

# Inspection Report

**Name of Service:** Bohill Bungalows  
**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

<b>Organisation:</b>	Healthcare Ireland (No 4) Limited
<b>Responsible Individual:</b>	Ms Andrea Louise Campbell
<b>Registered Manager:</b>	Mrs Araceli Flores
<p><b>Service Profile –</b> This home is a registered nursing home which provides nursing care for up to 18 persons. The home provides nursing care for patients with a learning disability or physical disability under and over 65 years of age. The home is divided into three bungalows; Dunluce, Causeway and Rathlin. Each bungalow has access to communal living and dining spaces, as well as communal gardens.</p> <p>A fourth bungalow is situated on the same site and this is a registered residential home with separate management arrangements.</p>	

## 2.0 Inspection summary

An unannounced inspection took place on 3 June 2025 from 9.30 am to 5.30 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 15 August 2024; 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 patients by respecting their personal preferences and choices throughout the day. Discussion with staff identified that they had a good knowledge of patients' needs and had relevant training to deliver safe and effective care. Staff provided care in a compassionate manner and were sensitive to patients' wishes.

Patients who could not verbally communicate were well presented in their appearance and appeared to be comfortable and settled in their surroundings.

As a result of this inspection three previous areas for improvement were assessed as having not been addressed by the provider. A further area for improvement was carried forward for review at the next 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 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 who were able to share their opinions on life in the home said they were well looked after. Patients who were less well able to share their views were observed to be at ease in the company of staff and to be content in their surroundings.

Staff said that they were satisfied with staffing levels, teamwork was good, the management team was approachable and they thoroughly enjoyed working in the home.

We received three questionnaire responses from patients, they commented; "I am happy living here, the staff look after me well", "Ok", "I am looking forward to my holidays" and "Everything is very good and friendly staff".

The smart survey received four responses, three from relatives / visitors to the home and one from a member of staff. All four responses were very dissatisfied with a number of areas and raised concerns in regard to the environment, staffing and the service management. These comments were shared with the management team for their appropriate action.

### 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 robust systems in place to manage staffing.

There were systems in place to ensure staff were trained and supported to do their job. The manager retained oversight of staff compliance with their training requirements.

A matrix system was in place for staff supervision and appraisals to record staff names and the date that the supervision had taken place.

There was a system in place to monitor that all relevant staff were registered with the Nursing and Midwifery Council (NMC) or the Northern Ireland Social Care Council (NISCC).

The staff duty rota accurately reflected those working in the home on a daily basis. The manager's hours and capacity worked were clearly stated. Each shift had an identified nurse in charge of the home. Any nurse identified as in charge of the home should undergo a competency and capability assessment for this role; this helps to ensure that they have the necessary knowledge and understanding prior to taking charge of the home. Review of records identified that a number of these assessments required updating. An area for improvement was identified.

Staff said that they felt well supported in their role and found the management team accessible and approachable. Staff spoke positively on the teamwork in the home.

#### 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 interactions with patients were observed to be polite, friendly, warm and supportive and the atmosphere was relaxed, pleasant and friendly.

Staff were knowledgeable about patients' individual needs, routines, and preferences, and demonstrated how they recognised early signs of patient discomfort or distress.

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 with any assessed equipment. However, each of the bungalows side exit doors were observed unlocked; due to the complexity of patients' needs within each bungalow; the patients would be at risk if they exited the bungalow through these unlocked doors. This was identified as a potential risk at the previous care inspection and disappointingly this had not been addressed. An area for improvement was stated for a second time.

Patients may require special attention to their skin care. These patients were assisted by staff to change their position regularly and care records accurately reflected the patients' assessed needs. However, the quality and detail of the recording of repositioning by the care staff was inconsistent and some patients were not repositioned in keeping with their planned care. An area for improvement was stated for a second time.

Where a patient was at risk of falling, measures to reduce this risk were put in place. In addition, falls were reviewed monthly for patterns and trends to identify if any further falls could be prevented.

Good nutrition and a positive dining experience are important to the health and social wellbeing of patients. Patients may need a range of support with meals; this may include simple encouragement through to full assistance from staff and their diet modified. It was clear that staff had made an effort to ensure patients were comfortable, had a pleasant experience and had a meal that they enjoyed. It was observed that patients were enjoying their meal and their dining experience. Nursing staff completed regular nutritional risk assessments and the manager monitored patients weights monthly for weight loss or weight gain.

The importance of engaging with patients was well understood by the manager and staff. There was a range of activities provided for patients by activity staff in a large dedicated activity space. The activity room evidenced that it was used regularly and patients' colourful art work was displayed on the walls. The room also included a 'Sensory Corner' which includes an area with dimmed lighting, soft seating and various tactile items.

The range of activities included social, community, cultural, religious, spiritual and creative events. Patients' needs were met through a range of individual and group activities. Activity records were maintained which included patient engagement with the activity sessions.

Some patients may have difficulty telling us about their experiences. Patients who had communication difficulties looked relaxed in their environment and during interactions with staff, and gave non-verbal cues to their wellbeing, such as smiling or hand gestures.

### 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.

A number of deficits were identified in the care records. For those patients who required wound care; the care plans lacked the specific details in regard to the actual care of the wound and care plans were still active for a wound that had healed. An area for improvement was identified. The care records also had not been updated following reassessment from professionals in regard to eating, drinking and mobility needs or when a patient had returned to the home following a hospital admission. Two areas for improvement were identified.

### 3.3.4 Quality and Management of Patients' Environment Control

Concerns were identified throughout the home relating to the general décor internally, cleaning of patient equipment and upkeep of gardens. Of particular concern was the internal environment, external fencing and management of communal areas for patients use in bungalow two. Details were provided to the management team and areas for improvement identified.

Continued concerns remain in regard to the management of risks to patients; shortfalls were identified in regard to the safe storage of items in communal dressers and drawers. An 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.

### 3.3.5 Quality of Management Systems

There had been no changes in the management of the home since the last inspection. Mrs. Araceli Flores is the registered manager of the home.

It was clear from the records examined that the manager had processes in place to monitor the quality of care and other services provided to patients.

There was a system in place to manage any complaints received.

Staff told us that they would have no issue in raising any concerns regarding patients' safety, care practices or the environment.

## 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
<b>Total number of Areas for Improvement</b>	7*	5*

\*The total number of areas for improvement includes three areas for improvement that have been stated for a second time. A further standard has been carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with Araceli Flores, Registered Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005</b>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Regulation 13 (1) (b)</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> 4 June 2025</p>	<p>The registered person shall ensure that exit doors are appropriately secured at all times.</p> <p>Ref: 2.0 and 3.3.2</p> <p><b>Response by registered person detailing the actions taken:</b> Staff have been advised that exit doors must be locked at all times. This is to be checked as part of the Daily Walkround of the home to ensure compliance.</p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Regulation 14 (2) (a)</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> 4 June 2025</p>	<p>The registered person shall ensure as far as reasonably practical that all parts of the home to which patients have access to are free from hazards to their safety.</p> <p>Ref: 2.0 and 3.3.4</p> <p><b>Response by registered person detailing the actions taken:</b> The area identified was addressed at the time of the Inspection and safety latches have been ordered to ensure the drawers and cupboards are secure. This will be reviewed as part of the daily walkround of the bungalows and ad hoc checks carried out.</p>
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Regulation 16 (2) (b)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 4 June 2025</p>	<p>The registered person shall ensure that care records are updated and accurate in reflecting the current recommendations from the multi-disciplinary team.</p> <p>Ref: 3.3.3</p> <p><b>Response by registered person detailing the actions taken:</b> The Registered manager to review all documents ie, wound charts, food and fluid, all supplementary records to ensure that these are completed in a timely manner. The nurse in charge of each bungalow to countersign at the end of each shift as oversight of the records. The wound charts are to be archived in the case of a healed wound and or a change in prescribed plan of care. This has been addressed at the recent qualified and care staff meetings..</p>

<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Regulation 16 (2) (b)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 4 June 2025</p>	<p>The registered person shall ensure risk assessments and care plans are reviewed and updated on the patient's readmission to the home following a hospital admission.</p> <p>Ref: 3.3.3</p>
<p><b>Area for improvement 5</b></p> <p><b>Ref:</b> Regulation 27 (2) (b)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 30 June 2025</p>	<p><b>Response by registered person detailing the actions taken:</b> The careplans identified on the day of Inspection have been rectified and updated accordingly. Care plans to be reviewed on resident return from hospital by the Nurse in Charge and follow up review by the Registered Manager or Deputy Manager to ensure needs have been updated as required. This will be audited as part of the care plan audit process.</p> <p>The registered person shall ensure that an environmental time bound refurbishment action plan is in place; this action plan should be available for inspection and evidence meaningful oversight by the manager.</p> <p>Ref: 3.3.4</p> <p><b>Response by registered person detailing the actions taken:</b> A refurbishment plan is in place and regularly updated by the registered manager on completion of areas. The redecoration and painting of bungalow 2 is confirmed to commence on the 24/07/25. The external fence has been repaired and cleaning of the grounds and sensory gardens has commenced. The Home Manager alongside Regional Manager is reviewing the storage areas for each bungalow to ensure adequate provision as well as disposal of unnecessary.</p>
<p><b>Area for improvement 6</b></p> <p><b>Ref:</b> Regulation 27 (2) (a) (b)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 30 June 2025</p>	<p>The registered person shall ensure that the fence and garden area of bungalow two is repaired to make a safe outdoor space for the patients.</p> <p>Ref: 3.3.4</p> <p><b>Response by registered person detailing the actions taken:</b> The external fence around the bungalows has been repaired and sensory gardens partly cleared with further work in progress to review the use of this area as an additional safe space.</p>

<p><b>Area for improvement 7</b></p> <p><b>Ref:</b> Regulation 3 (1) (b)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 30 June 2025</p>	<p>The registered person shall review the use of the identified communal lounge so that it meets the needs of all the patients accommodated in bungalow two.</p> <p>Ref: 3.3.4</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b> The lounge area in bungalow 2 is under review to ensure that adequate lounge accommodation is available to all those residents residing. This is currently under review by the Registered manager alongside the Senior management team.</p>
<p><b>Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)</b></p>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 23</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> 4 June 2025</p>	<p>The registered person shall ensure that patient repositioning records are consistently completed in a contemporaneous and accurate manner.</p> <p>Ref: 2.0 and 3.3.2</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b> The Registered manager has held staff meetings and cascaded the information to staff regarding consistency in completing repositioning charts at the specific time and to be completed contemporaneously. The Nurse in Charge of each bungalow to check at the end of shift for compliance. To sign and date overview of records.</p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 41.7</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 4 June 2025</p>	<p>The registered person shall ensure that competency and capability assessments for nurses in charge of the home in the absence of the manager are in place, kept up to date and regularly reviewed.</p> <p>Ref: 3.3.1</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b> The person in charge records for three staff due annual review have been updated. A tracker is in place for the competency and capability assessments to be reviewed monthly.</p>

<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 21.1</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 4 June 2025</p>	<p>The registered person shall ensure care documentation for the management of wounds accurately reflect the assessed needs of the patient.</p> <ul style="list-style-type: none"> <li>• All wounds should have detailed individualised care plan</li> <li>• The frequency of dressing change should clearly reflect the assessed need of the wound</li> <li>• Any change in the wound should be accurately documented and appropriate care documentation updated to reflect the change.</li> </ul> <p>Ref: 3.3.3</p>
<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Standard 46</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 4 June 2025</p>	<p>The registered person shall ensure the infection prevention and control issues identified during this inspection are managed to minimise the risk of spread of infection.</p> <p>This relates specifically to the cleanliness of patient equipment.</p> <p>Ref: 3.3.4</p> <p><b>Response by registered person detailing the actions taken:</b> All wounds are reviewed and signed weekly by the Registered manager to ensure compliance with the prescribed plan of care with regard to wound care plan, frequency of dressing change and any changes are documented to reflect same.</p>
<p><b>Area for improvement 5</b></p> <p><b>Ref:</b> Standard 46</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 15 September 2024</p>	<p>The registered person shall ensure the malodour to the identified pieces of furniture is addressed.</p> <p>Ref: 2.0</p> <p><b>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.</b></p>

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



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