earlier in the year, and learnings from that outbreak had been incorporated into the plan. These measures were then used to manage a second outbreak of influenza which had closed the day before the inspection. Infection control audits were also conducted to maintain standards of hand hygiene, cleanliness and infection prevention measures in the centre. The audits, however, had not identified some areas that did not support good infection control and this will be discussed under Regulation 23: Governance and management.

A directory of residents was made available to the inspector and a number of records did not have an address for the next of kin. This will be discussed under Regulation 19: Directory of residents.

The inspector reviewed five contracts of care and saw that all were signed, and detailed the funding in place and the fees to be paid by the resident. However, not all the contracts specified the fees for additional services, or correctly provided the room number and occupancy of the resident's bedroom. The operations manager also advised that residents who had been admitted since the start of the year did not have a contract in place as they were emergency admissions and it was common practice not to provide a contract on admission in these circumstances. This will be discussed under Regulation 24: Contract for the provision of services.

## Regulation 19: Directory of residents

The directory of residents required review to ensure it contained all the information as set out in Schedule 3 of the regulations. This was evidenced by a number of records without an address for the next of kin.

Judgment: Substantially compliant

### Regulation 22: Insurance

The registered provider had a valid insurance contract in place.

Judgment: Compliant

### Regulation 23: Governance and management

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

- Oversight systems in place had not identified the inappropriate storage in a storage room and the activities room. Items stored on the floor posed a fire risk, and was not conducive to a comfortable environment in the activities room.
- Infection control audits had not identified all areas that required further cleaning, for example:
  - The sink area in the activities room was dirty and was not suitable for use by residents.
  - The visitors' room was unclean and not equipped to be used by residents and their families.
- Oversight of the ventilation system in the smoking room had not identified that it was not always operational when the room was in use which caused a build up of smoke in the room.

Judgment: Substantially compliant

### Regulation 24: Contract for the provision of services

Residents' contracts required review to ensure they contained all the information as required by the legislation, and to ensure that residents were provided with a contract on admission to the centre. This was evidenced by:

- Two contracts seen by the inspector did not detail the fees for extra services.
- One contract did not have the resident's bedroom number.
- One contract did not have the occupancy of the resident's bedroom.
- Two residents had not been provided with a contract for provision of services on admission to the centre at the start of the year.

Judgment: Substantially compliant

### Regulation 31: Notification of incidents

The registered provider had not notified the Chief Inspector of incidents. This was evidenced by:

- One incident was incorrectly submitted as a quarterly notification.
- One incident was received five days late.

Judgment: Not compliant

### Quality and safety

Residents living in Carthage Nursing Home were seen to receive a high quality of care from staff who were familiar with, and responsive to, their needs. Residents said that they felt staff knew them well, and described them as kind and caring.

The inspector spoke with staff regarding residents who had different communication needs and the staff were knowledgeable of extra supports required. Residents had communication care plans in place and these were seen to contain personalised information to direct staff in how best to communicate with the resident. Equipment such as visual cards and a sensory blanket were available to aid effective communication.

The inspector reviewed end-of-life care plans and saw that they were personalised with the residents' wishes. Where a resident was unable to express their choices, their families had been involved in the development of the plan. Families were facilitated to stay with their loved one at the end-of-life stage. Two staff members had recently completed training in end-of-life care and these staff were encouraged and given protected time to share their learning with the rest of the staff team. Measures to support residents during the end-of-life period, and to provide comfort to their families and friends were being developed, and there was a positive, respectful attitude from the staff involved.

The centre had closed an influenza outbreak the day before the inspection. On inspection in March 2025, the management of an influenza outbreak was seen to be insufficient and the registered provider had committed to improving infection control measures. The inspector saw enhanced cleaning schedules of handles, handrails and sluices that had been implemented during the outbreak. There was a high compliance with staff training in infection prevention and control, and the inspector saw staff using hand gel or washing their hands between tasks. The inspector spoke with staff and they were familiar with procedures to follow during an outbreak. Residents spoken with said that they had been kept informed of what measures were in place and why, and the residents told the inspector that they had felt safe and well-cared for during the outbreak. However, not all communal areas had the same standard of cleanliness. This will be discussed under Regulation 27: Infection control.

### Regulation 10: Communication difficulties

Residents were facilitated to communicate freely, and care plans detailed specialist communication requirements.

Judgment: Compliant

### Regulation 13: End of life

The person in charge had ensured that the needs and wishes of the resident at end-of-life would be met, and that families were facilitated and communicated with.

Judgment: Compliant

### Regulation 27: Infection control

While there were enhanced cleaning schedules in place for residents bedrooms and some communal areas, not all areas were seen to be clean. This was evidenced by:

- Inappropriate storage in a store room and the activities room which did not support effective infection prevention.
- The sink areas in the activities room and visitors' room were not sufficiently clean for use by residents.

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
<b>Capacity and capability</b>	
Regulation 19: Directory of residents	Substantially compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Contract for the provision of services	Substantially compliant
Regulation 31: Notification of incidents	Not compliant
<b>Quality and safety</b>	
Regulation 10: Communication difficulties	Compliant
Regulation 13: End of life	Compliant
Regulation 27: Infection control	Substantially compliant

# Compliance Plan for Carthage Nursing Home OSV-0000021

Inspection ID: MON-0049258

Date of inspection: 14/01/2026

## 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 19: Directory of residents	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 19: Directory of residents:</p> <p>The Directory of Residents has been updated to ensure all current residents' next of kin address is recorded.</p> <p>All required information as set out in Schedule 3 of the regulations will be entered into the Directory of Residents on admission of the resident to the nursing home.</p> <p>Management have put in place an audit schedule on a 3 monthly basis to ensure that all information required in the Directory of Residents is complete.</p>	
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>The activities room has been decluttered and a new unit has been purchased for appropriate storage.</p> <p>A cleaning schedule is in place to ensure the activities room is cleaned and tidy after use.</p> <p>The visitor's kitchen has been stocked appropriately for residents and visitors. Signage has been put in place in this kitchen for residents and visitors to alert staff if they require additional supplies.</p> <p>A cleaning schedule is in place to ensure the visitors kitchen is maintained in a welcoming manner and that same is adequately stocked.</p> <p>An audit schedule has been put in place to ensure procedures are being adhered to.</p>	

The Slieve Bloom sitting room contained a number of stacked armchairs on the day of inspection. These armchairs were awaiting removal as we had purchased new armchairs. These armchairs have since been removed and disposed of.

The ventilation system in the smoking room was not always operational. This was due to residents turning off the switch.

A motion sensor has been placed in the smoking room to ensure good ventilation in this area when in use.

Regulation 24: Contract for the provision of services	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 24: Contract for the provision of services:

All current residents Contracts of Care are being reviewed to ensure they contain all the information required by legislation.

An amendment to existing contracts of care will be issued where necessary to ensure compliance with Regulation 24.

Residents or their nominated next of kin will be issued with a Contract of Care prior to or on admission, which contains all information required by legislation.

Regulation 31: Notification of incidents	Not Compliant
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Outline how you are going to come into compliance with Regulation 31: Notification of incidents:

We acknowledge that there were 2 incidents where notifications were incorrectly submitted to the Chief Inspector.

All notifications will be submitted to the Chief Inspector as per Regulation 31: Notification of Incidents.

Regulation 27: Infection control

Substantially Compliant

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

The store room has been reorganised to ensure that only appropriate items are stored in this area and off the floor.

The activities room has been decluttered and a new unit has been purchased for appropriate storage.

A cleaning schedule is in place to ensure the activities room is cleaned and tidy after use.

A cleaning schedule is in place to ensure the visitors kitchen is maintained in a welcoming manner and that same is adequately stocked.

An audit schedule has been put in place to ensure procedures are being adhered to.

## 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 19(3)	The directory shall include the information specified in paragraph (3) of Schedule 3.	Substantially Compliant	Yellow	03/03/2026
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	03/03/2026
Regulation 24(1)	The registered provider shall agree in writing with each resident, on the admission of that resident to the designated centre concerned, the terms, including terms relating to the bedroom to be provided to the resident and the	Substantially Compliant	Yellow	31/03/2026

	number of other occupants (if any) of that bedroom, on which that resident shall reside in that centre.			
Regulation 24(2)(b)	The agreement referred to in paragraph (1) shall relate to the care and welfare of the resident in the designated centre concerned and include details of the fees, if any, to be charged for such services.	Substantially Compliant	Yellow	31/03/2026
Regulation 27(a)	The registered provider shall ensure that infection prevention and control procedures consistent with the standards published by the Authority are in place and are implemented by staff.	Substantially Compliant	Yellow	03/03/2026
Regulation 31(1)	Where an incident set out in paragraphs 7 (1) (a) to (i) of Schedule 4 occurs, the person in charge shall give the Chief Inspector notice in writing of the incident within 2 working days of its occurrence.	Not Compliant	Orange	03/03/2026