

# Inspection Report

**Name of Service:** Cove Manor  
**Provider:** Cove LeaseCo Limited  
**Date of Inspection:** 5 August 2025

Information on legislation and standards underpinning inspections can be found on our website <https://www.rqia.org.uk/>

## 1.0 Service information

<b>Organisation/Registered Provider:</b>	Cove LeaseCo Limited
<b>Responsible Individual:</b>	Mr Conor O'Brien
<b>Registered Manager:</b>	Mrs Charmaine Ferguson
<p><b>Service Profile</b> – This home is a registered nursing home which provides nursing care for up to 18 patients. The home is also registered to provide nursing care for one patient living with a mental disorder and three patients living with dementia.</p> <p>The home is over two floors providing communal living areas and a communal dining room. Communal areas are shared with the registered residential care home which occupies the same building and the registered manager for this home manages both services.</p>	

## 2.0 Inspection summary

An unannounced inspection took place on 5 August 2025, between 9.35 am and 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 31 May 2024 and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

The inspection found that compassionate care was delivered and it was evident that staff promoted the dignity and well-being of patients. Patients said that living in the home was a good experience. Patients unable to voice their opinions were observed to be well presented, relaxed and comfortable in their surroundings and in their interactions with staff. Details and examples of the inspection findings can be found in the main body of the report.

While we found care to be delivered in a compassionate manner, improvements were required to ensure the effectiveness and oversight of the care delivery; care records, environment and governance systems.

RQIA requested the management team to submit a Variation to ensure that the categories of care reflect the provision of care. RQIA received an application for this Variation following the inspection to ensure the home are in compliance with The Nursing Home Regulations (Northern Ireland) 2005.

As a result of this inspection, two areas for improvement were assessed as having been addressed by the provider. Three areas for improvement will be reviewed at a future 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 patients, 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 told us, "It's lovely here, the food is lovely", "the staff are really nice". Others said that they attend planned activities in the afternoons and, "it's great craic". Some patients said "the food is great today's lunch is my favourite".

Patients were given choice of where and how they spent their day and the staff brought newspapers daily for some patients to enjoy. Patients were able to choose to stay up late watching T.V and sleep in late in the morning.

There were no questionnaires or surveys received 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 patients. An area for improvement was identified to ensure that the staff duty rota for the Nursing Home was reflective of all staff on duty inclusive of any staff providing one to one care.

Patients said that there was enough staff on duty to help them. Staff said there was good team work and that they felt well supported in their role and that they were satisfied with the staffing levels. It was positive to note that staff were very complimentary of one another; they told us how their colleagues demonstrate initiative in providing care for patients.

Staff were available and responded promptly to call bells and demonstrated effective communication with patients, making them laugh and enjoying their jokes.

It was discussed with the manager that staff may benefit from specific training in mental health and the management team agreed to review how this could be achieved in a way which most benefits the residents.

Review of records evidence that staff were up to date with mandatory training. However, staff had not received training in relation to care provision for patients who have a known mental disorder. The management team agreed to review this.

#### 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 were prompt in attending to patients, including those patients who had difficulty in making their wishes or feelings known. Staff were able to communicate well with patients who told us staff were respectful, understanding and sensitive to patients' needs.

Staff respected patients' privacy by their actions such as knocking on doors before entering, discussing patients' care in a confidential manner, and by offering personal care to patients discreetly. Staff were also observed offering patient choice in how and where they spent their day or how they wanted to engage socially with others. Patients told us that 'if you really didn't like the meal offered they'd make you something else'.

Patients may require special attention to their skin care. These patients were assisted by staff to change their position regularly.

Examination of care records confirmed that the risk of falling and falls were well managed and referrals were made to other healthcare professionals as needed. For example, patients were referred to the Trust's Specialist Falls Service, their GP, or for physiotherapy. Patients were also encouraged to wear appropriate footwear and use walking aids if required. When a person had fallen, appropriate checks were carried out to assess if further medical attention was required.

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 dining experience was an opportunity for patients to socialise, choosing who they sat with. The atmosphere was calm, relaxed and unhurried. It was observed that patients were enjoying their meal and their dining experience. It was observed that staff had made an effort to ensure patients were comfortable, had a pleasant experience and had a meal that they enjoyed.

Patients and residents come together and enjoy their meals communally. While this seemed to be enjoyed by all, some potential risks were identified. Staff from the residential service were overseeing the meals served to nursing patients. This was brought to the attention of the manager as nursing staff must be accountable for all delivery of care for nursing patients; staff must have knowledge of assessed care needs and associated risks. An area for improvement was identified.

The importance of engaging with patients was well understood by the manager and staff. Staff knew and understood patients' preferences and wishes and helped patients to participate in planned activities or to remain in their bedroom with their chosen activity such as reading, listening to music or watching T.V. Patients spoke of some activities they have enjoyed the most, such as when an animal group were invited, and said it was good fun. Some examples were riddles, crafts, hairdressing, movies and afternoon tea.

Patients were informed of the activities planned for the month and of their opportunity to be involved and looked forward to attending the planned events.

Arrangements were in place to meet patients' social and religious needs within the home.

### 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.

The nursing station was not locked various times throughout the day resulting in patients care records not being held confidentially and an area for improvement was identified.

Care records were well maintained, regularly reviewed and updated when there was a change in assessed need. 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.

However, care plans were not always person centred or comprehensive. For example, two care plans did not provide sufficient detail to direct care if a person's health was to deteriorate. Where a person was assessed to benefit from provision of one to one care plans did not sufficiently detail the care required or the function of the increased supervision. Where a patient was subject to Deprivation of Liberty Safeguards, care plans lacked detail as to how the deprivation impacted the patient and how staff were to manage this. Revision of these care plans will ensure that care is effectively reviewed and three areas for improvement were identified.

### **3.3.4 Quality and Management of Patients' Environment**

The home was clean, tidy and well maintained. For example, patients' bedrooms were personalised with items important to the patient. Bedrooms and communal areas were well decorated, warm and comfortable.

There is ongoing refurbishment in the home and following the inspection, the manager provided a refurbishment plan.

A small number of items were identified as requiring repair in the home such as a door leading to staff areas. The electrical store also required clearing and assurances were provided following the inspection that these had been addressed by the manager.

Patients did not have an individual lockable storage space and an area for improvement was identified.

The annual fire risk assessment was reviewed, the manager agreed to evidence completion of any actions identified through record keeping as is best practice.

Review of records and observations confirmed that effective systems and processes were in place to manage infection prevention and control which included policies and procedures and regular monitoring of the environment and staff practice to ensure compliance. It was identified that there are areas of the home where high points for dusting are not being regularly cleaned and the manager provided assurances that there is a plan in place to address this. It was positive to note that the governance systems had also identified this. One ground floor bathroom had malodour and an area for improvement was identified.

Staff were observed washing their hands correctly and appropriately using Personal Protective Equipment (PPE).

There were a number of fire doors which did not effectively close and an area for improvement was identified.

### **3.3.5 Quality of Management Systems**

There has been no change in the management of the home since the last inspection. Mrs Charmaine Ferguson has been the manager in this home since 1 April 2024

Patients and staff commented positively about the manager. It was positive to note that staff commented on the manager's encouragement and spoke of how the manager offers verbal encouragement, which staff appreciated; and that she is approachable and able to provide guidance.

It was clear from the examined records that the management team had processes in place to monitor the quality of care and other services provided to patients. Guidance was given to the management team to ensure that records for these monitoring systems such as staff meetings are completed for their respective service only and not as a whole 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
<b>Total number of Areas for Improvement</b>	3*	9*

\* The total number of areas for improvement includes one regulation and two standards that are carried forward and will be reviewed at a future inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed the management team 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 Nursing Home Regulations (Northern Ireland) 2005</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 13 (4)  <b>Stated:</b> Second time  <b>To be completed by:</b> From the date of the inspection onwards (20 June 2024)	The registered person shall ensure that personal medication records and medication administration records match and accurately reflect the prescriber's most recent instructions.  Ref: 5.1 & 5.2.1  <b>Action required to ensure compliance with this Regulation 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> Regulation 19 (5)  <b>Stated:</b> First time  <b>To be completed by:</b> 5 August 2025	The registered person shall ensure that all patient's records are securely stored.  Ref:3.3.3  <b>Response by registered person detailing the actions taken:</b> Supervision completed with all staff re locking the staff station when no staff are present.
<b>Area for improvement 3</b>  <b>Ref:</b> Regulation 27 (4) (b)  <b>Stated:</b> First time  <b>To be completed by:</b> 5 August 2025	The registered person shall review all fire doors in the home, and ensure they all function as required.  Ref: 3.3.4  <b>Response by registered person detailing the actions taken:</b> All fire doors were reviewed within 24 hours of inspection- all in working order.
<b>Action required to ensure compliance with Care Standards for Nursing Homes, December 2022</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 18  <b>Stated:</b> First time  <b>To be completed by:</b> From the date of the inspection onwards (20 June 2024)	The registered person shall ensure that accurate records are maintained of the reason for and outcome of the administration of medicines, prescribed on a 'when required' basis for the management of distressed reactions.  Ref: 5.2.1  <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 2</b></p> <p>Ref: Standard 29</p> <p>Stated: First time</p> <p>To be completed by: From the date of the inspection onwards (20 June 2024)</p>	<p>The registered person shall ensure that obsolete personal medication records are promptly cancelled and archived.</p> <p>Ref: 5.2.1</p> <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>Area for improvement 3</b></p> <p>Ref: Standard 41.9</p> <p>Stated: First time</p> <p>To be completed by: 5 August 2025</p>	<p>The registered person will ensure that the staff duty rota for the Nursing Home is accurate and reflective of all staff on duty.</p> <p>Ref: 3.3.1</p> <p><b>Response by registered person detailing the actions taken:</b> Off duty is accurate of all staff on duty as per discussion with RQIA on day of visit.</p>
<p><b>Area for improvement 4</b></p> <p>Ref: Standard 41.9</p> <p>Stated: First time</p> <p>To be completed by: 5 August 2025</p>	<p>The registered person will ensure that all staff are clear about their roles and responsibilities. This is specifically in relation to mealtimes.</p> <p>Ref: 3.3.2</p> <p><b>Response by registered person detailing the actions taken:</b> All staff are very clear on their role and responsibilities in relation to mealtimes- RQIA requested a change to the meal time process and all staff are onboard and adhering to this change.</p>
<p><b>Area for improvement 5</b></p> <p>Ref: Standard 4</p> <p>Stated: First time</p> <p>To be completed by: 5 August 2025</p>	<p>The registered person shall ensure that the care plans for patients with known disorder are specific in directing care delivery and assessment of deterioration.</p> <p>Ref: 3.3.3</p> <p><b>Response by registered person detailing the actions taken:</b> Care plan for known disorders were reviewed with the community mental health team who were in agreement and support the care plan.</p>
<p><b>Area for improvement 6</b></p> <p>Ref: Standard 4</p> <p>Stated: First time</p>	<p>The registered person shall ensure care plans for medication managed by community services, detail a contingency plan and specific details of the medication to direct delivery of care.</p> <p>Ref: 3.3.3</p>

<p><b>To be completed by:</b> 5 August 2025</p>	<p><b>Response by registered person detailing the actions taken:</b> Care plan review completed in partnership with the community Mental Health Team who are in agreement with the care plan and escalation process the home has had in place since the patients admission.</p>
<p><b>Area for improvement 7</b>  <b>Ref:</b> Standard 4  <b>Stated:</b> First time</p>	<p>The registered person shall ensure that care plans for one to one supervision contain sufficient detail on the specific supervision arrangements to guide staff.  Ref: 3.3.3</p>
<p><b>To be completed by:</b> 5 August 2025</p>	<p><b>Response by registered person detailing the actions taken:</b> One to one supervision care plan includes all specific detail on 1-1 requirements, This information is also available to 1-1 staff on the front of the 1-1 file.</p>
<p><b>Area for improvement 8</b>  <b>Ref:</b> Standard 44.1  <b>Stated:</b> First time  <b>To be completed by:</b> 5 August 2025</p>	<p>The responsible person will ensure that the malodour in the identified toilet is addressed.  Ref: 3.3.4  <b>Response by registered person detailing the actions taken:</b> Toilet area deep cleaned, No malodour noted on further review.</p>
<p><b>Area for improvement 9</b>  <b>Ref:</b> Standard E.20  <b>Stated:</b> First time  <b>To be completed by:</b> 5 October 2025</p>	<p>The responsible person will ensure that there is a lockable storage space for each patient.  Ref: 3.3.4  <b>Response by registered person detailing the actions taken:</b> Lockable storage is on a rolling programme for each bedroom.</p>

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



## The Regulation and Quality Improvement Authority

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