

# Inspection Report

**Name of Service:** Strand House – Bohill Bungalows  
**Provider:** Healthcare Ireland (No4) Limited  
**Date of Inspection:** 25 September 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>	Andrea Louise Campbell
<b>Registered Manager:</b>	Lorna King
<p><b>Service Profile</b> – This home is a registered residential home which provides social care for up to six persons. The residents have their own bedrooms and access to communal living and dining spaces, as well as communal garden.</p> <p>Three further detached bungalows are situated on the same site; this is a registered nursing home with separate management arrangements.</p>	

## 2.0 Inspection summary

An unannounced inspection took place on 25 September 2025, from 9.45 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 30 August 2024; and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

The inspection established that safe, effective and compassionate care was delivered to residents and that the home was well led. Details and examples of the inspection findings can be found in the main body of the report.

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.

As a result of this inspection one area for improvement was assessed as having been addressed by the provider. 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 residents', 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 who were able to share their opinions on life in the home said or indicated that they were well looked after. One resident commented; "Things are going well, the staff are very good to me in here". Residents 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 spoke 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.

## 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. There was evidence of robust systems in place to manage staffing.

Observation of the delivery of care evidenced that residents' needs were met by the number and skills of the staff on duty during the day. However, it was disappointing that a review of the duty rota did not evidence a change in the staffing levels at night. The staffing levels at night did not reflect the correct number of staff on duty to meet the assessed needs of the residents.

This was discussed during the previous care inspection and had not been addressed despite assurances from the management team. An area for improvement was identified.

Staff told us that the residents' needs and wishes were important to them. Staff responded to requests for assistance promptly in a caring and compassionate manner. It was clear through observation of the interactions between the residents and staff that the staff knew the residents 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 residents. Staff were knowledgeable of individual residents' needs, their daily routine wishes and preferences.

Staff were observed to be prompt in recognising residents' needs and any early signs of distress or illness, including those residents who had difficulty in making their wishes or feelings known.

Staff were skilled in communicating with residents; they were respectful, understanding and sensitive to residents' needs. Staff were also observed offering residents choice in how and where they spent their day or how they wanted to engage socially with others.

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.

Examination of care records and discussion with the staff 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. However, review of care records did not evidence that staff had reviewed resident care plans and risk assessments after they experienced a fall. An area for improvement was identified.

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 and discussion with staff evidenced that the residents are involved in the planning of the meals in Strand House and the residents enjoy a take away meal once a week.

The importance of engaging with residents was well understood by the manager and staff. Each resident has an individual activity planner and make use of the large activity room located on site for either one to one or group activity sessions. Arrangements were in place to meet residents' social, religious and spiritual needs within the home.

### 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.

Residents care records were held confidentially.

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.

We discussed how the care records could be improved by adding an activity care plan based to the individual residents' likes and dislikes; written confirmation was received following the inspection confirming that all the residents now had an activity care plan in place. Review of these care plans will be followed up on the next care inspection.

Review of supplementary care records specifically to record residents' sleep patterns were not always dated. An area for improvement was identified.

### 3.3.4 Quality and Management of Residents' Environment

The home was generally clean, warm and comfortable for residents. Bedrooms were tidy and personalised with photographs and other personal belongings for residents.

It was apparent that work was required in parts of the home to ensure the homes environment was maintained and decorated to a good standard. Some areas that required additional cleaning was actioned on the day once brought to the attention of staff. Following the inspection the management team provided an updated refurbishment plan for RQIA to review. This plan evidenced completion of most of the deficits identified at this inspection.

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

Staff were observed to carry out hand hygiene at appropriate times and to use PPE in accordance with the regional guidance. Staff use of PPE and hand hygiene was regularly monitored by the manager and records were kept.

### 3.3.5 Quality of Management Systems

There has been no change in the management of the home since the last inspection. Mrs Lorna King has been the manager in this home since 2017.

Residents and staff commented positively about the manager and described her as very supportive, approachable and able to provide guidance.

Review of a sample of records evidenced that a robust system for reviewing the quality of care, other services and staff practices was in place. 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/or the quality of services provided by the home.

We discussed how the monitoring of residents' weight audit could be improved to include an individual resident focused action plan. The management team provided assurance that this will be implemented and will be followed up at the next care inspection.

#### 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>	1	2

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.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 20 (1) (a)  <b>Stated:</b> First time  <b>To be completed by:</b> 25 September 2025	The registered person shall ensure there are adequate staffing levels on duty at all times in order to meet the needs of the residents.  <b>Ref:</b> 3.3.1  <b>Response by registered person detailing the actions taken:</b> This has been actioned by review of the shift to cover th two hours from 9pm - 10pm. The duty roster reflects adequate staffing levels to ensure the the needs of the residents are being met..
<b>Action required to ensure compliance with the Residential Care Homes Minimum Standards (Dec 2022)</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 6  <b>Stated:</b> First time  <b>To be completed by:</b> 26 September 2025	The registered person shall ensure the residents' care records evidence a review of the falls care plan and risk assessment after each fall.  <b>Ref:</b> 3.3.2  <b>Response by registered person detailing the actions taken:</b> A supervision has been completed to ensure the residential staff cross reference falls in the plan of care as per the post falls records.
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 8.5  <b>Stated:</b> First time  <b>To be completed by:</b> 26 September 2025	The registered person shall ensure the resident's supplementary sleep charts are dated.  <b>Ref:</b> 3.3.3  <b>Response by registered person detailing the actions taken:</b> This has been actioned. Records are checked to ensure a date has been recorded and reviewed as part of the daily walkround of the home and supplementary record monthly audit.

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The Regulation and  
Quality Improvement  
Authority

## The Regulation and Quality Improvement Authority

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