



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:	26 April 2022
Centre ID:	OSV-0000021
Fieldwork ID:	MON-0036490

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:	55
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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 26 April 2022	08:30hrs to 17:10hrs	Sean Ryan	Lead

What residents told us and what inspectors observed

The inspector observed that residents were supported to enjoy a satisfactory quality of life and received person-centred care from staff who were observed to be kind, polite and caring towards residents. The overall feedback from residents was that they were happy living in the centre and were free to exercise choice in all aspects of their daily lives.

On the day of inspection, the centre was nearing the end of an outbreak of COVID-19 that had affected a number of residents and staff. The inspector was guided through the infection prevention and control measures on arrival to the centre. Following an introductory meeting, the inspector walked through the centre with the person in charge.

On the morning of inspection, there was a relaxed and calm atmosphere in the centre. Residents were observed enjoying breakfast in bed while other residents chose to have breakfast at a later time or attend the dining room to socialise with other residents. Staff were overheard greeting residents as they entered their room and this was followed by polite conversation discussing topics such as the activities plan for the day and the residents preferred choice of clothing. The care provided to residents was observed to be unhurried and allowed staff to engage with residents socially during morning care.

The inspector spoke with a number of residents in their bedrooms and communal rooms who expressed their satisfaction with the quality of care they received. Residents told the inspector about their lived experiences of the pandemic and the challenges they faced when restrictions were in place. Residents praised the management and staff for 'doing their best' to keep them safe and providing reassurance 'during times of uncertainty'. Staff efforts to keep residents connected with their family and friends was also acknowledged and appreciated. Some residents described themselves as 'lucky to live here' referring to their centre as their home. One resident told the inspector that they enjoyed living in the centre because 'staff treat you like a person'. Residents indicated that they felt safe in the centre and could speak to a member of staff or management about any concerns they have.

The inspector observed that the centre was bright, spacious and laid out to meet the needs of the residents. The centre provides accommodation over two floors and comprised of both single and shared bedroom accommodation. All bedrooms had full en-suite and shower facilities with the exception of six shared bedrooms that had wash hand basin only. However, showering facilities were provided close to those bedrooms. The centre was well-lit, warm and comfortable for residents. Residents could independently access secure enclosed gardens which were observed to be appropriately maintained and furnished. Residents were observed enjoying the gardens throughout the day. Painting and redecorating of corridors had commenced on the day of inspection and a planned and phased approach to this work was in

place. The inspector observed areas of the premises where doors, skirting, floor coverings, and walls on corridors and in bedrooms were not in a satisfactory state of repair. Some residents' equipment and furniture, that included chairs and bed-frames were visibly damaged. Overall, the centre was found to be generally clean in all areas occupied by residents. Store rooms were not visibly clean on inspection and this was as a result of the volume of stock in store rooms that impacted on accessibility to effectively clean the area. There was signage displayed throughout the centre to support residents in navigating the corridors and locating bedrooms, communal rooms, toilets and the garden.

Residents told the inspector they were satisfied with their bedroom accommodation, furnishings and storage facilities for their personal belongings. Residents told the inspector they were encouraged to 'put their own stamp on it' referring to the personalisation of their bedroom. The inspector observed that residents had pictures of their family and friends, artwork, and ornaments on display. Some residents had potted plants placed throughout their bedroom. Residents personal clothing was laundered on-site and residents told the inspector they were satisfied with this service. Personal clothing was discretely labeled to minimise the risk of items becoming misplaced or lost. Call bells were available in all bedrooms and communal areas for residents. Residents were satisfied with the time it took for their call bells to be answered and the inspectors observed that staff responded to residents call bells without delay.

Residents were complimentary of the dining experience and the quality of the food they received. The dining experience was observed to be a social and enjoyable experience for residents. Staff were available to provide discrete assistance and support to residents if required. Food was freshly prepared and met residents individual nutritional requirements. Residents confirmed the availability of snacks and refreshments outside of scheduled meal times.

Throughout the day, the inspector observed that residents were actively engaged in a variety of meaningful activities. There was a detailed activity schedule developed in consultation with the residents. This included bingo, art, music and movies. Although the activities board had been removed to facilitate painting, staff informed residents of the daily activities plan when assisting them with their morning care needs. A religious service was held for residents in the early afternoon and a live music session was planned for the late afternoon. While the centre had a designated staff member that provided activities six days per week, staff who spoke with the inspector identified activities as an important part of their role and supported the implementation of the activities plan. Residents told the inspector that they were consulted about the quality of the service frequently and told the inspector that they 'felt listened to' by the staff and management. The person in charge facilitated frequent educational sessions for residents where a topic was selected for discussion. This included residents rights and infection control. Resident satisfaction surveys had been completed and analysed to inform quality improvement plans.

The following section of this report details the findings with regard to the capacity and management of the centre and how this supports the quality and safety of the

service provided to residents.

Capacity and capability

This was an unannounced risk inspection carried out over one day 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. The inspector reviewed the actions taken by the provider following the last inspection of the centre in December 2020. The inspector found that the provider had taken action to address the findings of the previous inspection with regard to the regulations that support the quality and safety of the care provided to residents. This included appropriate staff levels and training and staff development. However, further action was required by the provider to comply with Regulation 5, individual assessment and care plan, Regulation 17, premises and Regulation 27, infection control. This is discussed further under the quality and safety section of this report.

Anvik Company Limited is the registered provider of Carthage Nursing Home. The management team consisted of a representative of the company directors, who was actively involved in the day-to-day operations of the centre, an operations manager, and the person in charge. The centre was found to have an effective management structure where lines of accountability and authority were clearly defined to ensure effective oversight of the quality and safety of the service. The person in charge was supported by two clinical nurse managers and a team of nursing, care and support staff. Arrangements were in place to ensure a member of the management team was on duty at all times and available to provide additional support to staff outside of normal working hours.

There was evidence of weekly governance and management meetings between senior levels of management to provide effective governance and oversight of the service. The quality and safety of care delivered to residents was monitored through a range of clinical and environmental audits. The audits included reviews of incidents involving residents' falls, the use of restraint, wounds and a variety of infection control related audits. Improvement action plans were developed and actions were communicated and assigned to staff in their relevant areas of responsibility to ensure that these actions were implemented and completed.

Risk management systems were guided by the risk management policy. Risks were appropriately identified and recorded in the centres risk register that details the controls in place to mitigate the risk of harm to residents. The risk register was subject to ongoing review and evaluation of the effectiveness of controls in place to maintain a safe environment for residents.

The staffing levels were appropriate for the size and layout of the building and to meet the assessed needs of the residents. A review of the rosters evidenced that there was adequate staffing in place to support housekeeping, catering and social care activities. Rosters evidenced that staffing levels had been maintained during

the recent outbreak of COVID-19 to ensure residents needs were met.

A review of staff training records found that all staff had up-to-date mandatory training, pertinent to providing residents with safe quality care. Staff demonstrated an appropriate knowledge with regard to safeguarding of vulnerable people, fire safety and infection prevention and control. Staff were appropriately supervised and supported by the management team and there were formal induction and performance appraisal processes in place to support staff.

There were effective record-keeping and file management systems in place. Records required to be maintained in respect of Schedule 2, 3 and 4 of the regulations were made available for review. The inspector found that a sample of staff personnel files reviewed contained all the information as required by the regulations.

A complaints procedure outlined the process for making a complaint and the personnel involved in compliant management in the centre. A review of the complaints record found that all complaints were managed in line with the requirements of the regulation.

Regulation 15: Staffing

On the day of inspection, the staffing numbers and skill mix were appropriate to meet the needs of residents in line with the statement of purpose. There were satisfactory levels of healthcare staff on duty to support nursing staff. The staffing compliment included laundry, catering, activities staff and administration staff. There was adequate levels of staff allocated to cleaning of the centre.

Judgment: Compliant

Regulation 16: Training and staff development

Training records reviewed by the inspector evidenced that all staff had up to date mandatory training in safeguarding of vulnerable people, fire safety and manual handling. Staff had also completed training relevant to infection prevention and control.

There were satisfactory arrangements in place for the ongoing supervision of staff through senior management presence and through formal induction and performance review processes.

Judgment: Compliant

Regulation 21: Records

Records were securely stored and readily accessible. A review of a sample of staff personnel records indicated that the requirements of Schedule 2 of the regulations were met.

Judgment: Compliant

Regulation 23: Governance and management

The registered provider had an established governance and management structure in place where lines of accountability and responsibility were clearly defined. This supported this systems in place to monitor, evaluate and improve the quality of the service provided to residents.

The centre had adequate resources to deliver care to residents in line with the centres statement of purpose and function.

The annual review of the quality and safety of care for 2021 had been completed in consultation with the residents.

Judgment: Compliant

Regulation 31: Notification of incidents

Notifiable events as set out in Schedule 4 of the regulations were notified to the Chief Inspector within the required time frames. The inspector followed up on events that were notified, and found these were managed appropriately.

Judgment: Compliant

Regulation 34: Complaints procedure

The centre had a complaints procedure that outlined the management of complaints. A review of the complaints register found that complaints were recorded, acknowledged, investigated and the outcome communicated to the complainant. There was evidence that complaints were analysed for areas of quality improvement and the learning was shared with the staff.

Judgment: Compliant

Quality and safety

Overall, residents' health and welfare was maintained by a high level of evidenced based care. Residents were satisfied with the quality of care they received and felt safe living in the centre. Some action was required to ensure compliance with Regulation 17, Premises, Regulation 27, Infection control and Regulation 5, Individual assessment and care plan.

A sample of residents nursing notes recorded on an electronic system were reviewed by the inspector. The inspector found that while all residents health and social care needs were assessed through a variety of validated assessment tools, the results of the assessments were not always incorporated into the resident's care plans. A review of residents care plans found that they were reviewed in consultation with residents and, where appropriate, their relatives, at intervals not exceeding four months. However, the care plan interventions for the management of a residents with chronic pain were not observed to be implemented.

Residents were supported to retain their own general practitioner (GP) if they wished. Residents were reviewed by their GP as required or when requested. Referral systems were in place to ensure residents had timely access to allied health and social care professionals for additional professional expertise. There was evidence that recommendations made by professionals were integrated into the resident's care plan, implemented and reviewed to ensure best outcomes for residents.

The risk management policy met the requirements Regulation 26, Risk management and contained associated risk policies that addressed specific issues such as the unexplained absence of a resident, self-harm, aggression and violence, safeguarding and the prevention of abuse. Hazards in the centre were identified, assessed and documented in the centre's risk register. Controls were specified to mitigate levels of assessed risk. This included COVID-19 related risks identified with controls detailed, and responsibilities assigned which minimised the risk to residents, staff and visitors.

The premises was designed and laid out to meet the individual and collective needs of residents. There is a good variety of communal day space, such as dining and day rooms, conservatory, oratory and visitor's room. All communal areas were bright, comfortably furnished and had a variety of furnishings which were domestic in nature. The centre was laid out over two floors that was accessible by a spacious passenger lift. The centre had adequate storage facilities for residents' equipment and aids. The inspector found that some areas of the premises were not maintained in a satisfactory state of repair.

The provider had taken action to improve infection prevention and control measures in the centre since the previous inspection. This included appropriate management

of clinical waste, appropriate infection prevention and control advisory signage and staff were using personal protective equipment appropriately. On the day of inspection, the centre was nearing the end of an outbreak of COVID-19 that had affected residents and staff. The inspector acknowledged that the outbreak had been contained. Measures to support the management of the outbreak included establishing two nurse led teams, symptom monitoring of residents and staff, maintaining a comprehensive history and timeline of the outbreak and having adequate supplied of personal protective equipment. The person in charge ensured that staff were kept informed with regard to guidance published by the Health Protection Surveillance Centre (HPSC) through ongoing communication at meetings and staff handovers. The inspector observed that further action was necessary to comply with Regulation 27, infection control.

The inspector found that residents were free to exercise choice in how to spend their day. Residents were engaged in activities on a daily basis and residents confirmed to the inspector that they were satisfied with the activities programme. Residents were consulted about their care needs and about the overall quality of the service.

Visiting was found to be unrestricted and residents could receiving visitors in either their private accommodation or visitors room if they wished.

Regulation 11: Visits

The registered provider had ensured that visiting arrangements were in place in line with the current Health Protection Surveillance Centre (HPSC) guidance and public health advice.

Judgment: Compliant

Regulation 17: Premises

Action was required by the registered provider to comply with Regulation 17, premises. This was evidenced by;

- Some resident's equipment, such as specialised seating, was not maintained in a satisfactory state of repair and fabric was visibly torn.
- Doors, frames and skirting were visibly damaged in some areas of the building that included resident's bedrooms.
- Walls were damaged and paint was chipped in some resident's bedrooms.
- The laundry area was in a poor state of repair. Storage cabinets in this area were significantly damaged and not amenable to effective cleaning.
- Floor coverings were damaged in some store rooms and concrete was visibly

exposed.

Judgment: Substantially compliant

Regulation 26: Risk management

There was a risk management policy in place that addressed the requirements of the regulation. A risk register was maintained as part of the centre's risk management strategy.

Arrangements were in place for the recording, investigating and learning from serious incidents involving residents in the centre.

Judgment: Compliant

Regulation 27: Infection control

Some aspects of infection prevention and control measures required further action to ensure the centre was in compliance with infection prevention and control regulation and associated standards. This was evidenced by;

- Some wall mounted hand sanitisers were visibly unclean with an accumulation of debris in the drip trays.
- There was clutter and items such as boxes of personal protective equipment, catering consumables and boxes of continence wear stored on the floor in store rooms and the oratory. Poor storage impacted on the ability to effectively clean areas of the centre.
- Toilet aids were not appropriately returned to the sluice room following their use. Segregation of clean and soiled toilet aids in the sluice rooms required action to ensure the risk of cross contamination was minimised.
- Cleaning equipment such as cleaning trolleys were visibly unclean on inspection.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

A review of the residents assessments and care plans found that resident assessment did not always inform the development of a residents care plan. For example;

- Residents assessed as being at high risk of falling were not identified as such within their individual care plan as evidenced in three care plans reviewed. This meant that appropriate interventions in relation to falls prevention was not detailed and did not guide staff on how to provide appropriate and effective care.
- In addition, care was not always delivered in line with the residents care plan. For example, residents with a diagnosis of chronic pain, did not have a pain assessment carried out prior to, and post, administration of pain relief, as detailed in the resident's pain management care plan. The records did not evidence the location of the pain or if the pain medication was effective.

Judgment: Substantially compliant

Regulation 6: Health care

Residents had timely referral and access to medical assessments and treatment by their GP and allied health and social care professionals as required under Regulation 6, health care.

Judgment: Compliant

Regulation 9: Residents' rights

Overall, the inspector found that the staff made satisfactory efforts to ensure the residents' rights were upheld in the centre. Through conversations with residents and the observations of the residents, it was evidenced that residents were treated with dignity and respect.

Residents had frequent opportunities to meet with the management team and were kept informed about changes in the service provided. Television, phone and WIFI was available to residents and newspapers were delivered daily.

There was an activity schedule in place. Residents were observed to be socially engaged throughout the day of the inspection.

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 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Carthage Nursing Home OSV-0000021

Inspection ID: MON-0036490

Date of inspection: 26/04/2022

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 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"> 1. (A) An audit has been completed on all furnishings including resident's personal equipment in the nursing home. (B) Items which do not meet the required standard of health and safety and infection control will be repaired or replaced. 2. We have completed phase 1 of replacing doors and architrave at the beginning of the year. We will commence phase 2 in September. 3. Resident bedrooms are currently being painted. A further program of works is being implemented to upgrade same on a phased basis. This will include upgrading flooring, light fixtures and furniture. 4. (A) Sink unit in laundry has been replaced with a stainless steel unit. (B) This area is scheduled to be tiled. 5. Storeroom floor covering is scheduled to be replaced this week. 	
Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <ol style="list-style-type: none"> 1. Cleaning schedules have been revised to ensure staff are accountable for cleaning all areas. Management carry out random visual checks to ensure compliance with cleaning schedule. 2. (A) PPE reserves have been removed and stored off site. Store rooms have been organised and (B) off floor platforms have been purchased to store products off the floor to ensure effective cleaning can be completed. 3. Visual checks are carried out to ensure compliance. Staff have been reminded to ensure that they adhere to all infection prevention and control practices which includes the appropriate disposal and storage of toilet aids. 	

4. Cleaning trolleys are now part of daily cleaning and weekly deep cleaning schedule and visual checks are carried out to ensure compliance with same.
5. Deep cleaning audits have been revised to include cleaning trolleys and laundry.

Regulation 5: Individual assessment and care plan	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:

1. Residents identified as high risk of falling have had their care plans reviewed and updated. Individual risk identified and control measures in place to minimise risk of fall and injury from fall.
2. Residents diagnosed with chronic pain will have detailed pain assessment completed as appropriate and care plan updated accordingly.
3. Care plans are audited on a quarterly basis. However a revised mini audit of care plans is being implemented to ensure compliance.

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Substantially Compliant	Yellow	30/09/2022
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Substantially Compliant	Yellow	30/06/2022
Regulation 5(3)	The person in charge shall prepare a care plan, based on the assessment referred to in	Substantially Compliant	Yellow	30/06/2022

	paragraph (2), for a resident no later than 48 hours after that resident's admission to the designated centre concerned.			
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