

Inspection Report

Name of Service: Blair House Care Home

Provider: Healthcare Ireland (No4) Limited

Date of Inspection: 22 July 2025

Information on legislation and standards underpinning inspections can be found on our website <https://www.rqia.org.uk/>

1.0 Service information

Organisation/Registered Provider:	Healthcare Ireland (No4) Limited
Responsible Individual:	Ms Andrea Louise Campbell
Registered Manager:	Mrs Kathleen Lavery
<p>Service Profile – This home is a registered nursing home which provides general nursing care including patients living with physical disability, dementia, those with mental health needs or patients with past/present alcohol dependence.</p> <p>The home is divided in three units over two floors; the Scrabo Unit is on the ground floor; the Conway and Greenwell Units are on the first floor.</p> <p>A residential care home is also located on the ground floor of the home; the same manager manages both services.</p>	

2.0 Inspection summary

An unannounced inspection took place on 22 July 2025, from 9:35 am to 5:35 pm by a care inspector.

The inspection was undertaken to evidence how the home is performing in relation to the regulations and standards; and to assess progress with the areas for improvement identified, by RQIA, during the last care inspection on 4 December 2024; and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

While care was found to be delivered in a safe and compassionate manner, improvements were required to ensure the effectiveness and oversight of the care delivery.

It was evident that staff promoted the dignity and well-being of patients and that staff were knowledgeable and well trained to deliver safe and effective care. Patients said that living in the home was a good experience.

As a result of this inspection, two areas for improvement were assessed as having been addressed by the provider. Full details, including new areas for improvement identified, can be found in the main body of this report and in the quality improvement plan (QIP) in Section 4.

3.0 The inspection

3.1 How we Inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how the home was performing against the regulations and standards, at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous areas for improvement issued, registration information, and any other written or verbal information received from patients, relatives, staff or the commissioning trust.

Throughout the inspection process, inspectors seek the views of those living, working and visiting the home; and review/examine a sample of records to evidence how the home is performing in relation to the regulations and standards. Inspectors will also observe care delivery and may conduct a formal structured observation during the inspection.

Through actively listening to a broad range of service users, RQIA aims to ensure that the lived experience is reflected in our inspection reports and quality improvement plans.

3.2 What people told us about the service

Patients told us they were happy with the care and services provided. Comments made included "staff treat me very well".

Discussion with patients confirmed that they were able to choose how they spent their day. For example, patients could have a lie in or stay up late to watch TV.

Patients told us that staff offered choices to patients throughout the day, which included preferences for getting up, and going to bed, what clothes they wanted to wear, food and drink options, and where and how they wished to spend their time.

Staff spoke in positive terms about the provision of care, their roles and duties, training and managerial support.

Families spoken with told us that they were very happy with the care provided and that there was good communication from staff with comments such as "the staff are approachable". One relative expressed a level of dissatisfaction with the laundry arrangements within the home. This was shared with the management team for information and action.

No responses were received from the patient/relative or staff questionnaires following the inspection.

3.3 Inspection findings

3.3.1 Staffing Arrangements

Safe staffing begins at the point of recruitment and continues through to staff induction, regular staff training and ensuring that the number and skill of staff on duty each day meets the needs of patients. A review of one recruitment record evidenced that a check to ensure that the staff member was registered with the relevant regulatory body had not been confirmed prior to commencing employment. An area for improvement was identified.

Patients said that there was enough staff on duty to help them. Staff said there was good teamwork and that they felt well supported in their role. A number of staff said that they were not satisfied with the staffing levels in the Conway unit. Please refer to section 3.3.2 for more details.

It was observed that staff responded to requests for assistance promptly in a caring and compassionate manner.

It was observed that the majority of staff working in the home did not have name badges to identify who they were and what role they worked in. An area for improvement was identified.

3.3.2 Quality of Life and Care Delivery

Staff met at the beginning of each shift to discuss any changes in the needs of the patients. Staff were knowledgeable of individual patients' needs, their daily routine wishes and preferences.

Staff were observed to be prompt in recognising patients' needs and any early signs of distress or illness, including those patients who had difficulty in making their wishes or feelings known. Staff were skilled in communicating with patients; they were respectful, understanding and sensitive to patients' needs.

It was observed that staff respected patients' privacy by their actions such as knocking on doors before entering, discussing patients' care in a confidential manner, and by offering personal care to patients discreetly. Staff were also observed offering patient choice in how and where they spent their day or how they wanted to engage socially with others.

At times, some patients may require the use of equipment that could be considered restrictive or they may live in a unit that is secure to keep them safe. It was established that safe systems were in place to safeguard patients and to manage this aspect of care.

Patients may require special attention to their skin care. These patients were assisted by staff to change their position however, examination of the repositioning records evidenced that these were not consistently signed by two staff and the frequency of repositioning recorded in the charts and care plans was inconsistent. This was identified as an area for improvement.

Where a patient was assessed as being at risk of falls, measures to reduce this risk had been put in place however; examination of the care documentation for patients who had experienced a fall did not consistently evidence that the falls risk assessment or care plan had been reviewed and or updated post fall. An area for improvement was identified.

Observation of the mealtime experience over breakfast and lunchtime in the Conway unit raised concerns that the gap between the meals served was insufficient. For example, a number of patients were finishing their breakfast at 11:00 and lunch was then being served at 12:45. The morning tea round was also being served whilst some patients were still having their breakfast. In addition, the morning medication was still being administered after 11am, not allowing sufficient therapeutic gaps between medicines. Some staff said that they found the unit very busy, particularly during the morning. An area for improvement was identified.

Good nutrition and a positive dining experience are important to the health and social wellbeing of patients. The lunchtime dining experience was a pleasant opportunity for patients to socialise and the atmosphere was calm and relaxed.

There was no menu displayed in the Conway and Greenwell unit. An area for improvement was identified.

Patients were well informed of the activities planned and of their opportunity to be involved. Patients looked forward to attending the planned events.

Staff were observed sitting with patients and engaging in discussion. Patients who preferred to remain private were supported to do so and had opportunities to listen to music, watch television, or engage in their own preferred activities.

3.3.3 Management of Care Records

Patients' needs should be assessed at the time of their admission to the home. Following this initial assessment, care plans and risk assessments should be developed to direct staff on how to meet patients' needs and include any advice or recommendations made by other healthcare professionals. Examination of records for an identified patient confirmed care plans and associated risk assessments were not in place to direct care effectively. An area for improvement was identified.

Daily records were kept of how each patient spent their day and the care and support provided by staff. Access to confidential patient information was evident within two areas of the home. This was identified as an area for improvement.

3.3.4 Quality and Management of Patients' Environment Control

The home was clean, tidy and fresh smelling throughout, with a suitable standard of décor and furnishings. Many patients' bedrooms were personalised with items important to the patient. Bedrooms and communal areas were suitably furnished and comfortable.

However, some infection prevention and control deficits were noted, the underside of a small number of shower chairs and toilet seats were found to be stained. An area for improvement was identified.

Observation of the home's environment identified damage to painting which required redecoration. This was discussed with the management team who shared the refurbishment plan. RQIA are satisfied that refurbishment has been identified and there is a plan in place to address the issues highlighted during inspection. Progress with this plan will be reviewed at a future inspection.

Observation of the environment identified concerns that had the potential to impact on patient safety. Food, fluids and toiletries were observed unsecured and accessible in a number of patient bedrooms in the dementia units. It was also noted in a small number of bedrooms there was access to razors. A domestic trolley, which was stocked with cleaning fluid, was not adequately supervised. An area for improvement was identified.

In a small number of bedrooms, it was identified that prescribed topical creams were not stored securely. This was identified as an area for improvement.

Staff were observed to carry out hand hygiene at appropriate times, however some staff were observed to have nail polish on, and this can impede effective hand hygiene. An area for improvement was identified.

3.3.5 Quality of Management Systems

There has been a change in the management of the home since the last inspection. Mrs Kathleen Laverty has been the registered manager in this home since 18 June 2025.

Relatives and staff commented positively about the management team and described them as supportive, approachable and able to provide guidance.

There was evidence of auditing across various aspects of care and services provided by the home, such as, environmental audits and falls. In environmental audits, there were omissions in relation to when actions were to be addressed and the person responsible for those actions; this was identified as an area of improvement.

Compliments received about the home were kept and shared with the staff team.

4.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with regulations and standards.

	Regulations	Standards
Total number of Areas for Improvement	3	10

Areas for improvement and details of the Quality Improvement Plan were discussed with the management team as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan

Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005

<p>Area for improvement 1</p> <p>Ref: Regulation 13 (1) (b)</p> <p>Stated: First time</p>	<p>The registered person shall ensure that patients who have experienced a fall have their falls risk assessment and care plan reviewed after each fall.</p> <p>Ref: 3.3.2</p>
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<p>To be completed by: 31 August 2025</p>	<p>Response by registered person detailing the actions taken: Supervisions have been completed with the Registered Nurses. Compliance will be monitored by Home Manager and Deputy Manager. Compliance will be further monitored by the Regional Manager as part of the monthly monitoring visits.</p>
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<p>Area for improvement 2</p> <p>Ref: Regulation 20 (1) (a)</p> <p>Stated: First time</p>	<p>The registered person shall review the staffing arrangements in the Conway unit to ensure patients' needs are met; this is in relation to the morning routine.</p> <p>Ref: 3.3.2</p>
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<p>To be completed by: 31 August 2025</p>	<p>Response by registered person detailing the actions taken: Staffing in Conway unit has been reviewed and increased to 2 RN's and 6 CA's from 8am to 8pm, on a trial period. Efficiency will be monitored by the Home Manager and Deputy Manager.</p>
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<p>Area for improvement 3</p> <p>Ref: Regulation 14 (2) (a)</p> <p>Stated: First time</p>	<p>The registered person shall ensure as far as reasonably practical that all parts of the home to which patients have access are free from hazards to their safety.</p> <p>Ref: 3.3.4</p>
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<p>To be completed by: 31 July 2025</p>	<p>Response by registered person detailing the actions taken: The hazards identified at inspection were removed and stored safely. Supervisions have been held with Registered Nurses and Care Assistants regarding safe storage of food, fluids, toiletries and razors. Home Manager and Deputy Manager will continue to monitor this through walkabout audits and areas of non-compliance will be addressed at the time. Compliance will be further spot checked by the Regional Manager during monthly monitoring visits.</p>
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Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)

<p>Area for improvement 1</p> <p>Ref: Standard 38.3</p> <p>Stated: First time</p>	<p>The registered person shall ensure that the registration status of staff is confirmed prior to commencing employment within the home.</p> <p>Ref: 3.3.1</p>
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<p>To be completed by: 22 July 2025</p>	<p>Response by registered person detailing the actions taken: The Registered Manager will ensure that recruitment records contain all required information, including registration status, by reviewing all new starts personnel files before the employment start date. Compliance will be monitored by the Regional Manager as part of the monthly monitoring visits.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 19.4</p> <p>Stated: First time</p> <p>To be completed by: 31 August 2025</p>	<p>The registered person shall ensure that there is a system in place to easily identify each member of staff by their name and role within the home.</p> <p>Ref: 3.3.1</p> <p>Response by registered person detailing the actions taken: Name badges have been ordered through HCI Head Office, awaiting delivery.</p>
<p>Area for improvement 3</p> <p>Ref: Standard 23</p> <p>Stated: First time</p> <p>To be completed by: 31 August 2025</p>	<p>The registered person shall ensure that where a patient has been assessed as requiring repositioning:</p> <ul style="list-style-type: none"> • care plans and repositioning charts are consistent in relation to the recommended frequency of repositioning • records are appropriately and contemporaneously signed by two staff. <p>Ref: 3.3.2</p> <p>Response by registered person detailing the actions taken: An audit regarding all repositioning schedules and care plans has been completed. Supervisions completed with Care Assistant and Registered Nurses regarding adherence to repositioning schedules, as well as records being signed by two staff in a timely manner. Registered Nurses to complete spot checks on each shift to ensure repositioning schedules are adhered to. Home Manager and Deputy Manager will be monitoring this through walkabout audits. Compliance will be monitored by the Operations Manager during monthly monitoring visits.</p>
<p>Area for improvement 4</p> <p>Ref: Standard 12</p> <p>Stated: First time</p> <p>To be completed by: 22 July 2025</p>	<p>The registered person shall ensure that a daily menu is displayed in a suitable location and format.</p> <p>Ref: 3.3.2</p> <p>Response by registered person detailing the actions taken: Daily menu is displayed in all the units in the home. Home Manager and Deputy Manager will monitor this through walkabout audits. Regional Manager will monitor compliance during monthly monitoring visits.</p>

Area for improvement 5 Ref: Standard 4 Stated: First time To be completed by: 31 August 2025	The registered person shall ensure that a system is in place to monitor the timely completion of care records following a patient's admission to the home. Ref: 3.3.3
	Response by registered person detailing the actions taken: Supervision has been completed with Registered Nurses regarding the timely completion of care records. An admission to the Home audit will be completed for every resident and any actions arising from these will be required to be addressed within a specific timeframe to ensure the residents needs are being reflected. Compliance will be monitored by the Operations Manager as part of the monthly monitoring visits.

Area for improvement 6 Ref: Standard 37 Stated: First time To be completed by: 22 July 2025	The registered person shall ensure that any record in the home, which details patient information, is securely stored in accordance with the General Data Protection Regulation (GDPR) and best practice guidance. Ref: 3.3.3
	Response by registered person detailing the actions taken: Supervision has been completed with Registered Nurses to ensure patients' confidential records are securely stored, computers are not left un locked when not in use and offices' doors are locked when not in use. The Home Manager will be monitoring this through walkabout audits. Compliance will be spot checked by the Regional Manager during monthly monitoring visits.
Area for improvement 7 Ref: Standard 46 Stated: First time To be completed by: 31 July 2025	The registered person shall ensure that a system is in place to ensure that shower chairs and raised toilet seats are effectively cleaned between each use with particular attention paid to the underside of the seat. Ref: 3.3.4
	Response by registered person detailing the actions taken: The items identified on the day of inspection were cleaned immediately. Decontaminations records are in place for resident equipment and these records will be spot checked alongside the visible cleanliness of equipment as part of the walkaround audit. Compliance will be monitored through the completion of the Regulation 29 visit.

<p>Area for improvement 8</p> <p>Ref: Standard 30</p> <p>Stated: First time</p> <p>To be completed by: 31 August 2025</p>	<p>The registered person shall ensure that prescribed topical creams are stored safely and securely.</p> <p>Ref: 3.3.4</p> <p>Response by registered person detailing the actions taken: The topical creams identified at inspection were removed and stored safely. Supervisions have been held with Registered Nurses and Care Assistants regarding safe storage of creams. Home Manager and Deputy Manager will continue to monitor this through walkabout audits and areas of non-compliance will be addressed at the time. Compliance will be further spot checked by the Regional Manager during monthly monitoring visits.</p>
<p>Area for improvement 9</p> <p>Ref: Standard 46.11</p> <p>Stated: First time</p> <p>To be completed by: 31 August 2025</p>	<p>The responsible person shall ensure that staff are aware of their responsibilities regarding maintaining effective IPC measures. This is in relation to the use of nail polish and its impact on effective hand hygiene.</p> <p>Ref: 3.3.4</p> <p>Response by registered person detailing the actions taken: Supervisions regarding IPC and bare below the elbows have been completed with all staff in the home. Compliance will be monitored by Home Manager and Deputy Manager and any short falls identified will be addressed formally. Compliance will be further monitored by the Regional Manager during monthly monitoring visits.</p>
<p>Area for improvement 10</p> <p>Ref: Standard 35</p> <p>Stated: First time</p> <p>To be completed by: 31 August 2025</p>	<p>The registered person shall ensure that, when deficits are identified within environmental audits, the audit action plan clearly identifies the person responsible to make the improvement and the timeframe for completing the improvement.</p> <p>Ref: 3.3.5</p> <p>Response by registered person detailing the actions taken: Action plans developed after completion of environmental audits are being reviewed by the Home Manager, to ensure the action plan clearly identified who the responsible person is and the timeline for completion of the identified short fall. Compliance will be further monitored by the Regional Manager during monthly monitoring visits.</p>

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