The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: **Bohill Residential Care Home**

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

Date of Inspection: **11 September 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:	Ms Monika Kania – not registered

Service Profile –
This home is a registered residential care home which provides health and social care for up to 18 residents. There are a range of communal areas throughout the home and residents have access to an enclosed garden.

There is a separate registered nursing home which occupies the same building and the manager for this home manages both services.

2.0 Inspection summary

An unannounced inspection took place on 11 September 2026, between 9.30 am to 5.20 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 4 September 2025; and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

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 all areas for improvement were 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. Residents who were less able to share their views were observed to be at ease in the company of staff and to be content in their surroundings.

Residents 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.

The staff spoke positively about their work, the support from their manager and colleagues and the training they had been provided with. Staff said they worked very well as a team.

No additional feedback was received from residents, relatives or staff within the allocated timescale 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.

Whilst there was evidence of systems in place to manage staffing, a review of one pre-employment record evidenced that not all of the required pre-employment checks had been completed in a timely manner. We discussed this with the management who provided assurance that this would be immediately reviewed; an area for improvement was identified.

A system was in place to ensure care staff maintained their registration with the Northern Ireland Social Care Council (NISCC).

Observation of the delivery of care evidenced that residents' needs were met by the number and skills of the staff on duty and that staff responded to requests for assistance promptly in a caring and compassionate manner.

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 resident's needs, their daily routine, wishes and preferences.

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

Residents were observed to be well presented in their appearance and dressed in appropriate daytime attire where applicable.

Where a resident was at risk of falling, measures to reduce this risk were in place. There was evidence of effective monitoring systems in place to review the number and frequency of falls occurring in the home. These reviews are necessary to establish any patterns or trends that may be emerging or that require adjustments to daily practice, referral to other healthcare professionals or to the environment.

Observation of the lunchtime meal and discussion with residents, staff and the manager evidenced that there were robust systems in place to manage residents' nutrition and mealtime experience. It was observed that residents were enjoying their meal and their dining experience.

The importance of engaging with residents was well understood by the manager and staff. A schedule of activities was on display within the home offering a range of individual and group activities.

The activity coordinator was very enthusiastic in their role and was observed positively engaging with residents and encouraging them to participate in a morning exercise activity.

Some residents were engaged in their own activities such as; watching TV, resting or chatting to staff and 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, well maintained, regularly reviewed and updated to ensure they continued to meet the residents' needs. It was noted where bespoke enhanced care arrangements were in place that residents had associated care plans, we discussed how bespoke care plans could be enhanced to provide a more meaningful review; progress will be reviewed at a future inspection. 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

The home was clean, tidy and well maintained. For example, bedrooms were personalised with items important to the resident. Beds were neatly made up with clean bedlinen and there was evidence of a good supply of clean bedding and towels. Bedrooms and communal areas were homely, suitably furnished, warm and comfortable. There was evidence of ongoing refurbishment to include new carpet in the communal day room. Discussion with the management confirmed the provider has submitted an application to vary the registered premises, which will include further refurbishment works. Progress will be reviewed at a future 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 kept.

3.3.4 Quality of Management Systems

There has been a change in the management of the home since the last inspection. Miss Monika Kania has been the manager in this home since 29 September 2025.

Staff commented positively about the manager and described them as supportive, approachable and able to provide guidance.

Review of the records relating to accidents and incidents which had occurred in the home evidenced that these were notified, if required, to patients' next of kin, their care manager and to RQIA.

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 management team 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.

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	1	0

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	
Area for improvement 1 **Ref:** Regulation 21 (1) (b), Schedule 2	The Registered Person shall ensure that all pre-employment checks are completed before any staff commence working in the home with evidence retained. Ref: 3.3.1
Stated: First time **To be completed by:** Immediate and ongoing (11 September 2026)	**Response by registered person detailing the actions taken:** The identified Staff member now has an Access NI in place for her new role . All staff files are reviewed by the manager prior to staff commencing in post to ensure all pre employment checks are in place . This will be monitored by the Regionla manager as part of the Regulation 29 visit to the home. Any change to role will also be reviewed by the manager to ensure an appropriate Access NI is completed prior to changing roles .

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

The Regulation and Quality Improvement Authority

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