The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: **Blair House Care Home**

Provider: **Healthcare Ireland (No4) Limited**

Date of Inspection: **13 January 2026**

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 Gail Ellen Chambers – not registered
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. 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 January 2026 from 09.40 am to 5.00 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 medicines management inspection on 13 November 2025; and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

Evidence of good practice was found throughout the inspection in relation to staffing, record keeping and the provision of activities. There were examples of good practice found in relation to the culture and ethos of the home in maintaining the dignity and privacy of patients and maintaining good working relationships.

Patients said that living in the home was a good experience. Patients unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff. Refer to Section 3.2 for more details.

As a result of this inspection eleven areas for improvement were assessed as having been addressed by the provider; two areas for improvement in relation to medicines management have been carried forward for review at the next inspection; one area for improvement has been stated for a second time and one new area for improvement has been identified. Details 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 commented positively about staff. They confirmed that staff offered them choices throughout the day which included preferences for what clothes they wanted to wear and where and how they wished to spend their time. They told us that they could have a lie in or stay up late to watch TV if they wished and they were given the choice of attending activities or not; where to sit and where to take their meals. Some patients preferred to spend most of the time in their room and staff were observed supporting patients to make these choices. Patients said, "I'm well cared for and the staff are nice" and "All's fine. I have no concerns".

Patients unable to voice their opinions were observed to be well presented, comfortable and relaxed with staff.

A patients' relative spoken with said, "Dad's well looked after and the staff are good. If something's not right, I let them know and they sort it out".

Staff confirmed that there were good working relationships; there was enough staff on duty to meet patients' needs and complete tasks; they enjoy working in the home and take pride in their work; that the manager was approachable and they felt well supported in their role.

Staff said, “I really enjoy working here and I have no issues. The staff team and the manager are supportive” and “I love working in this unit. There are enough staff on duty to support patients with their needs. I find the manager open, approachable and understanding. I can discuss any concerns with her and they would be sorted out immediately.”

Following the inspection, we received no patient/patient representative questionnaires or any responses from the staff online survey within the timescale specified.

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. There was evidence of systems in place to manage staffing and recruitment was underway.

Staff spoken with said there was good teamwork and that they felt well supported in their role. Staff also said that, whilst they were kept busy, staffing levels were satisfactory apart from when there was an unavoidable absence.

Patients told us that they felt well cared for; they enjoyed the food and that staff were kind. They said that the manager and staff are approachable and they felt if they had any issues that they could discuss them and were confident any concerns would be addressed accordingly.

Staff told us they were aware of individual patient’s wishes, likes and dislikes. It was observed that staff responded to requests for assistance promptly in an unhurried, caring and compassionate manner. Patients were given choice, privacy, dignity and respect.

3.3.2 Quality of Life and Care Delivery

Staff met at the beginning of each shift to discuss patients’ care, to ensure good communication across the team about any changes in patients’ needs. Staff were knowledgeable about individual patient’s needs, their daily routine, wishes and preferences; and 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.

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

The dining experience was an opportunity for patients to socialise. We observed the serving of the lunchtime meal in the dining room in the Conway Unit. The atmosphere was calm, relaxed and unhurried. Staff had made an effort to ensure patients were comfortable, had a pleasant experience and had a meal that they enjoyed. Patients said they enjoyed their meal and their dining experience. However, whilst the menu was displayed on the notice board in both Conway Unit and Greenwell Unit, they were not reflective of the food being served. This area for improvement has been stated for a second time.

Arrangements were in place to meet patients' social, religious and spiritual needs within the home. The weekly programme of activities was displayed on the notice boards advising patients of forthcoming events.

Patients' needs were met through a range of individual and group activities such as church services and arts and crafts. On the afternoon of inspection, a special birthday was celebrated by patients, families and staff.

3.3.3 Management of Care Records

Patients' needs were assessed by a nurse at the time of their admission to the home. Following this initial assessment care plans were developed to direct staff on how to meet patients' needs and included any advice or recommendations made by other healthcare professionals. Patients care records were held confidentially.

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

3.3.4 Quality and Management of Patients' Environment

The home was clean, tidy and generally well maintained. Identified painted areas required redecoration. This was discussed with the management team who had 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 will be reviewed at a future inspection.

Patients' bedrooms were personalised with items important to them. Bedrooms and communal areas were suitably furnished, warm and comfortable. A variety of methods was used to promote orientation. There were clocks and photographs throughout the home to remind patients of the date, time and place.

Treatment rooms were noted to be appropriately locked. However, a number of cleaning products in an identified sluice room and also in a cleaning store, were observed to be accessible and not stored securely, that could cause potential risk to the health and welfare of patients. An area for improvement was identified.

Equipment used by patients such as shower chairs and hoists were noted to be effectively cleaned.

Review of records and discussion with the manager confirmed environmental and safety checks were carried out, as required on a regular basis, to ensure the home was safe to live in, work in and visit.

Personal protective equipment (PPE), for example, face masks, gloves and aprons were available throughout the home. Dispensers containing hand sanitiser were seen to be full and in good working order. Staff members were observed to carry out hand hygiene at appropriate times and to use PPE in accordance with the regional guidance.

3.3.5 Quality of Management Systems

There has been a change in the management of the home since the last inspection. Mrs Gail Ellen Chambers has been the Manager in this home since 4 November 2025.

The manager confirmed that staff supervision and appraisal had commenced and that arrangements were in place to ensure that all staff members have regular supervision and an appraisal completed this year.

Staff commented positively about the manager and described her as supportive, approachable and able to provide guidance. Staff confirmed that there were good working relationships.

Review of a sample of records evidenced that the manager had processes in place to monitor the quality of care and other services provided to patients. There was evidence that the manager responded to any concerns, raised with them or by their processes, and took measures to improve practice, the environment and the quality of services provided by the home.

Patients and their relatives said that they knew who to approach if they had a complaint and had confidence that any complaint would be managed well.

Cards and letters of compliment and thanks were received by the home. Comments were shared with staff. This is good practice.

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*	1*

* the total number of areas for improvement includes one that has been stated for a second time and two which are 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, 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: 2.0
	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.
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: 2.0
	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.
Area for improvement 3 **Ref:** Regulation 14 (2) (a) (c) **Stated:** First time **To be completed by:** 13 January 2026	The registered person shall ensure that all chemicals are securely stored to comply with Control of Substances Hazardous to Health (COSHH) in order to ensure that patients are protected from hazards to their health. Ref: 3.3.4
	Response by registered person detailing the actions taken: The registered person has ensured that the locks to the domestic stores and not able to be left un-opened / unlocked. The domestic staff had been instructed to report if any concerns with the door locks. Home manager and deputy managers check daily on their walk around and at variuos times in the day when in the units to ensure compliance.

Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)	
Area for improvement 1 **Ref:** Standard 12 **Stated:** Second time **To be completed by:** 14 January 2026	The registered person shall ensure that a daily menu is displayed in a suitable location and format. Ref: 2.0 & 3.3.2
	Response by registered person detailing the actions taken: The registered person has reviewed the menus for the units, these have been updated to ensure that they are reflective of what is being prepared by the kitchen for serving. The menus will be displayed in a suitable format for the residents in the units.

Please ensure this document is completed in full and returned via the Web Portal

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