The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: Blair House Care Home

Provider: Healthcare Ireland (No. 4) Limited

Date of Inspection: 13 November 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 (No. 4) Limited
Responsible Individual:	Ms Andrea Louise Campbell
Registered Manager:	Mrs Gail Ellen Chambers, not registered

Service Profile:
Blair House Care Home is a nursing home registered to provide general nursing care including patients living with physical disability, dementia, those with mental health needs or patients with past/present alcohol dependence.

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.

A residential care home is also located on the ground floor of the home; the same manager manages both services.

2.0 Inspection summary

An unannounced inspection took place on 13 November 2025, from 10.00am to 3.00pm. The inspection was completed by two pharmacist inspectors 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 inspection also reviewed one area for improvement identified at the last care inspection. The remaining areas for improvement identified at the last care inspection were carried forward for review at the next inspection.

Mostly satisfactory arrangements were in place for the safe management of medicines. Medicines were stored securely. Medicine records were well maintained. There were effective auditing processes in place to ensure that staff were trained and competent to manage medicines and patients were administered their medicines as prescribed. However, improvements were necessary in relation to the management of insulin and the safe preparation of medicines for administration.

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

The area for improvement in relation to the storage of cream identified at the last care inspection was assessed as met. 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).

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

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 patients 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 patient liked to take their medicines. They stated medication rounds were tailored to respect each individual's preferences, needs and timing requirements.

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?

Patients in nursing homes should be registered with a general practitioner (GP) to ensure that they receive appropriate medical care when they need it. At times patients' 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.

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

Personal medication records were in place for each patient. 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 for immediate corrective action and on-going vigilance.

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

All patients 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.

Patients 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 patient's distress and if the prescribed medicine is effective for the patient.

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 patient-centred care plans were in place. Staff knew how to recognise a change in a patient'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 each administration.

The management of pain was discussed. Staff advised that they were familiar with how each patient expressed their pain and that pain relief was administered when required. Care plans were in place and reviewed regularly. One care plan required an update to reflect the most recent prescription and the manager advised that this would be actioned immediately.

Some patients 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 patient 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 patient.

The management of thickening agents was reviewed. Speech and language assessment reports and care plans were in place. Records of prescribing and administration which included the recommended consistency level were maintained.

The management of insulin was reviewed. Care plans were in place when patients required insulin to manage their diabetes. However, two care plans required an update to reflect the most recent prescribed dose. One personal medication record required an update to include the prescribed dose of insulin. In addition, one in use insulin pen device was not individually labelled and did not have the date of opening recorded. This is necessary to denote ownership and to facilitate audit and disposal at expiry. Two in use insulin pen devices were stored in the trolley with a used needle attached. The issues identified were discussed with staff and management for immediate corrective action. An area for improvement was identified.

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 patient'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 patients required them.

The medicine storage areas were observed to be securely locked to prevent any unauthorised access. They were tidy and organised so that medicines belonging to each patient could be easily located. Temperatures of medicine storage areas were monitored and recorded to ensure that medicines were stored appropriately. The medicine storage area on one unit had daily records in place to show that the temperature recorded was below 25^{o}C, however on the day of the inspection the temperature had reached 26^{o}C. This was discussed with the manager who had already taken corrective action and escalated the matter to their estates team to resolve. Satisfactory arrangements were in place for medicines requiring cold storage and 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 patients 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.

It is important that nurses follow safe medication administration processes to ensure that medicines are administered to the right patient at the right time. This includes administering medicines directly from their dispensed supply and signing the record of administration immediately after the medicine has been administered to the specific patient. Failure to follow this process may mean that medicines are administered to the wrong patient in error. Pre prepared medication was observed for one patient on one unit. This practice is unsafe. This was brought to the attention of the nurse and the manager to address urgently. Nurses must follow safe systems for the administration of medicines. An area for improvement was identified.

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. There were satisfactory arrangements in place for the management of controlled drugs.

Occasionally, patients may require their medicines to be crushed or added to food/drink to assist administration. To ensure the safe administration of these medicines, this should only occur following a review with a pharmacist or GP and should be detailed in the patient's care plan. Written consent and care plans were in place when this practice occurred.

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 the majority of 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 in place to manage medicines at the time of admission or for patients returning from hospital. Written confirmation of prescribed medicines was obtained at or prior to admission and details shared with the GP and community pharmacy. Medicine records had been accurately completed and there was evidence that medicines were administered as prescribed.

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 nurses on duty and the manager for on-going monitoring.

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 patients are well looked after and receive their medicines appropriately, staff who administer medicines to patients must be appropriately trained. The registered person has a responsibility to check that they 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.

	Regulations	Standards
Total number of Areas for Improvement	5*	9*

* 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 Gail Ellen Chambers, Manager and the regional and 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 Nursing Homes Regulations (Northern Ireland) 2005

Area for improvement 1 **Ref:** Regulation 13 (4) **Stated**: First time **To be completed by:** Immediate and ongoing (13 November 2025)	The registered person shall review the management of insulin to ensure that safe systems are in place as detailed in the report. Ref: 3.3.1
	Response by registered person detailing the actions taken: The registered manager has reviewed the management of insulin to ensure that safe systems are in place and staff responsible for the administration of insulin 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 Insulin audit to ensure compliance with administration of insulin and care plan documnetation is accurate and reflective of residents current needs. Registered Manager or Designated Deputy will monitor the above on a monthly basis to ensure compliance. Evidence of same can be found in the Quality Improvement file.
Area for improvement 2 **Ref:** Regulation 13 (4) **Stated**: First time **To be completed by:** Immediate and ongoing (13 November 2025)	The registered person shall ensure that medicines are prepared immediately prior to administration for each patient and the record of administration signed immediately afterwards. Ref: 3.3.3
	Response by registered person detailing the actions taken: The registered manager has reviewed the process that medicines are prepared immediatley prior to administration for each resident and the record of administration signed immediately afterwards. All staff responsible for administration of medicines have had focused learning / supervision carried out regarding unsafe practice. Evidence of this can be found in the Quality Improvement file. Registered Manager has implemented an additional daily / weekly audit to spot check this practice and ensure compliance. Registered Manager or Designated Deputy will monitor to ensure compliance. Evidence of same can be found in the Quality Improvement File

Area for improvement 3 **Ref:** Regulation 13 (1) (b) **Stated**: First time **To be completed by:** 31 August 2025	The registered person shall ensure that patients who have experienced a fall have their falls risk assessment and care plan reviewed after each fall. **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 20 (1) (a) **Stated**: First time **To be completed by:** 31 August 2025	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. **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 14 (2) (a) **Stated:** First time **To be completed by:** 31 July 2025	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. **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 Care Standards for Nursing Homes (December 2022)	
Area for improvement 1 **Ref:** Standard 38.3 **Stated:** First time **To be completed by:** 22 July 2025	The registered person shall ensure that the registration status of staff is confirmed prior to commencing employment within the home. **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 2 **Ref:** Standard 19.4 **Stated:** First time **To be completed by:** 31 August 2025	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.
	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 23 **Stated:** First time **To be completed by:** 31 August 2025	The registered person shall ensure that where a patient has been assessed as requiring repositioning: • care plans and repositioning charts are consistent in relation to the recommended frequency of repositioning • records are appropriately and contemporaneously signed by two staff.
	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 12 **Stated:** First time **To be completed by:** 22 July 2025	The registered person shall ensure that a daily menu is displayed in a suitable location and format.
	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 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.
	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 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.
	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 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.
	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 46.11 **Stated:** First time **To be completed by:** 31 August 2025	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.
	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 35 **Stated:** First time **To be completed by:** 31 August 2025	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.
	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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