The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: Blair Mayne

Provider: Healthcare Ireland (No. 4) Limited

Date of Inspection: 14 October 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 (No. 4) Limited
Responsible Individual:	Ms Andrea Louise Campbell
Registered Manager:	Mrs Roxana Mitrea, not registered
Service Profile: Blair Mayne is a residential care home, registered to provide health and social care for up to 23 residents living with dementia. The home is a purpose built building with the residential care home located on the ground floor. Residents' bedrooms all have ensuite facilities. There is also an enclosed garden area. This home shares the same building as Blair House nursing home. The registered manager is responsible for both services.	

2.0 Inspection summary

An unannounced inspection took place on 14 October 2025, from 10.30am to 3.00pm. The inspection was completed by a pharmacist inspector and focused on medicines management within the home.

The inspection was undertaken to evidence how medicines are managed in relation to the regulations and standards and to determine if the home is delivering safe, effective and compassionate care and is well led in relation to medicines management. The areas for improvement identified at the last care inspection were carried forward for review at the next inspection.

Review of medicines management found that satisfactory arrangements were not in place for some aspects of medicines management. Medicines were stored securely and medicine related care plans were generally well maintained. However, improvements were necessary in relation to obsolete personal medication records, the management of controlled drugs and the management of medicines for new admissions to the home.

Whilst areas for improvement were identified, there was evidence that with the exception of a small number of medicines, residents were being administered their medicines as prescribed.

Details of the inspection findings, including areas for improvement carried forward for review at the next inspection, and new areas for improvement identified, can be found in the main body of this report and in the quality improvement plan (QIP) (Section 4.0).

Residents were observed to be relaxed and comfortable in the home and in their interactions with staff. It was evident that staff knew the residents well.

RQIA would like to thank the staff for their assistance throughout the inspection.

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 service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

To prepare for this inspection, information held by RQIA about this home was reviewed. This included areas for improvement identified at previous inspections, 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.

3.2 What people told us about the service and their quality of life

Staff expressed satisfaction with how the home was managed. They also said that they had the appropriate training to look after residents and meet their needs. They said that the team communicated well and the management team were readily available to discuss any issues and concerns should they arise.

Staff advised that they were familiar with how each resident liked to take their medicines and medicines were administered in accordance with individual resident preference. Staff also said that they prioritised residents who required pain relief and time-critical medicines during each medicine round.

RQIA did not receive any completed questionnaires or responses to the staff survey following the inspection.

3.3 Inspection findings

3.3.1 What arrangements are in place to ensure that medicines are appropriately prescribed, monitored and reviewed?

Residents in residential care homes should be registered with a general practitioner (GP) to ensure that they receive appropriate medical care when they need it. At times residents' needs may change and therefore their medicines should be regularly monitored and reviewed. This is usually done by a GP, a pharmacist or during a hospital admission.

Residents in the home were registered with a GP and medicines were dispensed by the community pharmacist.

Personal medication records were in place for each resident. These are records used to list all of the prescribed medicines, with details of how and when they should be administered. It is important that these records accurately reflect the most recent prescription to ensure that medicines are administered as prescribed and because they may be used by other healthcare professionals, for example, at medication reviews or hospital appointments.

The personal medication records reviewed were accurate and up to date. In line with best practice, a second member of staff had checked and signed the personal medication records when they were written and updated to confirm that they were accurate. A small number of minor discrepancies were highlighted to staff for immediate corrective action and on-going vigilance.

Obsolete personal medication records had not been cancelled and archived. This is necessary to ensure that staff do not refer to obsolete directions in error and administer medicines incorrectly. An area for improvement was identified.

Copies of residents' prescriptions/hospital discharge letters were retained so that any entry on the personal medication record could be checked against the prescription.

All residents should have care plans which detail their specific care needs and how the care is to be delivered. In relation to medicines, these may include care plans for the management of distressed reactions, pain, modified diets etc.

Residents will sometimes get distressed and will occasionally require medicines to help them manage their distress. It is important that care plans are in place to direct staff when it is appropriate to administer these medicines and that records are kept of when the medicine was given, the reason it was given and what the outcome was. If staff record the reason and outcome of giving the medicine, then they can identify common triggers which may cause the resident's distress and if the prescribed medicine is effective for the resident.

The management of medicines, prescribed on a 'when required' basis for distressed reactions, was reviewed. Directions for use were clearly recorded on the personal medication record and resident-centred care plans were in place. Staff knew how to recognise a change in a resident's behaviour and were aware that this change may be associated with pain and other factors.

Records of administration included the reason for and outcome of the majority of administrations. The manager agreed to monitor this through audit.

The management of pain was discussed. Staff advised that they were familiar with how each resident expressed their pain and that pain relief was administered when required. Care plans were in place and reviewed regularly. One recent admission to the home required a care plan and the manager provided an assurance that this would be implemented immediately.

Some residents may need their diet modified to ensure that they receive adequate nutrition. This may include thickening fluids to aid swallowing and food supplements in addition to meals. Care plans detailing how the resident should be supported with their food and fluid intake should be in place to direct staff. All staff should have the necessary training to ensure that they can meet the needs of the resident.

The management of thickening agents was reviewed. Speech and language assessment reports and care plans were in place. One personal medication record required an update to include the prescribed thickening agent and one medicine administration record required the consistency level to be recorded. These were actioned immediately and highlighted to the manager for ongoing monitoring.

3.3.2 What arrangements are in place to ensure that medicines are supplied on time, stored safely and disposed of appropriately?

Medicine stock levels must be checked on a regular basis and new stock must be ordered on time. This ensures that the resident's medicines are available for administration as prescribed. It is important that they are stored safely and securely so that there is no unauthorised access and disposed of promptly to ensure that a discontinued medicine is not administered in error.

Records reviewed showed that medicines were available for administration when residents required them. Staff advised that they had a good relationship with the community pharmacist and that medicines were supplied in a timely manner.

The medicine storage area was observed to be securely locked to prevent any unauthorised access. It was tidy and organised so that medicines belonging to each resident could be easily located. The temperature of the medicine storage area was monitored and recorded to ensure that medicines were stored appropriately. Satisfactory arrangements were in place for medicines requiring cold storage, with the exception of one liquid antibiotic requiring cold storage, which was stored in the cupboard in error. It was not in use and the in-use bottle was stored correctly in the medicine refrigerator. This was highlighted to staff who disposed of the liquid and requested a new supply from the pharmacy. The manager agreed to share this learning with all staff. There were satisfactory arrangements in place for the storage of controlled drugs and the safe disposal of medicines.

3.3.3 What arrangements are in place to ensure that medicines are appropriately administered within the home?

It is important to have a clear record of which medicines have been administered to residents to ensure that they are receiving the correct prescribed treatment.

A sample of the medicines administration records was reviewed. Records were found to have been accurately completed. Records were filed once completed and were readily retrievable for audit/review.

Controlled drugs are medicines which are subject to strict legal controls and legislation. They commonly include strong painkillers. The receipt, administration and disposal of controlled drugs should be recorded in the controlled drug record book. Controlled drug reconciliation checks at shift change were not being completed or documented for Schedule 2 and 3 controlled drugs. One controlled drug discrepancy was discussed with the manager for investigation. An incident notification was received by RQIA on 17 October 2025. An area for improvement was identified.

Management and staff audited the management and administration of medicines on a regular basis within the home. There was evidence that the findings of the audits had been discussed with staff and addressed. The date of opening was recorded on medicines to facilitate audit and disposal at expiry.

3.3.4 What arrangements are in place to ensure that medicines are safely managed during transfer of care?

People who use medicines may follow a pathway of care that can involve both health and social care services. It is important that medicines are not considered in isolation, but as an integral part of the pathway, and at each step. Problems with the supply of medicines and how information is transferred put people at increased risk of harm when they change from one healthcare setting to another.

A review of records indicated that satisfactory arrangements were not in place to manage medicines at the time of admission. Records reviewed indicated that staff had not received written confirmation of the resident's current prescribed medicines from their GP. There is a potential that recent medication changes may not have been implemented. The medicine administration record had not been checked and signed by two staff. Discrepancies on the personal medication record were discussed with the manager for immediate corrective action. Discrepancies in the administration of two medicines were highlighted to the manager for investigation. Incident notifications for these incidents were received by RQIA on 17 October 2025 and 22 October 2025. An area for improvement was identified.

3.3.5 What arrangements are in place to ensure that staff can identify, report and learn from adverse incidents?

Occasionally medicines incidents occur within homes. It is important that there are systems in place which quickly identify that an incident has occurred so that action can be taken to prevent a recurrence and that staff can learn from the incident. A robust audit system will help staff to identify medicine related incidents.

Management and staff were familiar with the type of incidents that should be reported. The medicine related incidents which had been reported to RQIA since the last inspection were discussed. There was evidence that the incidents had been reported to the prescriber for guidance, investigated and the learning shared with staff in order to prevent a recurrence.

The audits completed at the inspection indicated that the majority of medicines were being administered as prescribed. However, audit discrepancies were observed in the administration of a small number of medicines. The audits were discussed in detail with the staff on duty and the manager for on-going monitoring, see Section 3.3.4.

3.3.6 What measures are in place to ensure that staff in the home are qualified, competent and sufficiently experienced and supported to manage medicines safely?

To ensure that residents are well looked after and receive their medicines appropriately, staff who administer medicines to residents must be appropriately trained. The registered person has a responsibility to check that staff are competent in managing medicines and that they are supported.

There were records in place to show that staff responsible for medicines management had been trained and deemed competent.

It was agreed that the findings of this inspection would be discussed with staff to facilitate the necessary improvements.

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	5*	10*

* the total number of areas for improvement includes twelve which were carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs Roxana Mitrea, Manager, and the deputy managers, 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 13 (4) **Stated:** First time **To be completed by:** 14 October 2025	The registered person shall review the management of controlled drugs, to ensure that quantities of Schedule 2 and 3 controlled drugs subject to safe custody requirements, are reconciled on each occasion when responsibility for safe custody is transferred. Ref: 3.3.3
	Response by registered person detailing the actions taken: The registered manager,as part of a new process, has reviewed the management of controlled drugs that are subject to safe custody and staff responsible for the safe custody have had focused learning / supervison carried out. Evidence of this can be found in the Quality Improvement file available for review. The manager has introduced a new process where the handover of these drugs at 8am and 8pm in a hard back book, to ensure running totals can be reconcilled at these times and any descrepancies can be identified in a timely manner. Registered Manager or Designated Deputy will monitor the above new processes on a monthly bases to ensure compliance. Evidence of same can be found in the Medication audits.
Area for improvement 2 **Ref:** Regulation 13 (4) **Stated:** First time **To be completed by:** 14 October 2025	The registered person shall review the management of medicines for new admissions to the home, to ensure that written confirmation of medicines is obtained from the prescriber at or prior to admission, medicine records are checked and signed by two staff and that medicines are administered as prescribed. Ref: 3.3.4
	Response by registered person detailing the actions taken: The registered manager has reviewed the admission process and completed supervision/focused learning with staff on the unit in relation to expectations and requirements of medicines for new admissions and those returning from hospital. This will be monitored by the Registered Manager or Designated Deputy, as part of the monthly medication audit process following admisssion of a new resident, or those returning from hospital. Evidence can be found in medication audits and Quality Improvement file available for review.

Area for improvement 3 **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.
	Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection. Ref: 2.0
Area for improvement 4 **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.
	Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection. Ref: 2.0
Area for improvement 5 **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.
	Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection. Ref: 2.0

Action required to ensure compliance with the Residential Care Homes Minimum Standards (Version 1.2) (Dec 2022)	
Area for improvement 1 **Ref:** Standard 31 **Stated:** First time **To be completed by:** 14 October 2025	The registered person shall ensure that obsolete personal medication records are cancelled and archived. Ref: 3.3.1
	Response by registered person detailing the actions taken: The registered manager has ensured that all obsolete personal medication records have been archived and this will be monitored as part of the monthly medication audit to ensure compliance. As part of improvement there will be a supervision session with staff to discuss their responsibility in management of medication records. Evidence can be found in the Quality Improvement folder available for review.
Area for improvement 2 **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.
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection. Ref: 2.0
Area for improvement 3 **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.
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection. Ref: 2.0

Area for improvement 4 **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.
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection. Ref: 2.0
Area for improvement 5 **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.
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection. Ref: 2.0
Area for improvement 6 **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.
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection. Ref: 2.0
Area for improvement 7 **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.
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection. Ref: 2.0
Area for improvement 8 **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.
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection. Ref: 2.0

Area for improvement 9 **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. **Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.** Ref: 2.0
Area for improvement 10 **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. **Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.** Ref: 2.0

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