The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: **Blair Mayne**

Provider: **Healthcare Ireland (No. 4) Limited**

Date of Inspection: **24 February 2026**

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 Gail Chambers – not registered
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 24 February 2026, from 9.30 am to 2.30 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 22 July 2025; 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. Details and examples of the inspection findings can be found in the main body of the report.

As a result of this inspection five areas for improvement from the previous care inspection were assessed as having been addressed by the provider. Seven areas for improvement were not met and will be stated for a second time. Three areas for improvement relating to medicines management were not assessed and these will be reviewed at a future inspection. 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 resident's, 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", and "the staff are looking after me well".

Staff spoke mostly 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. However, some comments shared about staffing levels and team work were shared with the management team for their review and action.

No questionnaire responses were received from residents 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 residents

Residents said that there was enough staff on duty to help them. There was mixed feedback from staff in relation to team work and staffing levels in the home, these comments were shared with the management team for their review and action.

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.

The staff training matrix evidenced good over all compliance with mandatory training requirements.

Staff meeting records highlighted that no meetings had taken place since the last care inspection. Staff meetings are required to take place at least quarterly. An area for improvement has been stated for a second time.

The morning medicines round was not completed until 11.45am. Medicines must be administered at the prescribed time. Measures should be implemented to ensure staff are afforded protected time to complete the medication round in a timely manner. An area for improvement was identified.

3.3.2 Quality of Life and Care Delivery

Staff interactions with residents were observed to be polite, friendly, warm and supportive and the atmosphere was relaxed, pleasant and friendly. Staff were knowledgeable of individual resident's needs, their daily routine, wishes and preferences.

All care staff received a handover at the commencement of their shift. Staff confirmed that the handover was detailed and included the important information about the residents, especially changes to care, that they needed to assist them in their caring roles.

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.

Residents may require special attention to their skin care. Care records accurately reflected the residents' assessed needs and input from other professionals such as the District Nursing team.

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.

Observation of the planned activity, which was a singing activity demonstrated that for those residents taking part, they appeared to enjoy it. However, some residents told us that activity provision does not always take place in the home. These comments were shared with the management team for their review and action.

3.3.3 Management of Care Records

Residents' needs were assessed by a suitably qualified member of staff 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.

Deficits were noted in the completion of resident's oral care supplementary care records where significant gaps were identified. An area for improvement has been identified.

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 manager who agreed to share a refurbishment plan with RQIA, upon review of the refurbishment plan it was noted that a number of actions had no timescales for completion, despite being identified in July 2025. An area for improvement has been identified.

Resident's bedrooms were tidy and personalised with photographs and other personal belongings. However, concerns were identified in some resident's bedrooms with the condition of the linen and in one bedroom, it was noted that the linen was soiled. It was also evident from reviewing the linen cupboard that some stock needed replenished. An area for improvement has been stated for a second time.

Observations identified some concerns regarding environmental risk management. For example, it was noted in one resident's bedroom there was access to scissors and a razor. It was also noted in the kitchenette that one tin of thickening agent was not safely or securely stored. This was removed by the inspector and provided to the staff to reduce the risk of harm to anyone using or potentially accessing it. Two areas for improvement have been stated, one for a second time.

It was also noted in two resident's bedrooms there was access to prescribed topical lotions, which should be stored safely. An area for improvement has been identified.

There were some infection prevention and control deficits identified, for example some hand sanitiser stations were empty and Personal and Protective Equipment (PPE) had not been replenished in some Dani Stations. It was also noted that one shower chair was rusted and could not be effectively cleaned. Two areas for improvement has been stated, one for a second time.

The kitchenette area required particular attention in relation to cleanliness and upkeep. For example, it was noted that the kitchen work top was particularly worn and stained and could not be effectively cleaned. The floor, walls and skirting were also stained and unclean. RQIA are concerned that no action has been taken to improve this part of the home since the last inspection. An area for improvement has been stated for a second time.

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

3.3.5 Quality of Management Systems

There has been a change in the management of this home since the last inspection. Mrs Gail Chambers has been the manager of the home since 3 November 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 improvements required in relation to the quality and safety of the home's environment and infection prevention and control measures. For example; in a recent infection prevention and control audit it stated that shower chairs were reviewed and it was highlighted that there were no issues with equipment used in the home, when this was not the findings of this inspection. There was also no evidence that linen in the home was reviewed as part of this audit. A domestic audit completed recently did not include a review of the kitchenette area which is concerning given the issues identified during this inspection and the previous inspection. An area for improvement has been stated for a second time.

Staff told us that they would have no issue in raising any concerns regarding patients' safety, care practices or the environment. Staff were aware of the departmental authorities that they could contact should they need to escalate further.

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	6*	10*

* the total number of areas for improvement includes three regulations that have been stated for a second time and four standards that have been stated for a second time. Also, two regulations and one standard which are carried forward for review at the next inspection.

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 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: 2.0 & 3.3.3
	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:** 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: 2.0 & 3.3.4
	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 27 (2) (d) **Stated:** Second time **To be completed by:** 24 February 2026	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: The registered person has spoken with Laundry staff and given clear instructions regarding disposal of linen not fit for purpose. All Staff in BM to have supervision session regarding supplying clean linen and checking when making beds. HM / DM to check of at least 10 rooms on a daily bases while in the unit at various times of the day. A new audit has been designed for TL / SCA to complete on a daily bases so that they have oversight of linen used within the unit, any linen found not fit for purpose should be removed and HM informed, as there are on occassions small insignificant marks that can remian after washing but dose not warrant linen to be thrown out.
Area for improvement 4 **Ref:** Regulation 14 (4) **Stated:** Second time **To be completed by:** 24 February 2026	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 registered manager has provided Staff with supervision in relation to their accountability to ensure that toiletries and razors are place in bathroom cabenet and lock is secure and report any defects. HM / DM to check 10 rooms on a daily bases to ensure compliance. A new audit has been designed for TL / SCA to complete on a daily bases to evidence compliance. HM / DM to check at least 10 rooms on a daily bases while in the unit at various time of the day. There are a few residents who remain independant with their personal care, and the locking of these units is checked after they have attended to themselves and are assisted throughout the day with the lock so as not to take away their independence.
Area for improvement 5 **Ref:** Regulation 13 (7) **Stated:** Second time **To be completed by:** 24 February 2026	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: The registered person has received a number of new shower chairs and thoses that are unfit for purpose as not able to be cleaned effectively to maintain the prevention of infection control have been disposed off. All equipment is kept under revirew and any found not suitable will be removed and replaced
Area for improvement 6 **Ref:** Regulation 14 (4) **Stated:** First time **To be completed by:** 24 February 2026	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 supervision and storage of thickening agent. Ref: 3.3.4
	Response by registered person detailing the actions taken: The registered person has provided Staff with supervison in relation to the storage of food thickeners to ensure residents safety, this involved that immediately food thickener has been used they are to be returned to TL / SCA for safe storage, even if required 2/3 times during food service. A new audit has been designed for TL / SCA to complete at meal service to spot check were food thickeners have been left to ensure compliance. HM / DM will carry out spot checks though out the day to ensure that food thickener is being stored safely.

Action required to ensure compliance with the Residential Care Homes Minimum Standards (Dec 2022) (Version 1:2)	
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: 2.0 & 3.3.1
	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:** Standard 25.8	The registered person shall ensure that staff meetings take place on a regular basis and at least quarterly. Ref: 3.3.1

Stated: Second time **To be completed by:** 30 March 2026	**Response by registered person detailing the actions taken:** The registered person provided Staff the opportunity of a staff meeting this was held early April and list of attendes for those unable to attend and a copy of the minutes was provided
Area for improvement 3 **Ref:** Standard 27.1 **Stated:** Second time **To be completed by:** 24 February 2026	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: The registered person has had the kitchenette once again throughly cleaned and repainted.
Area for improvement 4 **Ref:** Standard 27.7 **Stated:** Second time **To be completed by:** 24 February 2026	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: The registered person has completed supervison with staff, a cleaning schedule and temperature monitoring already in place,is now being monitored by TL / SCA on a daily bases to ensure compliance. HM / DM will check the cleanliness of fridge during walk arounds

Area for improvement 5 **Ref:** Standard 20.10 **Stated:** Second time **To be completed by:** 24 February 2026	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: The registered person will ensure that the new audits will be implemented and action plans constructed implemeneted and monitored and signed off when actions fully completed by HM
Area for improvement 6 **Ref:** Standard 30 **Stated:** First time	The registered person shall ensure that measures are implemented to ensure staff are afforded protected time to complete the medication round in a timely manner. Ref: 3.3.1

To be completed by: 24 February 2026	**Response by registered person detailing the actions taken:** The registered person shall endeavor that measures are implemented to ensure staff have protected time for medication administration. Staff are encouraged to infrom HM / DM or NIC if they are behind in administration due to any unforseen emergency that should arise during the course of the shift.
Area for improvement 7 **Ref:** Standard 8.5 **Stated:** First time **To be completed by:** 24 February 2026	The registered person shall ensure that supplementary records in relation to resident's oral care is accurate and kept up to date. Ref: 3.3.3
	Response by registered person detailing the actions taken: The registered person has had all Residents care plans updated to ensure each residents personal preference in relation to oral care is recorded and that oral care is offered / encouraged twice a day. PCS has been updated to alert staff that they are to record an entry regarding oral care. Weekly audit to be completed to evidence complaince and or short falls
Area for improvement 8 **Ref:** Standard 27 **Stated:** First time **To be completed by:** 1 April 2026	The registered person shall ensure that the home is well maintained and decorated to a standard acceptable to residents. A time bound refurbishment plan should be completed, kept under review and shared with RQIA. Ref: 3.3.4
	Response by registered person detailing the actions taken: The Home Manager and Regional Manager are completing the refurbishment plan to be forwarded to the Estates Manager for completion, this will be a rolling programme

Area for improvement 9 **Ref:** Standard 32 **Stated:** First time **To be completed by:** 24 February 2026	The registered person shall ensure that all topical lotions are stored safely and securely in the home. Ref: 3.3.4
	Response by registered person detailing the actions taken: The registered person has displayed notices throughout the unit to remind family members of the importance of liasing with TL / SCA for bringing in non-prescribed creams / lotions. As part of the re-designed audit the TL / SCA to check rooms daily for any lotions and creams that are not prescribed and remove from same. HM / DM will observe for same on their walk around throughout unit.

Area for improvement 10 **Ref:** Standard 35 **Stated:** First time **To be completed by:** 24 February 2026	The registered person shall ensure that Personal and Protective Equipment (PPE) stock is kept replenished in the dani and hand sanitiser stations. Ref: 3.3.4
	Response by registered person detailing the actions taken: The registered person through staff meeting and supervision with Staff to remind them of the importance of replenishment of the dani stations and hand sanitiser stations in a timely manner. TL /SCA to monitor daily. HM / DM to check on walk arounds throughout the day

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