The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: Barnvale Cottage

Provider: Greenvale House

Date of Inspection: 15 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:	Greenvale House
Responsible Individual:	Mrs Margaret Foster
Registered Manager:	Mrs Barbara Frances Foster
This home is a registered residential care home which provides health and social care for up to seven people under and over 65 years of age, with a learning disability. Residents' bedrooms are located over two floors and residents have access to communal lounges, the kitchen and dining areas. Residents also have access to extensive garden areas.	

2.0 Inspection summary

An unannounced inspection took place on 15 April 2026, from 09.25 am to 3.25 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 determine if the home is delivering safe, effective and compassionate care and if the service is well led.

Evidence of good practice was found in relation to care delivery and the resident dining experience. There were examples of good practice found in relation to the culture and ethos of the home in maintaining the dignity and privacy of residents and maintaining good working relationships. Staff were knowledgeable and well trained to deliver effective and compassionate 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. Refer to Section 3.2 for more details.

As a result of this inspection one area for improvement was assessed as having been addressed by the provider; three areas for improvement in relation to medicines management has been carried forward for review at the next inspection and four new areas for improvement have been identified. Details 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 were well presented in their appearance and said that they were well looked after by the staff and felt safe and happy living in Barnvale Cottage. They confirmed that staff offered them choices throughout the day which included preferences for what clothes they wanted to wear and where and how they wished to spend their time. They told us that they could have a lie in or stay up late to watch TV if they wished and they were given the choice of where to sit and where to take their meals; some residents preferred to spend time in their room and staff were observed supporting residents to make these choices.

The staff member on duty told us that the manager was approachable and they felt well supported in their role. They said they could speak freely to the manager if they had any concerns and would be confident that anything raised would be sorted out promptly. They said that they enjoyed working in the home and knew the residents well and confirmed that staffing levels are satisfactory, there is enough time to complete daily tasks and the staff team are reliable and supportive.

Following the inspection no resident, resident representative or staff questionnaires were received within the timescale specified.

3.3 Inspection findings

3.3.1 Staffing Arrangements

There was one staff member allocated to work in the home at all times. The staff duty rota accurately reflected the staff working in the home on a daily basis. The manager confirmed that they lived close to the home and would be available to provide support and assistance at any time of the day or night if required.

There were systems in place to ensure staff were trained and supported to do their job. For example, staff received regular training in a range of topics including dysphagia awareness, dementia awareness, behaviours that challenge, first aid, moving and handling, adult safeguarding, infection prevention and control (IPC), food hygiene, control of substances hazardous to health (COSHH) and fire safety.

The staff member on duty told us that they knew the residents well and were aware of each resident's wishes, likes and dislikes. It was observed that they responded to requests for assistance promptly in an unhurried, caring and compassionate manner. Residents were given choice, privacy, dignity and respect.

3.3.2 Quality of Life and Care Delivery

The atmosphere in the home was welcoming, homely, friendly and inclusive.

Staff met at the beginning of each shift to discuss residents' care, to ensure good communication across the team about any changes in residents' needs. Staff were knowledgeable about individual residents' needs, their daily routine, wishes and preferences; and 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.

Some residents attended day centres and the staff member on duty assisted them to be up and ready in time.

Staff were observed to be skilled in communicating with residents. It was observed that staff respected residents' privacy and dignity by knocking on doors to request entry, offering personal care to residents discreetly and discussing residents' care in a confidential manner. They were observed offering residents choice on how and where they spent their day or how they wanted to engage socially with others.

Arrangements were in place to meet residents' social, religious and spiritual needs within the home. Birthdays and annual holidays were celebrated and on occasions residents, their families and staff attended larger events. Some residents chose to assist in household tasks such as putting the dishes away and setting the table for meal times.

Activities for residents were provided which involved both group and one to one activities such as going on bus trips, walks, memory card games and arts and crafts. A daily record is kept of all activities that residents take part in. Residents spoken with said they enjoyed the activities that were provided.

Residents attended regular meetings with staff to enable them to discuss their views and opinions about the home, their care and forthcoming events such as the provision of activities, outings and celebrations. This helped to increase staff knowledge of residents' interests and enabled staff to engage in a more meaningful way with their residents throughout the day. Minutes of these meetings were available.

Good nutrition and a positive dining experience are important to the health and social wellbeing of residents. The dining experience was an opportunity for residents to socialise. Mealtimes were observed to be flexible and unhurried to meet the needs of the residents, especially if they were going out. Staff demonstrated their knowledge of residents' individual needs, likes and dislikes regarding food and drinks. It was noted that staff had made an effort to ensure residents were comfortable, had a pleasant experience and had a meal that they enjoyed.

A variety of drinks and snacks were available for residents throughout the day.

3.3.3 Management of Care Records

Residents' needs were assessed 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. 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.

3.3.4 Quality and Management of Residents' Environment

The home was clean, tidy and well maintained. Residents' bedrooms were personalised with items important them. Bedrooms and communal areas were well decorated, suitably furnished, warm and comfortable. A variety of methods was used to promote orientation. There were clocks and photographs throughout the home to remind residents of the date, time and place.

A cupboard on the first floor housing the boiler and a cupboard on the ground floor with electric junction boxes were observed to be unlocked and easily accessed. This was discussed with the manager, as it could cause potential harm to residents' health and safety. An area for improvement was identified.

The manager confirmed environmental and safety checks were carried out, as required on a regular basis, to ensure the home was safe to live in, work in and visit. Corridors and fire exits were clear from clutter and obstruction. Review of records evidenced that regular fire drills had been undertaken by staff at suitable intervals.

Personal protective equipment, for example, face masks, gloves and aprons were available throughout the home. Dispensers containing hand sanitiser were seen to be full and in good working order. Staff members were observed to carry out hand hygiene at appropriate times and to use PPE in accordance with the regional guidance.

3.3.5 Quality of Management Systems

There has been no change in the management of the home since the last inspection. Mrs Barbara Frances Foster has been the Manager in this home since 18 June 2013.

Each staff member had a person in charge competency and capability assessment completed prior to commencing work.

The manager confirmed that staff appraisals had commenced and that arrangements were in place to ensure that all staff members have an appraisal completed this year.

However, review of staff supervision records highlighted that they had not been completed within the specified time frame. This was discussed and confirmed by the manager, who advised she would address the matter. An area for improvement was identified.

Staff commented positively about the manager and described her as supportive, approachable and able to provide guidance. Staff confirmed that there were good working relationships.

Review of a sample of records evidenced that the manager had processes in place to monitor the quality of care and other services provided to residents. There was evidence that the manager took measures to improve practice, the environment and the quality of services provided by the home.

We reviewed accidents/incidents records in comparison with the notifications submitted by the home to RQIA. One notification was not submitted in accordance with regulation. Evidence was unavailable to view that the appropriate bodies had been informed after a resident had an unwitnessed fall. This was discussed with the manager. Areas for improvement were identified.

A complaint's file was maintained to detail the nature of any complaints and the corresponding actions made in response to any complaints. There were no recent or ongoing complaints.

Staff meetings were held on a regular basis. Minutes of these meetings were available.

Cards and letters of compliment and thanks were received by the home. Comments were shared with staff. This is good practice.

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	2	5*

* the total number of areas for improvement includes three which are carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs Barbara Frances Foster, Registered Manager and Miss Mary Hardy, Person in Charge, 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 14 (2) (a) **Stated:** First time **To be completed by:** 15 April 2026	The registered person shall ensure that all parts of the home to which residents have access are free from hazards to their safety. Ref: 3.3.4
	Response by registered person detailing the actions taken: 2 doors identified have been fitted with keys and all staff aware of how to access these areas of the home.
Area for improvement 2 **Ref:** Regulation 30 **Stated:** First time **To be completed by:** 15 April 2026	The registered person shall ensure that RQIA is made aware of any notifiable event without delay. Ref: 3.3.5
	Response by registered person detailing the actions taken: The registered person shall ensure that RQIA is made aware of any notifiable event without delay.
Action required to ensure compliance with the Residential Care Homes Minimum Standards (version 1.1 Aug 2021)	

Area for improvement 1 **Ref:** Standard 31 **Stated:** First time **To be completed by:** Immediate and ongoing (27 February 2025)	The registered person shall ensure that obsolete personal medication records are cancelled and archived. Ref: 2.0
	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.
Area for improvement 2 **Ref:** Standard 32 **Stated:** First time **To be completed by:** Immediate and ongoing (27 February 2025)	The registered person shall ensure that the temperature of the medicine storage area is monitored and recorded daily to ensure that medicines are stored appropriately. Ref: 2.0
	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.
Area for improvement 3 **Ref:** Standard 30 **Stated:** First time **To be completed by:** Immediate and ongoing (27 February 2025)	The registered person shall ensure that a robust audit system is implemented which covers all aspects of medicines management and that any shortfalls identified are addressed. Ref: 2.0
	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.
Area for improvement 4 **Ref:** Standard 24 **Stated:** First time **To be completed by:** 1 May 2026	The registered person shall ensure that staff supervision is completed no less than every six months and more frequently if necessary and that a record is maintained. Ref: 3.3.5
	Response by registered person detailing the actions taken: Records are maintained for all staff supervisions.
Area for improvement 5 **Ref:** Standard 8 **Stated:** First time **To be completed by:**	The registered person shall ensure that accidents/incidents are reported to relevant bodies and advice sought if necessary, specifically from the residents' General Practitioner (GP) regarding unwitnessed falls that result in an injury, in accordance with legislation and procedures and a record is maintained.

15 April 2026	Ref: 3.3.5
	Response by registered person detailing the actions taken: Policy updated and staff advised to seek medical advice after any unwitnessed fall or injury.

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

The Regulation and Quality Improvement Authority

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