

Inspection Report

Name of Service: Bardan Cottage Bessbrook

Provider: LG Care Limited

Date of Inspection: 28 July 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:	LG Care Limited
Responsible Individual/Responsible Person:	Mr Liam Lavery
Registered Manager:	Ms Diane McKinstry
Service Profile – Barden Cottage Bessbrook is a registered day care setting which provides care and support for service users with needs relating to frailty in old age. The day care setting is open 9 am to 5 pm Monday to Friday. The service is commissioned by the Southern Health and Social Care Trust (SHSCT) with some service users accessing the setting privately.	

2.0 Inspection summary

An unannounced inspection took place on 28 July 2025 between 10.25 am and 2.00 pm. It was carried out by a care inspector.

The inspection was undertaken to evidence how the day care setting is performing in relation to the regulations and standards; and to assess progress with the area for improvement identified, by RQIA, during the last care inspection on 22 April 2024; and to determine if the day care setting is delivering safe, effective and compassionate care and if the service is well led.

Whilst good practice was identified in relation to staff recruitment, training and service user satisfaction, concerns were identified in regard to monthly monitoring arrangements, infection and prevention control procedures and the auditing of practices relating to the management of medications. Further concerns were noted regarding transport arrangements, procedures in relation to the Control of Substances Hazardous to Health (COSHH), access to core information regarding Adult Safeguarding and the equipment available for service user use. At the conclusion of the inspection, detailed feedback was provided to the Registered Manager and a follow up discussion took place with the Responsible Individual.

In response to this, RQIA invited the Responsible Individual and the Registered Manager to a meeting on 12 August 2025 to provide feedback on the inspection findings and to discuss how identified deficits were to be addressed. RQIA was provided with adequate assurances that the identified issues were being addressed in a robust and timely manner.

As a result of this inspection the area for improvement previously identified 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.

Bardan Cottage Bessbrook uses the term 'clients' to describe the people to whom they provide care and support. For the purposes of the inspection report, the term 'service user' is used, in keeping with the relevant regulations.

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 service 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 service. This included the previous area for improvement issued, registration information, and any other written or verbal information received from service users, relatives, staff or the commissioning trust.

Throughout the inspection process, inspectors will seek the views of those attending and working within the day care setting and review a sample of records to evidence how the day care setting is performing in relation to the regulations and standards.

3.2 What people told us about the service and their quality of life

We spoke to a range of service users and staff to seek their views of attending and working within the day care setting. Service users indicated that they were very happy with the care and support offered by the day care setting.

Staff spoken with told us about the great team work in place and how they felt the day care setting offered a unique service.

No responses were received to the electronic survey.

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 service users.

Review of the agency's staff recruitment records confirmed that all pre-employment checks, including criminal record checks (AccessNI), were completed and verified before staff members commenced employment and had direct engagement with service users.

Checks were made to ensure that staff were appropriately registered with the Northern Ireland Social Care Council (NISCC). There was a system in place for professional registrations to be monitored by the manager.

There was evidence that all newly appointed staff had completed a structured orientation and induction, having regard to NISCC's Induction Standards for new workers in social care, to ensure they were competent to carry out the duties of their job in line with the day care setting's policies and procedures. This induction programme also included shadowing of a more experienced staff member. Written records were retained by the day care setting of the person's capability and competency in relation to their job role.

Staff were provided with training appropriate to the requirements of their role. Where service users required the use of specialised equipment to assist them with moving, this was included within the day care setting's mandatory training programme. The day care setting has maintained a record for each member of staff of all training, including induction and professional development activities undertaken.

Service users told us that staff were very supportive and 'always there to help'.

3.3.2 Care delivery

There was a daily team meeting each morning at the beginning of each shift, which included information about any changes to the service users' care that the staff needed to assist them in their roles. Discussion took place with the manager about the benefits retaining records of such meetings; this will be reviewed at the next inspection.

It was observed that staff responded to requests for assistance promptly in a caring and compassionate manner. Service users' needs were met through a range of individual and group activities such as bingo, board games, arts and crafts, day trips, hairdressing, watching films or listening to country and western music

Service users told us that they felt safe in the day care setting and how they looked forward to attending. Many commended the high standard of the meals on offer. Others told us how staff helped them with personal care tasks. They indicated they knew the Responsible Individual as he is a regular visitor to the day care setting.

Care reviews had been undertaken in keeping with the day care setting's policies and procedures. There was also evidence of regular contact with service users and their representatives, in line with the commissioning Trust's requirements.

It was also positive to note that the day care setting had service user meetings on a regular basis which enabled the service users to discuss what they wanted from attending the day care setting and any activities they would like to become involved in. Some matters discussed included staff and meals.

The staff in the day care setting administer medication to service users. There was no evidence of the practices for the management of medicines being systematically audited. This was not in keeping with the day care setting's Medication Policy. An area for improvement has been identified in this regard.

3.3.3 Management of care records

Service users' needs were assessed when they were first referred to the day care setting and before care delivery commenced. Following this initial assessment, care plans were developed to direct staff on how to meet service users' needs and included any advice or recommendations made by other healthcare professionals.

Service users care records were held confidentially.

Care records were person centred, well maintained and regularly reviewed and updated to ensure they continued to meet the service users' needs. A review of a sample of care records evidenced that service users, where possible, were involved in planning their own care and efforts had been made to ascertain service users' preferences and choices around how their support was provided. The details of care plans were shared and signed by service users and/or their representatives as appropriate.

The day care setting provides transport for some service users who are full time wheelchair users. There was no evidence available of any risk management process in respect of this or that staff had been trained in the use of wheelchair tie-downs and occupant restraint systems (WTORS). This has been identified as an area for improvement.

Day care settings are required to have a person known as the Adult Safeguarding Champion (ASC), who has responsibility for implementing the regional protocol and the day care setting's adult safeguarding policy. A specific individual was identified as the day care setting's ASC. It was established that good systems and processes were in place to manage the safeguarding and protection of adults at risk of harm.

The annual safeguarding position report was not accessible on the day on inspection. It was concerning that this overview and governance tool, that provides core information, was not available to both the manager and inspector. This has been identified as an area for improvement.

There were arrangements in place to ensure that service users who required high levels of supervision or monitoring and restriction had their capacity considered and, where appropriate, assessed. Where a service user was experiencing a Deprivation of Liberty (DoL), the care records contained details of assessments completed and agreed outcomes developed in conjunction with the HSC Trust representative. Any changes to the Deprivation of Liberty Safeguards (DoLS) were communicated to the manager and updated documents shared and stored within the service users care records. A central register was in place to enable tracking of any DoLS due for review.

The day care setting had completed an annual review in relation to their practice which incorporated service user and their representatives' feedback (Regulation 17).

3.3.4 Quality of management systems

There has been a change in the management of the day care setting since the last inspection. Ms. Diane McKinstry has been the manager in this day care setting since 18 April 2025.

There were monthly monitoring arrangements in place in compliance with Regulation 28 of The Day Care Setting Regulations (Northern Ireland) 2007. A review of the reports of the day care setting's monthly quality monitoring established that there was engagement with service users, service users' relatives, and staff and HSC Trust representatives. However, it was noted the reports contained no review of staffs' professional registration or any safeguarding matters, it was unclear as to the identity of the monitoring officer, and the deficits found during this inspection had not been identified; and where an action plan was in place, there was limited evidence of managerial oversight to ensure progress with the action plan. An area for improvement has been identified.

It was positive to note that staff required to be in charge in the absence of the manager had completed the necessary training and competencies to fulfil the responsibilities of the job role.

The manager was aware of the type of incidents which are required to be notified to RQIA. No incidents had occurred that required investigation under the Serious Adverse Incidents (SAI) procedure.

The day care setting's registration certificate was up to date and displayed appropriately along with current certificates of public and employers' liability insurance.

There was a system in place to ensure that complaints were managed in accordance with the day care setting's policy and procedure.

3.3.5 Quality and management of the environment

The day care setting was observed to be tidy, suitably furnished, warm and comfortable.

Fire alarm tests were undertaken at regular intervals. It was noted that the last full evacuation drill was undertaken on 24 April 2025. Fire risk assessments for the setting were available for the inspection. Liaison took place with the Responsible Individual after the inspection to confirm that the one action recommended in the fire risk assessment had been carried out.

Staff had completed fire training. During a review of the environment, one fire exit was observed to be obstructed. Assurances were received immediately after the inspection that these obstructions had been permanently removed.

Concerns were identified regarding the management of equipment used by service users. There was rust on a drop down rail at a toilet. A shower chair that was used for showering service users had missing footplates. An area for improvement has been identified in this regard.

There was limited evidence of an established system to assure compliance with best practice in infection prevention and control within the day care setting. There were no cleaning schedules in places for bathrooms used by service users.

Wheelchair cushions were stored on the floor, uncovered and with no evidence of decontamination per manufacturer's guidance. A chair in one of the toilets appeared dirty. An area for improvement has been identified.

Hazardous substances were not stored appropriately in accordance with COSHH guidance. An area for improvement has been identified.

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	5	2

Areas for improvement and details of the Quality Improvement Plan were discussed with Ms. Diane McKinstry, 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 Day Care Setting Regulations (Northern Ireland) 2007	
<p>Area for improvement 1</p> <p>Ref: Regulation 14(1)(c)</p> <p>Stated: First time</p> <p>To be completed by: Immediate and ongoing from the date of inspection</p>	<p>The Registered Person shall ensure as far as reasonably practicable that unnecessary risks to the health or safety of service users are identified and so far as possible eliminated.</p> <p>This relates specifically to the completion of transport risk assessments for service users and staff training in the use of WTORS</p> <p>Ref: 3.3.3</p>
	<p>Response by registered person detailing the actions taken:</p> <p>Bardan Cottage has now implemented that all service users have an individual transport risk assessments in place, including wheelchair users, to ensure risks are identified and minimised. In addition, all staff have complete training in the safe user of WTOR to ensure safe and complaint transport arrangements. Ongoing monitoring and refresher training will be provided to maintain safe practice.</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 11.1</p> <p>Stated: First time</p> <p>To be completed by: 30 April 2026</p>	<p>The Registered Person shall having regard to the size of the day care setting, the statement of purpose, and the number and needs of the service users, carry on or (as the case may be) manage the day care setting with sufficient care, competence and skill.</p> <p>This relates specifically to the timely completion of the Annual Adult Safeguarding report.</p> <p>Ref: 3.3.3</p>
	<p>Response by registered person detailing the actions taken:</p> <p>The completed safeguarding annual report was forwarded to the inspector, on the day of the inspection. It is importantly to note there was no incidents during the 12 months. LG Care Limited is in the process of training a competent member of staff, deputy manager of our Newcastle unit, to take on the role of safeguarding officer for all units, in place of the Responsible Individual</p>

<p>Area for improvement 3</p> <p>Ref: Regulation 28(1)(4)(b)</p> <p>Stated: First time</p> <p>To be completed by: Immediate and ongoing from the date of inspection</p>	<p>The registered person shall ensure that the monthly quality monitoring reports include detail on the analysis of any safeguarding matters. They must specify the identity of the monitoring officer, include a review of staffs' professional registration and the environment. Action plans should be reviewed monthly.</p> <p>Ref:3.3.4</p>
<p>Area for improvement 4</p> <p>Ref: Regulation 18(2)</p> <p>Stated: First time</p> <p>To be completed by: Immediate and ongoing from the date of inspection</p>	<p>Response by registered person detailing the actions taken:</p> <p>The responsible individual shared and discussed the new form to be used in the monthly quality monitoring visits, with the inspector. It is important to note that all monthly reports were available for the inspector, on the day of the inspection. Since our inception in 2011 the Identity of the monitoring officer has remained the same, Mr Liam Lavery, the Responsible Individual. However, the new form now includes precise naming and designation of the monitoring officer and includes a review of staff registration with the NISCC. It will also include a more detailed look at the environment, action plans will continue to be reviewed monthly.</p>
<p>Area for improvement 4</p> <p>Ref: Regulation 18(2)</p> <p>Stated: First time</p> <p>To be completed by: Immediate and ongoing from the date of inspection</p>	<p>The registered person shall provide equipment suitable to the needs of service users.</p> <p>This relates specifically to the identified shower chair and drop down toilet rail.</p> <p>Ref:3.3.5</p>
<p>Area for improvement 4</p> <p>Ref: Regulation 18(2)</p> <p>Stated: First time</p> <p>To be completed by: Immediate and ongoing from the date of inspection</p>	<p>Response by registered person detailing the actions taken:</p> <p>New drop-drown rails have been purchased and installed to replace the previous fittings, ensuring they are safe and fit for purpose. In addition, new shower chairs have been sourced and purchased to meet the needs of service users. Regular monitoring and maintenance checks have also been implemented to ensure equipment remains in good working order and continues to meet service user needs.</p>

<p>Area for improvement 5</p> <p>Ref: Regulation 14(1)(a)</p> <p>Stated: First time</p> <p>To be completed by: Immediate and ongoing from date of inspection</p>	<p>The registered person shall ensure as far as reasonably practicable that all parts of the day care setting to which service users have access are free from hazards to their safety.</p> <p>This relates specifically to deficits in infection prevention and control outlined in the report.</p> <p>Ref: 3,3,5</p> <p>Response by registered person detailing the actions taken:</p> <p>An hourly cleaning rota has been introduced to all bathrooms / shower rooms in Bardan Cottage, with this staff are required to sign and record each check to ensure evidence compliance. These measures are monitored by management to ensure consistent practice, reduce the risk of cross-contamination, and promote a safe and hygienic environment for all service users.</p> <p>All unused chair cushions in storeroom are now sanitised and bagged properly to prevent cross contamination and maintain infection prevention and control standards.</p>
<p>Action required to ensure compliance with The Day Care Settings Minimum Standards August (revised) 2021</p>	
<p>Area for improvement 1</p> <p>Ref: Standard 29.8</p> <p>Stated: First time</p> <p>To be completed by: Immediate and ongoing from the date of inspection</p>	<p>The Registered Person shall ensure the practices for the management of medication are systematically audited to ensure they are consistent with the service's policy and procedure.</p> <p>Ref: 3.3.2</p> <p>Response by registered person detailing the actions taken:</p> <p>A new monthly medication audit has been implemented to ensure that all practices relating to the management of medication remain consistent with the service's policy and procedure. The audit is reviewed and completed monthly with ongoing monitoring to ensure that medication management continues to meet regulatory standards and safeguarding service users.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 27.3</p> <p>Stated: First time</p> <p>To be completed by:</p>	<p>The Registered Person shall promote safe and healthy working practices through the provision of information, training, supervision and monitoring of staff in the following areas in relation to the Control of Substances Hazardous to Health (COSHH)</p> <p>Ref: 3.3.5</p>

Immediate and ongoing from date of inspection	<p>Response by registered person detailing the actions taken:</p> <p>Nail varnish is securely stored in a locked cupboard at all times. On this occasion the staff had been painting nails, and it had been set in the beauty room and not placed in the locked cupboard. This was a error and all staff have been reminded of their responsibility to ensure hazardous substances are locked away in line with COSHH requirements.</p> <p>To further enhanced safety, the laundry room door has now been fitted with a keypad lock to prevent unauthorised access, ensuring that only staff are able to enter. Ongoing monitoring and supervision will continue to ensure safe practices are maintained.</p>
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