

Inspection Report

Name of Service:	Bohill Residential Care Home
Provider:	Healthcare Ireland (No.4) Limited
Date of Inspection:	4 September 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 residential care home, which provides health and social care for up to 18 residents living with dementia. Residents’ bedrooms are located on the first floor. There are communal lounges, a dining room and an activity room for residents to access.</p> <p>There is a separate registered nursing home which occupies the same building, and the registered manager for this home manages both services.</p>	

2.0 Inspection summary

An unannounced inspection took place on 4 September 2025, from 10.00 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 care inspection on 5 November 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 the managerial oversight and governance arrangements pertaining to the environment and Infection Prevention and Control (IPC).

The previous Quality Improvement Plan (QIP) was reviewed. One area for improvement was assessed as having been addressed, one area for improvement in relation to the environment was not met and has been stated for a second time and one area for improvement pertaining to the refurbishment plan has been subsumed into regulation. Full details, including new areas for improvement identified, can be found in the main body of this report and in the quality improvement plan 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 appeared to be relaxed and comfortable in their surroundings and in their interactions with staff.

One resident spoken with said, "They (staff) are very good," another resident told us "I'm looked after."

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.

Questionnaires returned from relatives confirmed that they were satisfied that the care provided in the home.

No additional feedback was received from residents or staff 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.

There was in general evidence of robust systems in place to manage staffing; it was noted that staff appraisals had not been undertaken, this was discussed with the management, who provided assurance that staff appraisals would be addressed; this will be reviewed at a future inspection.

It was noted 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.

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 skilled in communicating with residents; they were respectful, understanding and sensitive to residents' needs. For example, throughout the inspection it was observed that staff respected residents' privacy by their actions such as knocking on doors before entering, discussing residents' care in a confidential manner, and by offering personal care to residents discreetly. 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. A review of records evidenced that a system was in place to monitor a resident's Deprivation of Liberty Safeguards (DOLS), where minimal gaps were noted, this was discussed with the management for immediate review and action as appropriate.

Examination of care records and discussion with the staff and manager confirmed that the risk of falling and falls were well managed and referrals were made to other healthcare professionals as needed.

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 to full assistance from staff and the diet modified.

Observation of the lunchtime meal confirmed that enough staff were present to support residents' with their meal.

Staff understood that meaningful activity was not isolated to the planned social events or games. An activities schedule was in place for residents to take part in if they wished to do so.

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.

Care records were person centred and generally 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.

Residents care records were held confidentially.

3.3.4 Quality and Management of Residents' Environment

A number of shortfalls were observed in the overall cleanliness and oversight arrangements for the cleaning of the snack kitchen, therefore a new area for improvement was identified.

The previous inspection identified an area for improvement pertaining to the cleanliness of the environment, and oversight arrangements for domestic provision within the home. Whilst it was pleasing to note that progress had been made with the recruitment of housekeeping staff, issues with the cleanliness of an ensuite and a malodour was also notable in the ensuite. The issues were discussed with the manager for immediate review and action as appropriate; the area for improvement identified at the previous inspection was stated for a second time. Action is required to address the malodour; this was identified as an area for improvement.

A toilet in one identified unit had not been flushed which created a malodour; staff advised that flushing toilets can, at times, create an unexplained noise which had the potential to disturb residents at night. This was brought to the attention of management for review and action as appropriate; an area for improvement was identified.

Residents' bedrooms were personalised with items important to the resident to include photographs and personal memorabilia. Observation identified some beds had been 'made up' with bed linen that was stained and soiled. This was discussed with the manager who confirmed there was sufficient clean bed linen in the home and provided assurance that the identified bed linen would be immediately addressed. The manager advised that they would review the current systems to actively monitor the use of clean bed linen in the home; an area for improvement was identified.

A number of matters relating specifically to the maintenance of the homes environment were identified. For example, surface damage was evident to some chairs and tables and one chair did not have the complementary seat cushion. It was evident that upgrading and redecoration throughout a number of areas within the home was required. For example, a carpet in a communal lounge was heavily stained and worn. A ceiling light fitting appeared damaged and there was visible staining with peeling paint on a number of ceilings. The previous inspection had identified an area for improvement requesting a review of the homes environment to identify refurbishment required; whilst it was positive to note that a refurbishment plan was in place, there was insufficient evidence to confirm that an effective system was in place to monitor and address the environmental issues; the previous area for improvement has therefore been subsumed into regulation.

A number of personal protective equipment (PPE) stations were inadequately stocked. This was discussed with the manager who provided assurance that the current system for restocking the PPE stations will be reviewed and actioned as appropriate; this will be reviewed at a future inspection.

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 of this home since 4 January 2023.

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

There was evidence that the manager responded to any concerns, raised with them or by their processes, and took measures to improve practice and the quality of services provided by the home.

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*	0

* the total number of areas for improvement includes one regulation that has been stated for a second time.

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

<p>Area for improvement 1</p> <p>Ref: Regulation 27 (2) (b)</p> <p>Stated: Second time</p> <p>To be completed by: Immediate and ongoing (4 September 2025)</p>	<p>The Registered Person shall, having regard to the number and needs of the residents, 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> <p>Response by registered person detailing the actions taken: The cleaning records have been reviewed and discussed with the domestic team as part of a planned meeting and an area of shared learning. 1 x full time domestic assistant has commenced in post and further interviews planned to achieve a full complement of staff. Agency provision is utilised to assist with shortfalls until fully recruited.</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 27 (2) (b)</p> <p>Stated: First time</p> <p>To be completed by: Immediate and ongoing</p>	<p>The Registered Person shall ensure that the snack kitchen is regularly cleaned with appropriate records retained.</p> <p>Ref: 3.3.4</p> <p>Response by registered person detailing the actions taken: The snack kitchen has been deep cleaned at the time of inspection and a checklist is in place for daily checks and to verify cleaning of this area. Checked as part of the daily walkrounds of the home.</p>
<p>Area for improvement 3</p> <p>Ref: Regulation 18(2)(j)</p> <p>Stated: First time</p> <p>To be completed by: Immediate and ongoing (4 September 2025)</p>	<p>The Registered Person shall ensure that the malodour in the identified ensuite is addressed and eliminated.</p> <p>Ref: 3.3.4</p> <p>Response by registered person detailing the actions taken: The ensuite identified deep cleaned, domestic staff advised to check resident en suites prior to completion of shift also to ensure no malodours are evident. Reviewed as part of daily walkround and alongside environmental audit.</p>

<p>Area for improvement 4</p> <p>Ref: Regulation 27(2)©</p> <p>Stated: First time</p> <p>To be completed by: Immediate and ongoing (4 September 2025)</p>	<p>The Registered Person shall determine the cause of the noise in the toilet system and adequately address it.</p> <p>Ref: 3.3.4</p> <p>Response by registered person detailing the actions taken: This has been escalated to estates via internal E logs platform.</p>
<p>Area for improvement 5</p> <p>Ref: Regulation 13(7)</p> <p>Stated: First time</p> <p>To be completed by: Immediate and ongoing (4 September 2025)</p>	<p>The Registered Person shall ensure clean bedding is used at all times.</p> <p>Ref: 3.3.4</p> <p>Response by registered person detailing the actions taken: The residential staff have been advised to ensure all bedding is clean and changed as required. This has been addressed as part of a supervision for all staff.</p>
<p>Area for improvement 6</p> <p>Ref: Regulation 18 (2) (c)</p> <p>Stated: First time</p> <p>To be completed by: Immediate and ongoing (4 September 2025)</p>	<p>The Registered Person shall ensure that an audit of the home environment is undertaken to identify areas that need to be addressed to bring it to an acceptable standard. From the baseline audit an action plan should be put in place which is time bound to drive the required improvements.</p> <p>Ref: 3.3.4</p> <p>Response by registered person detailing the actions taken: A comprehensive environmental audit has been completed and in place. Action plans developed and RAG rated. A refurbishment plan is also in place and updated as redecoration and or works completed. The large lounge area carpet has been deep cleaned from the inspection.</p>

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