

Inspection Report

Name of Service: Bohill House Nursing Home

Provider: Healthcare Ireland (No. 4) Limited

Date of Inspection: 3 June 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 Andrea McCook
<p>Service Profile – This home is a registered nursing home which provides nursing care for up to 62 patients. The home provides general nursing care and care for patients living with dementia. The home is divided into two units over two floors and patients have access to a range of communal spaces.</p> <p>There is a separate registered residential care home which occupies the same site/building and the registered manager for this home manages both services.</p>	

2.0 Inspection summary

An unannounced inspection took place on 3 June 2025, from 9.30 am to 5.40 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 8 August 2024; and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

Whilst we found care to be delivered in a compassionate manner, improvements were required to ensure the effectiveness and oversight of the care delivery. This is discussed further throughout the report.

As a result of this inspection one area for improvement has been stated again. 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 registration information, and any other written or verbal information received from patient'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

Patients told us they were happy with the care and services provided. Comments made included "I'm well looked after" and "the staff are great".

Discussion with patients confirmed that they were able to choose how they spent their day. For example, patients could have a lie in or stay up late to watch TV.

Patients told us that staff offered choices to them throughout the day which included preferences for getting up and going to bed, what clothes they wanted to wear, food and drink options, and where and how they wished to spend their time.

A number of relatives were spoken with, some relatives reported positive comments pertaining to the care and attention of their loved one and comments included "very good care"; whilst issues raised by another relative were brought to the attention of management for immediate review and action as appropriate.

Following the inspection, there were no responses received from the staff questionnaires or patient/relative questionnaires within the allocated timeframe.

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. A sample of records were reviewed and evidenced systems were in place to manage staffing.

Observation of the delivery of care evidenced that patients' needs were generally met by the number and skills of the staff on duty, however, shortfalls were identified in regards to meeting patients request for assistance in a timely manner; please refer to section 3.3.2 for further detail.

Staff told us that the patients' needs and wishes were important to them. It was clear through observation of the interactions between the patients and staff that the staff knew the patients well.

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 patients. Staff were knowledgeable about individual patient's needs, their daily routine, wishes and preferences.

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

Patients may require special attention to their skin care. These patients were assisted by staff to change their position regularly. A sample of records were reviewed and evidenced gaps in recording; the details were discussed with the management for immediate review and action as appropriate; an area for improvement was identified.

The risk of falling and falls were well managed and discussion with the management team confirmed that a falls policy was in place and referrals were made as required to other healthcare professionals.

Discussion with staff and relatives evidenced that one of the hoists for assisting patients with moving and handling was out of service, this impacted upon patients being able to be supported in a timely manner. A discussion took place with the management regarding the hoist and assurance was provided that this would be addressed; following the inspection RQIA received confirmation that all hoists were fully operational again; an area for improvement was identified.

At times some patients may require the use of equipment, for example wheelchairs, to assist them in moving from one area to another. Discussion with relatives and observation of staff practice pertaining to the transporting of patients in wheelchairs identified some shortfalls in staff practice. The details were discussed with the management for immediate review and action as appropriate; an area for improvement was identified.

Observation of the lunch time meal, review of records and discussion with patients, staff and the manager evidenced that there were robust systems in place to manage patients' nutrition and mealtime experience.

The importance of engaging with patients was well understood by the manager and staff. Staff understood that meaningful activity was not isolated to the planned social events or games.

The activity schedule was on display in the main foyer and it was positive to see that the activities provided were varied, interesting and suited to both groups of patients and individuals.

3.3.3 Management of Care Records

Patients' 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 patients' needs and included any advice or recommendations made by other healthcare professionals.

Care records were person centred and regularly reviewed to ensure they continued to meet the patients' needs.

Patients care records were held confidentially.

3.3.4 Quality and Management of Patients' Environment

The home was generally found to be clean and tidy, however, a number of shortfalls pertaining to the cleanliness of the environment were noted in identified areas within the home, the details were discussed with the management for immediate review and action as appropriate; an area for improvement was identified.

Patients' bedrooms were personalised with items important to the patient, and were well decorated, suitably furnished, warm and comfortable. A review of communal space noted shortfalls pertaining to lack of chairs in identified lounges and one room not reflective of the homes statement of purpose. This had also been identified within the homes monthly monitoring report and was under review; assurance was provided that the identified areas will be reviewed and actioned as appropriate; this will be reviewed at a future inspection.

An area for improvement identified at a previous inspection pertaining to flooring was reviewed and evidenced this had not been addressed. This was discussed with the management who confirmed that a refurbishment plan was available to include the identified flooring. The area for improvement was stated for a second time.

Fire safety measures were in place and well managed to ensure patients, staff and visitors to the home were safe. Corridors were clear of clutter and obstruction and fire exits were also maintained clear.

It was noted that not all staff were adhering to the regional infection control guidance, specific details were discussed with the management for immediate review and action as appropriate; an area for improvement was identified.

3.3.5 Quality of Management Systems

There has been no change in the management of the home since the last inspection. Mrs Andrea McCook has been the manager in this home since January 2023.

Staff were aware of who the person in charge of the home was, their own role in the home and how to raise any concerns or worries about patients, care practices or the environment.

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.

Compliments received about the home were kept and shared with the staff team.

There was evidence that a system of auditing was in place to monitor the quality of care and other services provided to patients.

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	2	5*

* the total number of areas for improvement includes one that has been stated for a second time and one 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 Nursing Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 12 (2) Stated: First time To be completed by: 3 June 2025	<p>The Registered Person shall ensure that when medical equipment is not in working order, a contingency plan is available to ensure patients' needs are met in a timely manner.</p> <p>This is in reference to medical hoists.</p> <p>Ref: 3.3.2</p> <p>Response by registered person detailing the actions taken: The hoist has now been repaired and a contingency plan is in place to ensure accessibility of hoists for both nursing units in the event of breakdown. A risk assessment is now in place to ensure staff are aware of the process to follow in the event of the breakdown of a hoist to ensure patient needs are met in a timely manner. The home has accessibility to five full body hoists in total.</p>
Area for improvement 2 Ref: Regulation 13 (7) Stated: First time To be completed by: 3 June 2025	<p>The registered person shall ensure the infection prevention and control issues identified on inspection are managed to minimise the risk and spread of infection.</p> <p>Ref: 3.3.4</p> <p>Response by registered person detailing the actions taken: A staff safe care huddle has been completed to address the IPC areas as identified with regard to the removal of soiled laundry. It has been reiterated to staff the importance of maintaining IPC in relation to wearing of nail varnish and nails when on duty. Reminder to follow IPC guidelines at all times</p>
Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)	
Area for improvement 1 Ref: Standard 43 Stated: Second time To be completed by: 3 August 2025	<p>The registered person shall ensure that the flooring in the identified area is repaired or replaced.</p> <p>Ref: 3.3.4</p> <p>Response by registered person detailing the actions taken: The flooring has been previously identified and escalated to Estates. Awaiting completion timescales.</p>
Area for improvement 2 Ref: Standard 4 Stated: First time	<p>The registered person shall ensure care plans for the management of distressed reactions, epilepsy and insulin are updated to include the name of the prescribed medicine(s) and the parameters for the administration are clearly detailed.</p>

<p>To be completed by: 12 December 2024</p>	<p>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.</p>
<p>Area for improvement 3</p> <p>Ref: Standard 4</p> <p>Stated: First time</p> <p>To be completed by: 3 June 2025</p>	<p>The Registered Person shall ensure that repositioning records are accurately maintained to include the frequency of repositioning and the signatures of any staff involved in the repositioning.</p> <p>Ref: 3.3.2</p> <p>Response by registered person detailing the actions taken: Staff safe care huddles completed daily and this forms part of the daily handover discussion. Following feedback, we have now developed individual booklets per resident which detail care plan needs regarding repositioning. Staff reminded they must continue to date, and signatures of two staff when repositioning occurs and to be time specific. Compliance checked daily as part of HM walkarounds.</p>
<p>Area for improvement 4</p> <p>Ref: Standard 47.3</p> <p>Stated: First time</p> <p>To be completed by: 3 June 2025</p>	<p>The Registered Person shall ensure treatments and services provided to each patient reflect current and best practice. The registered person shall monitor staff and ensure safe moving and handling is embedded into practice.</p> <p>This references transporting patients in wheelchairs.</p> <p>Ref: 3.3.2</p> <p>Response by registered person detailing the actions taken: Staff safe care huddles have been completed with regard to the safe transport of residents in wheelchair. The wheelchair registers have been reviewed and retained on file to be checked monthly as part of the maintenacen checks. The staff have also been advised to visually check the wheelchair prior to use for any defects and to log immediately. New wheelchairs have been ordered and awaiting delivery.</p>
<p>Area for improvement 5</p> <p>Ref: Standard 44</p> <p>Stated: First time</p>	<p>The registered person shall, having regard to the number and needs of the patients, ensure that all parts of the home are kept clean. This includes the oversight arrangements of the domestic provision within the home.</p> <p>Ref: 3.3.4</p>

To be completed by: 3 June 2025	Response by registered person detailing the actions taken: The home is actively recruiting domestic staff currently with one new start in the month of July with one other domestic offered pending safe recruitment checks. Agency being utilised currently to support with the shortfall of hours Further interviews planned. Cleanliness checked as part of daily walkaround and discussed with domestic staff areas requiring attention to detail..
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