The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: **Bohill Bungalows**

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

Date of Inspection: **14 April 2026**

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/Responsible Person:	Ms. Andrea Louise Campbell
Registered Manager:	Mrs. Andrea McCook – not registered

Service Profile –

This 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.

A fourth bungalow is situated on the same site and this is a registered residential home with separate management arrangements.

2.0 Inspection summary

An unannounced inspection took place on 14 April 2026, from 9.15 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 3 June 2025; and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

Enforcement action resulted from the findings of this inspection.

A serious concerns meeting was held with the home's management team on 8 May 2026. A satisfactory action plan was presented at this meeting and RQIA accepted the assurances provided.

RQIA will continue to monitor the quality of the service provided and will carry out an inspection to assess progress with the areas for improvement on the Quality Improvement Plan (QIP).

As a result of this inspection 10 areas for improvement were assessed as having been addressed by the provider. Other areas for improvement have either been stated again or will be reviewed 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 opinion communicated that they were happy with their care by nodding or smiling. Patients who were unable to communicate verbally were observed to be content in their surroundings and their interactions with staff.

Staff told us that they enjoyed working in the home and there was good communication from management, good team work and were satisfied with the staffing levels.

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.

Management had a system in place to monitor staff's professional registration; however this was not fully robust. This was discussed on the day of the inspection and assurances were given that the manager would review this process.

Staff told us there is good team working and that they felt well supported in their role and were satisfied with the staffing levels.

Observation of the delivery of care evidenced that patients' needs were met by the number and skills of the staff on duty. Where patients experienced distressed reactions, staff were observed to respond compassionately and promptly. For instance, they were observed to be calm, and experienced in redirecting patients and deescalating.

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 of individual patients' needs, their daily routine, wishes and preferences.

Staff interactions with patients were observed to be friendly and supportive. The atmosphere in all three bungalows was relaxed and friendly.

Staff were knowledgeable about the patients and their individual care needs and preferences. They were observed to be prompt in recognising signs of distress in patients, and responded in a compassionate way. For example, using the sensory room or directing patients to activities which could help make them feel calm.

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. Concerns were identified regarding management of access to the home's secure gardens; please refer to section 3.3.4 for further detail.

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.

Where a patient was at risk of falling, measures to reduce this risk were put in place.

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.

The meal time experience was pleasant and unhurried. Staff assisting patients were paced in their approach and knowledgeable about their dietary requirements. Patients indicated to us that they were enjoying their lunch time meal verbally and by giving a thumbs up.

Menu boards were displayed in dining rooms. These should be in a suitable format to ensure patients can understand the information; for instance, in this home, menus were provided in both written and pictorial form. However; the pictures used to inform patients of the menu that day did not reflect the meal being served. An area for improvement has been identified.

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.

Each patient had their own 'program' of activities which aligned to their personal interests. Those patients with special interests had these encouraged by staff and was reflected in their bedroom décor and personal items.

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.

Care records were person centred, well maintained, regularly reviewed and updated to ensure they continued to meet the patients' needs. Nursing staff recorded regular evaluations about the delivery of care. Patients, where possible, were involved in planning their own care and the details of care plans were shared with patients' relatives, if this was appropriate.

It was suggested to management on the day of inspection to review the one to one documentation as the photocopy was difficult to read. Assurances were given on the day this would be addressed.

3.3.4 Quality and Management of Patients' Environment

The bungalows were generally clean and tidy. Bedrooms and communal areas were well decorated, suitably furnished, warm and comfortable.

Bungalow two patients do not have access to a communal living room. This area for improvement has been stated for a second time.

All side exit doors in all three bungalows were found unlocked meaning patients had unsecured access/egress. These side doors lead to a garden area for patients, pad stores and staff/patient smoking shelters. In addition, the boiler room, located outside, was also left unlocked. None of these doors were alarmed meaning that staff would not be alerted if any patient left the home unaccompanied.

RQIA were further concerned as the outdoor areas were not being maintained safely; with damage to the perimeter fencing outside bungalows 1 and 2.

The home's management highlighted that fencing had been repaired, but had been damaged again recently in February 2026. The garden gates are secured with keypads; however due to the damage to the fencing, there is a risk that patients could exit the secure garden space and access the car park and main road.

Patients' gardens were overgrown, unkempt and not being maintained to an acceptable standard.

RQIA received written assurances from the home's management on 20 April 2026 to confirm that immediate actions had been taken to minimise the potential risk of harm to patients. In addition, these concerns were discussed with the management team on 8 May 2026 at the Serious Concerns meeting. The home provided a robust action plan which detailed actions they had taken and planned to take to ensure that the outdoor space for patients is accessible and fit for purpose at all times. RQIA accepted this action plan. In addition, one area for improvement was stated for a third time; one area for improvement stated for a second time; and one new area for improvement was identified.

3.3.5 Quality of Management Systems

There has been a change in the management of the home since the last inspection. Mrs Andrea Cook has been the manager since 29 September 2025.

Review of a sample of records evidenced that a 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 the quality of services provided by the home.

There was a system in place to manage complaints within the bungalows.

Staff told us that they would not have any issue raising concerns regarding patient safety or other concerns and were confident that the issues would be addressed.

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	4*	1

* the total number of areas for improvement includes 1 regulation that has been stated for a third time and 2 regulations which have been stated for a second time.

Areas for improvement and details of the Quality Improvement Plan were discussed with Andrea McCook, manager, 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 13 (1) (b) **Stated:** Third Time **To be completed by:** 14 April 2026	The registered person shall ensure that exit doors are appropriately secured at all times. Ref: 2.0 and 3.3.2
	Response by registered person detailing the actions taken: Following the inspection exit doors have been secured, check sheets put in place in each bungalow in line with the action plan submitted to RQIA. The doors are checked periodically throughout the day and as part of the home manager walkaround .Key pads have now been installed to eliminate the risk of service users inappropriately exiting the premises undetected .
Area for improvement 2 **Ref:** Regulation 27 (2) (a) (b) **Stated:** Second time **To be completed by:** 30 June 2026	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. Ref: 3.3.2
	Response by registered person detailing the actions taken: The smoke hut in Bungalow 2 has now been put back in place with additional brace supports . Fencing panels are secure and monitored by maintenance and management. This will be monitored as part of the home managers walk around . Any repairs required are uploaded to the maintenance platform for action. This will be monitored as part of the Regulation 29 visit to the home .
Area for improvement 3 **Ref:** Regulation 3 (1) (b) **Stated:** Second time **To be completed by:** 30 June 2026	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. Ref: 3.3.2
	Response by registered person detailing the actions taken: Plans for re-introduction of the residents bedroom was shared during the inspection. A PBS referal has been submitted to assist with re introducing the resident to his bedroom. The home is awaiting a date for assessment to be confirmed by NHSCT PBS service. A care plan is in place to support the reintroduction of the resident into the bedroom. This includes the replication of his current envirnoment . A monitoring form will be used to record progress and support outcome .

Area for improvement 4 **Ref:** Regulation 27 (2) (o) **Stated:** First time **To be completed by:** 30 June 2026	The registered person shall ensure adequate maintenance arrangements are in place so that all external areas of the home remain safe, secure and suitable for patients to access. **Response by registered person detailing the actions taken:** Bohill site now has two full time maintenance staff. A weekly meeting is completed to discuss priority works .Job alert books are in place in each bungalow, checked daily and actioned as necessary. Any works required are uploaded to the maintenance platform for review by estates . The home manager will alert any immediate concerns to the regional manager. This will be kept under review during the Regulation 29 visit
Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)	
Area for improvement 1 **Ref:** Standard 12.6 **Stated:** First time **To be completed by:** 14 April 2026	The Registered Person shall ensure that the menus displayed in the patient dining rooms are reflective of the meal being served at all meal times. Ref: 3.3.2 **Response by registered person detailing the actions taken:** The timely completion of menu boards has been discussed with staff through supervision and a staff member is now allocated to ensure boards are updated daily , to reflect the meal served. This is checked daily during manager walkrounds. This will be reviewed as part of the Regulation 29 visit to the home .

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