The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: **Blair Mayne**

Provider: **Healthcare Ireland (No. 4) 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:	Healthcare Ireland (No4) Limited
Responsible Individual:	Ms Andrea Louise Campbell
Registered Manager:	Mrs Kathleen Laverty 18 June 2025

Service Profile:

This home is a registered residential care home, which provides health and social care for up to 23 residents living with dementia. The home is a purpose built building with the residential home located on the ground floor. Residents' bedrooms all have ensuite facilities. There is also an enclosed garden area for residents to enjoy.

A registered nursing home, Blair House, is located within the same building and is under the same management.

2.0 Inspection summary

An unannounced care inspection took place on 22 July 2025, from 9.35 am to 5.45 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 25 September 2024; and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

It was evident that staff promoted the dignity and well-being of residents and that staff were knowledgeable and well trained to deliver safe and effective care.

Residents said that living in the home was a good experience. Residents unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

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.

As a result of this inspection four areas for improvement from the previous care inspection were assessed as having been addressed by the provider. One area for improvement was not met and will be stated for a second time. 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 residents, 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

Residents told us they were happy living in the home, they felt well looked after and listened to by staff and management. Residents' comments included "staff are lovely", "they are helpful" and "the food is good".

Staff spoke positively in terms of the provision of care in the home and their roles and duties. Staff told us that the manager was supportive and available for advice and guidance.

One family member spoken with confirmed they were happy with the care provided to their loved one in the home. Comments shared included, "activities are good", their relative is "well cared for" and "communication is good".

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 residents. There was evidence of robust systems in place to manage staffing.

Residents said that there was enough staff on duty to help them. Staff said there was good teamwork, that they felt well supported in their role, and that they were mostly satisfied with the staffing levels. Staff told us that it can be busy in the afternoons and the recent introduction of extra staff at this time has helped to manage this busy period.

It was noted that there was enough staff in the home to respond to the needs of the residents in a timely way; and to provide residents with a choice on how they wished to spend their day. For example; if they wished to have a lie in or if they preferred to eat their breakfast later than usual.

RQIA were unable to determine the hours worked by the acting manager and two senior staff, as their hours were not consistently recorded on the staff duty rotas reviewed. An area for improvement was identified.

The system for managing and monitoring staff supervisions required review. For example, it was unclear from the staff supervision records reviewed if staff working in the residential home had all received supervision as required. There were gaps in the records reviewed and records from both the residential and nursing units were held together. An area for improvement has been identified.

Staff meeting records highlighted that one meeting had taken place on 6 February 2025. Staff meetings are required to take place at least quarterly. An area for improvement has been 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 residents. Staff were knowledgeable of individual residents' needs, their daily routine wishes and preferences.

Staff were observed to be prompt in recognising residents' needs and any early signs of distress or illness, including those residents who had difficulty in making their wishes or feelings known.

Staff were mostly skilled in communicating with residents; they were respectful, understanding and sensitive to residents' needs. However, one particular interaction noted that staff required further training and supervision in relation to supporting residents when presenting with distressed reactions. This was discussed with the staff member and further with the management team for their review and action.

Staff were also observed offering residents choice in how and where they spent their day or how they wanted to engage socially with others.

At times some residents 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 residents and to manage this aspect of care.

Examination of care records and discussion with the manager confirmed that the risk of falling and falls were well managed and referrals were made to other healthcare professionals as needed. For example, residents were referred to their GP if required.

Good nutrition and a positive dining experience are important to the health and social wellbeing of residents. Residents may need a range of support with meals; this may include simple encouragement through to full assistance from staff and their diet modified.

Observation of the lunchtime meal served in the main dining room confirmed that enough staff were present to support residents with their meal and that the food served appeared appetising and nutritious. However, it was noted that not all residents were provided with a choice of two options during the meal. An area for improvement has been identified.

There was a menu board that listed menu choices, located in the corner of the dining room/lounge area. There was also a pictorial version; however, this was not in colour format and was in small print making it difficult for residents living with dementia to see what options were available to them. An area for improvement has been stated for a second time.

Activities for residents were provided which included both group and one to one activities. Residents' representatives told us that they were offered a range of activities and spoke highly of the staff involved in delivering activity provision in the home.

3.3.3 Management of Care Records

A suitably qualified member of staff assessed residents' needs at the time of their admission to the home. Following this initial assessment care plans were developed to direct staff on how to meet residents' needs and included any advice or recommendations made by other healthcare professionals.

Care records were person centred, well maintained, regularly reviewed and updated to ensure they continued to meet the residents' needs. Care staff recorded regular evaluations about the delivery of care. Residents, where possible, were involved in planning their own care and the details of care plans were shared with residents' relatives, if this was appropriate.

3.3.4 Quality and Management of Residents' Environment

Observation of the home's environment identified damage to woodwork and painting which required repair or 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.

Residents' bedrooms were tidy and personalised with photographs and other personal belongings. However, concerns were identified in a number of bedrooms with soiled linen which was also worn and in need of replacement. It was also evident from reviewing the linen cupboard that the stock of linen in the home needed to be replenished. Discussion with staff highlighted that the system for changing and checking beds required reviewed. An area for improvement has been identified.

Observations identified some concern with environmental risk management. For example; in a number of resident's bedrooms there was access to food items, fluids and toiletries. It was also noted in one bedroom there was access to a razor. These items were easily accessible to anyone entering the room presenting a potential risk. An area for improvement has been identified.

There were some infection prevention and control deficits identified, for example equipment used by residents such as a number of raised toilet seats and one shower chair were rusted and could not be effectively cleaned. An area for improvement has been identified.

It was also noted that some areas of the home required a deeper clean, this included communal toilets, main living area and the kitchenette. An area for improvement has been identified.

A fridge located in the kitchenette was not clean, potentially posing a food hygiene risk. An area for improvement has been identified.

The Fire Risk Assessment was completed on 23 April 2025 and eleven actions were identified. It was unclear from the record if any of the actions had been completed as required. Despite a request from RQIA post inspection for evidence of actions taken, this was not submitted for review. An area for improvement has been 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.

A review of a sample of records evidenced that a system for reviewing the quality of care, other services and staff practices was in place. However, whilst there was a programme of auditing in place, it was not effective in identifying areas for improvement or in driving the improvements required in relation to the quality and safety of the home's environment, infection prevention and control measures and staff practice. For example; during a recent decontamination audit, it was highlighted that there were no issues with equipment used in the home, when this was not the findings on inspection. When actions were identified, it was unclear from the record if these had been completed as required. An area for improvement has been identified.

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	9*

* The total number of areas for improvement includes one standard that has been stated for a second time

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 Residential Care Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 **Ref:** Regulation 27 (2) (d) **Stated:** First time **To be completed by:** 22 July 2025	The Registered Person shall ensure there are systems in place to maintain clean bed linen for residents at all times, this includes replenishing linen supplies when required. Ref: 3.3.4
	Response by registered person detailing the actions taken: Full audit of the bed linen has been completed and additional items have been purchased to ensure adequate supply is provided.
Area for improvement 2 **Ref:** Regulation 14 (4) **Stated:** First time **To be completed by:** 22 July 2025	The Registered Person shall ensure that all areas of the home to which residents have access, are free from hazards to their safety. This area for improvement is made with specific reference to the storage of food, fluids, toiletries and razors in resident's bedrooms. Ref: 3.3.4
	Response by registered person detailing the actions taken: The hazards identified at inspection were removed and stored safely. Supervisions have been held with Care Assistants and Senior 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.
Area for improvement 3 **Ref:** Regulation 13 (7) **Stated:** First time **To be completed by:** 22 July 2025	The Registered Person shall ensure the infection prevention and control issues identified during the inspection are managed to minimise the risk and spread of infection. This area for improvement is made in relation to equipment used by residents that have evidence of rust must be repaired or replaced to allow effective cleaning. Ref: 3.3.4

	Response by registered person detailing the actions taken: Full audit of equipment completed and all items that had evidence of rust have been replaced to allow effective cleaning.
Action required to ensure compliance with the Residential Care Homes Minimum Standards (Version 1.2) (Dec 2022)	
Area for improvement 1 **Ref:** Standard 12.4 **Stated:** Second time **To be completed by:** 22 July 2025	The Registered Person shall ensure that the daily menu displayed in the dining room is reviewed to ensure it is in a suitable format for residents living with dementia to be able to understand it, and in an appropriate location. Ref: 2.0 & 3.3.2
	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.
Area for improvement 2 **Ref:** Standard 25.6 **Stated:** First time **To be completed by:** 22 July 2025	The Registered Person shall ensure that the manager and senior staff hours are accurately recorded on the staff duty rota. Ref: 3.3.1
	Response by registered person detailing the actions taken: The office duty rota has been ammended to reflect the Acting Manager's hours.
Area for improvement 3 **Ref:** Standard 24.2 **Stated:** First time **To be completed by:** 31 August 2025	The Registered Person shall review the current system for recording and monitoring of staff supervision in the home, to ensure that staff have received supervision no less than every six months. Ref: 3.3.1
	Response by registered person detailing the actions taken: Supervisions matrix has been implemeted to ensure all staff are receiving supervisions at least 6 monthly or more often if required.
Area for improvement 4 **Ref:** Standard 25.8 **Stated:** First time **To be completed by:** 1 September 2025	The Registered Person shall ensure that staff meetings take place on a regular basis and at least quarterly. Ref: 3.3.1
	Response by registered person detailing the actions taken: Acting Home Manager has scheduled staff meetings with all departments. Compliance will be monitored by the Regional Manager as part of the monthly monitoring visits.

Area for improvement 5 **Ref:** Standard 12.3 **Stated:** First time **To be completed by:** 22 July 2025	The Registered Person shall ensure that residents are consistently provided with a choice at all meal times. Ref: 3.3.2
	Response by registered person detailing the actions taken: Supervision completed with both cooks in the home, regarding residents choices at meal times.Home Manager and Deputy Manager will monitor the daily menu choices. Compliance will be further monitored by the Regional Manager through monthly monitoring visits.
Area for improvement 6 **Ref:** Standard 27.1 **Stated:** First time **To be completed by:** 22 July 2025	The Registered Person shall ensure that all areas of the home remain clean at all times; this is with specific reference to the communal toilets, main living area and kitchenette. Ref: 3.3.4
	Response by registered person detailing the actions taken: Supervisions have been completed with domestic and care staff regarding communal toilets, main lounge and the kitchenette. This will be monitored by the Home Manager and Deputy Manager as part of the walkabout. Compliance will be further monitored by the Regional Manager through monthly monitoring visits.
Area for improvement 7 **Ref:** Standard 27.7 **Stated:** First time **To be completed by:** 22 July 2025	The Registered Person shall ensure that the fridge in the kitchenette is kept clean at all times and records maintained. Ref: 3.3.4
	Response by registered person detailing the actions taken: Cleaning schedule has been implemented to clearly identify how often the fridge should be cleaned. This will be monitored by the Home Manager and Deputy Manager during walkabout. Compliance will be further monitored by the Regional Manager during monthly monitoring visits.
Area for improvement 8 **Ref:** Standard 29.1 **Stated:** First time **To be completed by:** 22 July 2025	The Registered Person shall ensure that the recommendations made following the fire risk assessment (FRA) are scheduled for implementation in accordance with the period listed in the FRA action plan and that this action plan is made available for inspection purposes. Ref: 3.3.4

	Response by registered person detailing the actions taken: All pending actions on the FRA action plan have been addressed and a copy has been retained in the home.
Area for improvement 9 **Ref:** Standard 20.10 **Stated:** First time **To be completed by:** 1 September 2025	The Registered Person shall ensure that audits are robust in driving the improvements required in the home, if actions are identified these are completed and signed off by the relevant person responsible. Ref: 3.3.5
	Response by registered person detailing the actions taken: Audits are completed in line with HCI audit schdule and compliance is monitored through monthly monitoring visits. Action plans are generated at the time of auditing and include timeframe to complete any deficits and the relevant person responsible.

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