

# Inspection Report

27 July 2021



## Cove Manor

Type of service: Residential Care Home  
Address: 89 Mullanahoe Road, Ardboe, Dungannon, BT71 5AU  
Telephone number: 028 8673 6424

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Assurance, Challenge and Improvement in Health and Social Care

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## 1.0 Service information

<b>Organisation/Registered Provider:</b> Cove Manor Care Home Ltd  <b>Registered Person:</b> Mr Sean McCartney	<b>Registered Manager:</b> Mrs Noreen Monaghan - registration pending
<b>Person in charge at the time of inspection:</b> Mrs Noreen Monaghan	<b>Number of registered places:</b> 14  Category RC-MP for 4 identified residents only.
<b>Categories of care:</b> Residential Care (RC) I – Old age not falling within any other category. PH – Physical disability other than sensory impairment. PH(E) - Physical disability other than sensory impairment – over 65 years.	<b>Number of residents accommodated in the residential care home on the day of this inspection:</b> 14
<b>Brief description of the accommodation/how the service operates:</b> This home is a registered Residential Care Home which provides social care for up to 14 residents. The home shares the same building with a registered Nursing Home and the manager is responsible for the management of both services.	

## 2.0 Inspection summary

An unannounced inspection took place on 27 July 2021 between 10.00 and 15.30 and was conducted by a care inspector.

The inspection assessed progress with all areas for improvement identified in the home since the last care inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

The home was found to be clean and free from malodour. Residents' bedrooms were observed to be warm and personalised with items of memorabilia.

Staffing arrangements were found to be safe and effective and adjusted if required. Staff were seen to be professional and polite as they conducted their duties and told us that they were supported in their roles with training and resources.

Residents were seen to be well looked after. There was evidence of staff paying attention to residents' personal care and dressing needs and supporting those residents who required assistance with mobility and meals; staff provided such care in a prompt and compassionate manner.

Residents expressed positive opinions about the home and the care provided. Residents told us that staff were friendly and that they were satisfied with the food provided.

Feedback from residents and staff indicated that they were very satisfied with the care and service provided at Cove Manor.

Two new areas requiring improvement were identified in relation to the reporting of accidents and incidents and the need to develop a template for recording complaints.

RQIA were assured that the delivery of care and services provided in Cove Manor was safe, effective, and compassionate and that the service was well led.

The findings of this report will provide the management team with the necessary information to improve staff practice and the residents' experience.

### **3.0 How we inspect**

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service 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, RQIA will seek to speak with residents, their relatives or visitors and staff for their opinion on the quality of the care and their experience of living, visiting or working in this home.

Questionnaires and 'Tell Us' cards were provided to give residents and those who visit them the opportunity to contact us after the inspection with their views of the home. A poster was provided for staff detailing how they could complete an on-line questionnaire.

The daily life within the home was observed and how staff went about their work.

A range of documents were examined to determine that effective systems were in place to manage the home.

The findings of the inspection were discussed with the management team at the conclusion of the inspection

#### 4.0 What people told us about the service

We met with 14 residents and two staff either individually or in small groups.

Residents told us that they felt safe and that they were satisfied with the care delivery in the home. They described staff as “good” and “very kind” and said that there was enough staff available to provide them with help and assistance when they needed it.

Staff also assist residents with mental and emotional stimulation throughout the day, for instance, one resident explained about being accompanied outside for a walk with the staff and how much he enjoyed this outing.

Staff spoke positively about working in the home and advised that there was good team work. One staff member spoken with said “It’s a great place here; there is good communication and good teamwork. I am well supported in my role; it’s a good place to work. This has been a very positive experience.”

No responses to the resident/relative questionnaires or staff questionnaires were received.

#### 5.0 The inspection

##### 5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

The last inspection to Cove Manor Residential Care Home was undertaken on 23 February 2021 by a care inspector.

Areas for improvement from the last inspection on 23 February 2021		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
<b>Area for Improvement 1</b>  <b>Ref:</b> Regulation 19 (2) Schedule 4  <b>Stated:</b> First time	The registered person shall ensure that the duty rota: <ul style="list-style-type: none"> <li>• accurately reflects the staff on duty in the home</li> <li>• clearly identifies the person in charge in the absence of the manager</li> <li>• records the grades of all staff</li> <li>• records the hours worked by the manager</li> </ul>	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> A review of the staff duty rota confirmed that this area for improvement was met.	

<p><b>Area for Improvement 2</b></p> <p><b>Ref:</b> Regulation 16 (1)</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that care plans and risk assessments in relation to the management of residents who smoke are more detailed and person centred. These care plans should be completed in conjunction with the commissioning trust.</p>	<p><b>Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>A review of care records confirmed that care plans and risk assessments were in place in relation to the management of residents who smoke. These were found to be detailed, person centred and written in conjunction with the commissioning Trust.</p>		
<p><b>Area for Improvement 3</b></p> <p><b>Ref:</b> Regulation 27 (4) (a)</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall submit an action plan with timescales to the home's aligned estates inspector detailing how each one of 17 identified recommendations in the fire safety risk assessment, dated 7 January 2020, will be dealt with. In addition, the action plan will also provide detail in relation to when the next planned fire safety assessment will be take place.</p>	<p><b>Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>This action plan and details outlined in this area for improvement were submitted to the home's aligned estates inspector.</p>		
<p><b>Area for Improvement 4</b></p> <p><b>Ref:</b> Regulation 29 (4)</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that monthly monitoring reports are completed in a comprehensive and robust manner so as to identify and drive necessary improvements within the home; all subsequent monthly monitoring reports must include a corresponding time bound action plan outlining any identified areas for improvement.</p> <p>These reports will include in their focus but not be limited to: fire safety, care records, and accidents/incidents analysis.</p>	<p><b>Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>A review of these reports found that this area for improvement was met.</p>		

<p><b>Area for Improvement 5</b></p> <p><b>Ref:</b> Regulation 30 (1) (d)</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that RQIA and the commissioning trust are informed of any events which adversely affects the care, health, welfare and safety of any resident in the home.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b> A review of the record of the accidents and incidents identified an incident where RQIA had not been informed.</p> <p>This area for improvement was not met and has been stated for a second time.</p>	<p><b>Not met</b></p>
<p><b>Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011)</b></p>		<p><b>Validation of compliance</b></p>
<p><b>Area for Improvement 1</b></p> <p><b>Ref:</b> Standard 32</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall review the cold storage of medicines to ensure thermometer recordings are within range and the thermometer is reset every day.</p> <hr/> <p><b>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.</b></p>	<p><b>Carried forward to the next inspection</b></p>
<p><b>Area for Improvement 2</b></p> <p><b>Ref:</b> Standard 30</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall develop a robust audit process which covers all aspects of medicines management.</p> <hr/> <p><b>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.</b></p>	<p><b>Carried forward to the next inspection</b></p>
<p><b>Area for Improvement 3</b></p> <p><b>Ref:</b> Standard 8.5</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that all care records include:</p> <ul style="list-style-type: none"> <li>• the name of the resident</li> <li>• the date of the entry</li> <li>• the name of the person completing the entry.</li> </ul> <hr/> <p><b>Action taken as confirmed during the inspection:</b> A review of three care records confirmed these details were appropriately recorded.</p>	<p><b>Met</b></p>

<b>Area for Improvement 4</b> <b>Ref:</b> Standard 6.6 <b>Stated:</b> First time	The registered person shall ensure that the review of care plan records is meaningful and completed in sufficient detail.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> A review of three care records confirmed that all recordings were detailed and meaningful.	
<b>Area for Improvement 5</b> <b>Ref:</b> Standard 6.6 <b>Stated:</b> First time	The registered person shall ensure that irrelevant and older information is removed from resident's care records and appropriately archived to ensure ease of access.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Care records reviewed were found to be organised and up to date.	
<b>Area for Improvement 6</b> <b>Ref:</b> Standard 27.8 <b>Stated:</b> First time	The registered person shall ensure that the identified damaged bed rails are repaired.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> An inspection of the environment confirmed that the identified bed rails had been repaired.	

## 5.2 Inspection findings

### 5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. There was evidence that a robust system was in place to ensure that staff were recruited correctly. All staff working in the home were provided with an induction appropriate to their role and duties.

There were also systems in place to ensure that staff were trained and supported to do their jobs. Review of governance records showed that staff received regular supervision and appraisal by the manager. Staff training comprised of a range of relevant and mandatory topics, with the majority of courses provided online using an eLearning platform; however, some courses involving practical elements were delivered face to face.

Staff said that they were adequately trained to perform their roles and duties.

Staff were appropriately registered with their professional body and systems were in place to monitor and support staff with maintaining such registration. Newly appointed care staff were supported to register with the Northern Ireland Social Care Council (NISCC) as necessary.

The staff duty rota accurately reflected all of the staff working in the home on a daily basis. The duty rota identified the person in charge when the manager was not on duty. Staff told us that there was enough staff on duty to meet the needs of the residents. The manager and staff told us that the number of staff on duty was regularly reviewed to ensure that the needs of the residents were effectively met.

It was noted that there was enough staff in the home to respond to the needs of the residents in a timely way. Staff said there was good team work and that they felt well supported in their role, were satisfied with the staffing levels and the level of communication between staff and management. Staff told us that the residents' needs and wishes were very important to them. It was observed that staff responded to residents' requests for assistance promptly and in a caring and compassionate manner.

Residents said that they felt safe in the home and that staff were always available and were kind to them.

## 5.2.2 Care Delivery and Record Keeping

Staff met at the beginning of each shift to discuss any changes in the needs of the residents. Staff were knowledgeable of patients' needs, daily routines, likes and dislikes.

We found that the atmosphere was calm and relaxed as we walked around the home and observed that residents were able to walk around freely, while engaging in conversation with staff.

It was observed that staff respected residents' privacy by their actions such as knocking on bedroom doors before entering, discussing residents' care in a confidential manner, and by offering personal care to residents discreetly.

Staff were observed to be prompt in recognising residents' needs and any early signs of distress, including those residents who had difficulty in making their wishes or feelings known. Staff were skilled in communicating with residents; they were respectful, understanding and sensitive to residents' needs. We observed staff supporting residents when they were upset or redirecting residents when they were unsure as to what was happening around them.

Examination of care records and discussion with the manager and staff confirmed that the risk of falling and falls was well managed. Where residents were at risk of falling, measures were put in place to reduce this risk such as alarm mats and crash mats. Resident areas were free from clutter, and staff were seen to support or supervise those residents with limited mobility. Residents who were at risk from falls had relevant care plans in place.

Records confirmed that in the event of a resident falling, a post falls protocol was followed which involved staff closely monitoring the resident for a specified period of time. Where necessary, there was evidence of appropriate on-ward referral to other healthcare professionals such as Occupational Therapy or the Trust's falls prevention team. The manager conducted a monthly falls analysis to help determine if there were other measures that could be put in place to reduce the risk of falls.

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 can range from verbal encouragement through to full assistance from staff.

There was a choice of meals offered; the food was attractively presented and smelled appetising, and portions were generous. There was also a variety of drinks available. This resulted in the lunchtime meal being a pleasant and unhurried experience for the residents. Residents could also choose to take their meals in their own bedrooms if they wished. One resident made the following comment: "The food is 100 per cent."

Staff told us how they were made aware of residents' nutritional needs and confirmed that residents' care records were accurately maintained to help ensure that staff had an accurate understanding of residents' nutritional needs.

There was evidence that residents' weights were checked at least monthly to monitor weight loss or gain. If required, records were kept of what residents had to eat and drink daily.

At times, some residents may be required to use equipment that can be considered to be restrictive such as, alarm mats. It was established that safe systems were in place to manage this aspect of care in a compassionate and person centred manner.

Residents' needs were assessed at the time of their admission to the home. Following this initial assessment, care plans were developed to direct staff as to 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 well maintained, regularly reviewed and updated to ensure they continued to reflect and inform the residents' care needs. 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. Care plans were detailed and contained specific information on each resident's care needs and what or who was important to them.

Daily records were kept of how each resident spent their day in addition to the care and support provided by staff. The outcome of visits from any healthcare professional was also recorded.

We identified one resident in the home who is currently experiencing some challenges. This was discussed with the manager who confirmed that a care management review has been scheduled for this resident to see if the home can continue to support their needs.

### **5.2.3 Management of the Environment and Infection Prevention and Control (IPC)**

Observation of the home's environment evidenced that residents' bedrooms were personalised with items important to them. Bedrooms and communal areas were well decorated, suitably furnished, clean, tidy and comfortable. Residents could choose where to sit or where to take their meals and staff were observed supporting residents to make these choices. Fire exits and corridors were observed to be clear of clutter and obstruction.

The home's most recent fire safety risk assessment was completed on 1 May 2021 and there was corresponding evidence in place to confirm those actions taken in response to any recommendations made. Fire safety training, drills and fire safety checks were maintained on an up-to-date basis.

Appropriate precautions and protective measures were in place to manage the risk of infection. The home is participating in the regional testing arrangements for residents and staff and any outbreak of infection was reported to the Public Health Authority (PHA).

Review of records, observation of practice and discussion with staff confirmed that effective training on infection prevention and control measures and the use of Personal Protective Equipment (PPE) had been provided. There was a plentiful supply of PPE. Hand sanitising gels were at the entrance of the home and other accessible areas. Signage was also displayed relaying information on IPC and COVID-19.

Staff were observed to carry out hand hygiene at appropriate times and to use PPE in accordance with the regional guidance.

Visiting arrangements were also being managed in line with Department of Health guidance.

#### **5.2.4 Quality of Life for Residents**

Residents said that they were able to choose how they spent their day; they could get up or go to bed when they wished, wear what they wanted and spend time in their own bedrooms or in the lounges. Residents were observed to be comfortable and at ease in their environment and in interactions with staff. Activities were facilitated mostly on a one to one basis or in small groups. Residents commented positively on the activity provision in the home. Residents said the range of available activities within the home kept them occupied during the day. Staff said that they enjoyed participating in activities with the residents.

Staff recognised the importance of maintaining good communication with families, especially whilst visiting is disrupted due to the COVID-19 pandemic. Staff assisted residents to make phone or video calls to their loved ones. Visiting arrangements were in place with positive benefits being noted by staff to the physical and mental wellbeing of residents.

The genre of music played in the home reflected residents' preferences and this helped create a relaxed and person centred atmosphere in the home.

#### **5.2.5 Management and Governance Arrangements**

Mrs Noreen Monaghan is the manager of Cove Manor Residential Care Home and an application has been made to register with RQIA. Staff were aware of who the manager of the home is, their own role in the home and how to raise any concerns about residents, care practices or the environment.

Staff commented positively about the manager and described her as approachable and always available for guidance. Staff were particularly appreciative of the practical and emotional support provided to them by the management team during the ongoing COVID-19 pandemic.

A system of quality assurance audits was in place to help the manager monitor care delivery and drive any necessary improvements. Where areas for improvement were identified by the manager, actions plans were in place with associated timeframes for completion.

We reviewed the records of complaints and noted that there was no template in place for the recording of complaints. This was identified as an area for improvement to help ensure that any complaints are recorded in a comprehensive manner.

The home was visited each month by the registered provider's representative to consult with residents, their relatives and staff and to examine all areas of the running of the home. The reports of these visits were completed in detail; where action plans for improvement were put in place, these were followed up to ensure that the actions were correctly addressed. These were available for review by residents, their representatives, the Trust and RQIA.

## 6.0 Conclusion

Residents appeared well dressed, clean and comfortable. There was a person centred and relaxed ambience in the home with residents and staff enjoying a good rapport with one another.

The manager spoke enthusiastically about further enhancing care delivery to residents alongside developing her role in that regard.

Feedback from residents and staff was both positive and affectionate in tone. A number of residents stated that they knew the management team; got on well with them and would have no hesitation in reporting any concerns to them.

As a result of this inspection, two new areas of improvement were identified in respect of accidents and incidents and the recording of complaints. Details can be found in the Quality Improvement Plan included.

Based on the inspection findings and discussions held, we are satisfied that this service is providing safe, effective and compassionate care; and that the service is well led by the management team.

## 7.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005 and the Residential Care Homes' Minimum Standards (August 2011)

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	1*	3*

\* the total number of areas for improvement includes one which has been stated for a second time and two which are carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs Noreen Monaghan, manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005</b>	
<b>Area for Improvement 1</b>  <b>Ref:</b> Regulation 30 (1) (d)  <b>Stated:</b> Second time  <b>To be completed by:</b> 28 July 2021	The registered person shall ensure that RQIA and the commissioning trust are informed of any event which adversely affects the care, health, welfare and safety of any resident in the home.  Ref: 5.1
	<b>Response by registered person detailing the actions taken:</b> Commissioning trust will be informed of all incidents that have an adverse affect on those in the home.
<b>Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011)</b>	
<b>Area for Improvement 1</b>  <b>Ref:</b> Standard 32  <b>Stated:</b> First time  <b>To be completed by:</b> Immediate and ongoing	The registered person shall review the cold storage of medicines to ensure thermometer recordings are within range and the thermometer is reset every day.  Ref: 5.1
	<b>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.</b>
<b>Area for Improvement 2</b>  <b>Ref:</b> Standard 30  <b>Stated:</b> First time  <b>To be completed by:</b> Immediate and ongoing	The registered person shall develop a robust audit process which covers all aspects of medicines management.  Ref: 5.1
	<b>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.</b>

<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 17.10</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 27 August 2021</p>	<p>The registered person shall ensure that a template is devised and implemented which allows for the comprehensive recording of all complaints.</p> <p>Ref: 5.2.5</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b> New complaints form has been implemented.</p>
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*\*Please ensure this document is completed in full and returned via Web Portal\**



The Regulation and Quality Improvement Authority

7th Floor, Victoria House  
15-27 Gloucester Street  
Belfast  
BT1 4LS

**Tel** 028 9536 1111

**Email** [info@rqia.org.uk](mailto:info@rqia.org.uk)

**Web** [www.rqia.org.uk](http://www.rqia.org.uk)

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