

# Inspection Report

31 May 2024



## Cove Manor

Type of service: Nursing Home  
Address: 89 Mullanahoe Road, Ardboe, Dungannon, BT71 5AU  
Telephone number: 028 8673 6349

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Assurance, Challenge and Improvement in Health and Social Care

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## 1.0 Service information

<p><b>Organisation/Registered Provider:</b> Cove Lease Co Limited</p> <p><b>Responsible Individual:</b> Mr. Conor O'Brien</p>	<p><b>Registered Manager:</b> Mrs Charmaine Ferguson</p> <p><b>Date registered:</b> Acting</p>
<p><b>Person in charge at the time of inspection:</b> Mrs Charmaine Ferguson</p>	<p><b>Number of registered places:</b> 17</p> <p>Category NH-DE for 3 identified patients only and category NH-MP for 1 identified patient only. The home is also approved to provide care on a day basis only to 3 persons</p>
<p><b>Categories of care:</b> Nursing Home (NH) I – Old age not falling within any other category. PH – Physical disability other than sensory impairment.</p>	<p><b>Number of patients accommodated in the nursing home on the day of this inspection:</b> 17</p>
<p><b>Brief description of the accommodation/how the service operates:</b> This home is a registered Nursing Home which provides nursing care for up to 17 patients. The home is over two floors.</p> <p>There is a Residential Care Home which occupies the first and second floors and the Manager for this home manages both services.</p>	

## 2.0 Inspection summary

An unannounced inspection took place on 31 May 2024, from 9.50am to 2.40pm. The inspection was conducted by a care inspector. The residential care home was inspected by another care inspector at the same time as this inspection.

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 focus of this inspection was also to assess the day to day operation of the home since Cove Leaseco Limited became the registered provider on 1 March 2024.

All previous areas of improvement were met.

There was safe, effective and compassionate care delivered in the home and the home was well led by the Manager.

Staff were seen to promote the dignity and well-being of patients and provided care in a compassionate manner.

Patients said that living in the home was a good experience. Patients unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

Two areas of improvement were identified during this inspection. These were in relation putting in place a recruitment checklist and locking mechanisms for bathroom doors.

RQIA were assured that the delivery of care and service provided in Cove Manor was safe, effective, compassionate and that the home was well led. Addressing these areas for improvement will further enhance the safety of care in the home.

### **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 patients, relatives, staff or the Commissioning Trust.

Throughout the inspection RQIA will seek to speak with patients, 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 were provided to give patients 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

Patients said that they were very happy with the care in the home, that staff were kind and attentive and that they enjoyed the meals. One patient said; "I am very happy here. All is very good."

Patients who could not articulate their views were presented as comfortable, content and at ease in their environment and interactions with staff.

Staff spoke positively about their roles and duties, the provision of care, staffing levels, teamwork, training and managerial support.

One visiting relative praised the quality of care provided for and the kindness and support received from staff.

There were no responses from questionnaires received in time for inclusion to this report.

## 5.0 The inspection

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

Areas for improvement from the last inspection on 10 July 2023		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
<b>Area for Improvement 1</b> <b>Ref:</b> Regulation 13 (4) <b>Stated:</b> First time	The registered person shall ensure that personal medication records and medication administration records match and accurately reflect the prescriber's most recent instructions.	<b>Carried forward to the next inspection</b>
	<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 30 (1) (d) <b>Stated:</b> First time	The registered person shall notify without delay any event in the home that has an impact on the well-being of patients, such as the activation of the fire alarm.	<b>Met</b>

	<p><b>Action taken as confirmed during the inspection:</b> These events were appropriately reported.</p>	
<p><b>Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)</b></p>		<p><b>Validation of compliance</b></p>
<p><b>Area for Improvement 1</b> <b>Ref:</b> Standard 29 <b>Stated:</b> First time</p>	<p>The registered person shall ensure that two nurses verify and sign handwritten entries on medication administration records.</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>Carried forward to the next inspection</b></p>
<p><b>Area for Improvement 2</b> <b>Ref:</b> Standard 9 (5) <b>Stated:</b> Second time</p>	<p>The registered person shall ensure patients' individual preferences for times for going to bed and rising are recorded, in their care records.</p> <p><b>Action taken as confirmed during the inspection:</b> These needs were appropriately recorded in the care records.</p>	<p><b>Met</b></p>
<p><b>Area for Improvement 3</b> <b>Ref:</b> Standard 36 <b>Stated:</b> First time</p>	<p>The registered person shall ensure that the Manager's hours are recorded in the duty rota.</p> <p><b>Action taken as confirmed during the inspection:</b> The Manager's hours were detailed in the duty rota.</p>	<p><b>Met</b></p>
<p><b>Area for Improvement 4</b> <b>Ref:</b> Standard 4 <b>Stated:</b> First time</p>	<p>The registered person shall review the nature of how progress records were recorded so these are more person centred and descriptive statements of patients' progress.</p> <p><b>Action taken as confirmed during the inspection:</b> These records were detailed, informative and person centred.</p>	<p><b>Met</b></p>
<p><b>Area for improvement 5</b> <b>Ref:</b> Standard 44.1 <b>Stated:</b> First time</p>	<p>The registered person shall make good the flooring in one identified bedroom.</p>	<p><b>Met</b></p>

	<b>Action taken as confirmed during the inspection:</b> This flooring was made good.	
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## 5.2 Inspection findings

### 5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. Recruitment of staff is managed by the home's human resource department and the Manager. An area of improvement was made for a recruitment checklist of staff to be put in place from the human resource department so as to give greater managerial oversight of this process. Discussions with the Manager confirmed knowledge of safe recruitment practices.

The staff duty rota accurately reflected the staff working in the home on a daily basis. The duty rota identified the nurse in charge when the Manager was not on duty. The Manager explained how the number of staff on duty was regularly reviewed to ensure the needs of the patients were met.

Any nurse who has responsibility of being in charge of the home in the absence of the Manager has a competency and capability assessment in place.

Staff registrations with the Nursing & Midwifery Council (NMC) or the Northern Ireland Social Care Council (NISCC) were audited on a monthly basis. A review of these audits found these to be appropriately maintained.

Staff said there was good team work and that they felt well supported in their role, were satisfied with communication between staff and management and they worked well as a team. Staff said that there was a good staff morale and that they felt the care provided for in the home was very good.

It was noted that there was enough staff in the home to respond to the needs of the patients in a timely way; and to provide patients with a choice on how they wished to spend their day. One patient said; "All's well. No complaints. The staff are very good."

There were systems in place to ensure staff were trained and supported to do their job. Staff mandatory training was maintained on an up-to-date basis. Staff spoke positively on their training and how it was provided.

### 5.2.2 Care Delivery and Record Keeping

Staff interactions with patients were observed to be friendly, supportive and polite. It was observed that staff respected patients' privacy by their actions such as knocking on doors before entering and discretion when assisting in personal care. Expressions of consent were

evident with statements such as “Are you okay with...” or “Would you like to ...” when dealing with care delivery. Staff showed understanding and sensitivity to patients’ needs.

Care records were held confidentially.

Care records were maintained which reflected the needs of the patients.

Patients’ 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 patients’ needs; and included any advice or recommendations made by other healthcare professionals.

Good nutrition and a positive dining experience are important to the health and social wellbeing of patients. The food was attractively presented and portions were generous and included choice of meal. There was a variety of drinks available. During the dining experience, staff had made an effort to ensure patients were comfortable, had a pleasant experience and had a meal that they enjoyed.

There was evidence that patients’ weights were checked at least monthly to monitor weight loss or gain. Records were kept of what patients had to eat and drink daily. Patients who had specialist diets as prescribed by the Speech and Language Therapist (SALT) had care plans in place which were in accordance with their SALT assessment. Staff had received training in dysphasia.

Patients who are less able to mobilise require special attention to their skin care. Care records accurately reflected the patients’ needs and if required nursing staff consulted the Tissue Viability Specialist Nurse (TVN) and followed the recommendations they made.

At times some patients may be required to use equipment that can be considered to be restrictive. For example, alarm mats and bed rails. It was established that safe systems were in place to manage this aspect of care.

Examination of records and discussion with staff confirmed that the risk of falling and falls were suitably managed. There was evidence of appropriate onward referral as a result of the post falls review.

Daily progress records were kept of how each patient spent their day and the care and support provided by staff. Issues of assessed need were followed up by a recorded statement of care / treatment given and effect of same.

### **5.2.3 Management of the Environment and Infection Prevention and Control**

The home was clean, tidy and fresh smelling throughout. Patients’ bedrooms were personalised with items important to the patient. Communal areas were suitably furnished and comfortable. Bathrooms and toilets were clean and hygienic.

Several bathroom and toilet doors had ineffective locking mechanism to ensure patient privacy. An area of improvement was made in this regard.

The catering and laundry departments were tidy, clean and well organised.

Cleaning chemicals were stored safely and securely.

All staff were in receipt of up-to-date training in fire safety. Fire safety records were appropriately maintained with up-to-date fire safety checks of the environment and fire safety drills.

The home's most recent fire safety risk assessment dated 28 May 2024. The report of this assessment had yet to be published. Good assurances were received from the Manager confirming that the two recommendations from this assessment were being addressed in the interim.

Fire safety exits were free from obstruction.

Review of records, observation of practice and discussion with staff confirmed that effective training on infection prevention and control measures and the use of PPE had been provided. Staff were also seen to adhere to correct IPC protocols.

#### **5.2.4 Quality of Life for Patients**

Patients said that they were happy with their life in the home, and the care and that staff were kind and attentive. One patient said; "It's a lovely home here. I am very happy."

Patients were dressed well and their aids and appliances were clean.

Observations of care practices confirmed that patients were able to choose how they spent their day. The genre of music and television channels played were in keeping with patients' age group and tastes.

It was also observed that staff offered choices to patients throughout the day which included preferences for food and drink options.

The atmosphere in the home was relaxed with patients seen to be comfortable, content and at ease in their environment and interactions with staff. One patient said; "The staff are lovely."

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

Mrs. Charmaine Ferguson is the Registered Manager of the home. Staff spoke positively about the managerial arrangements in the home, saying there was good support and availability.

Each service is required to have a person, known as the adult safeguarding champion, who has responsibility for implementing the regional protocol and the home's safeguarding policy. The Regional Manager was identified as the appointed safeguarding champion for the home. It was established that good systems and processes were in place to manage the safeguarding and protection of vulnerable adults. The safeguarding policy was up-to-date and in accordance with legislation. Discussions with staff confirmed knowledge and understanding of the safeguarding policy and procedure. Staff also said that they felt confident about raising any issues of concern to management and felt these would be addressed appropriately.

It was established that the Manager had a system in place to monitor accidents and incident that happened in the home. Accidents and incidents were notified, if required, to the patient's next of kin, their aligned named worker and RQIA.

Review of the record of complaints and discussions with the Manager confirmed that expressions of dissatisfaction taken serious and would be managed appropriately.

There was a wide range of audits and quality assurance in place. These audits included; care records, infection prevention and control, mealtime experience and maintenance.

The home was visited each month by a representative of the responsible individual to consult with patients, their relatives and staff and to examine all areas of the running of the home. The reports of these visits were completed in detail, with action plans in place for any issues identified. These reports are available for review by patients, their representatives, the Trust and RQIA.

## 6.0 Quality Improvement Plan/Areas for Improvement

Two areas for improvement have been identified where action is required to ensure compliance with **The Nursing Homes Regulations (Northern Ireland) 2005** and the **Care Standards for Nursing Homes (December 2022)**

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	2*	2*

\* the total number of areas for improvement includes two that have been carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs Charmaine Ferguson, 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 Nursing Homes Regulations (Northern Ireland) 2005</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 13(4)  <b>Stated:</b> First time  <b>To be completed by:</b> With immediate effect	The registered person shall ensure that personal medication records and medication administration records match and accurately reflect the prescriber's most recent instructions.  <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>  Ref: 5.1  <i>Dane</i> <i>C. Ferguson</i>

<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Regulation 13(8) ( a )</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 3 June 2024</p>	<p>The registered person shall make good the locking mechanism in all bathroom / toilet doors to ensure the privacy of patients is maintained at all times.</p> <p>Ref: 5.2.3</p> <p><b>Response by registered person detailing the actions taken:</b> <i>locus fixed C.ferguson</i></p>
<p><b>Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)</b></p>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 29</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> With immediate effect</p>	<p>The registered person shall ensure that two nurses verify and sign handwritten entries on medication administration records.</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>Ref: 5.1 <i>Done C.ferguson</i></p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 38(3)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 28 June 2024</p>	<p>The registered person shall put in place a recruitment checklist for all new employees so as to ensure managerial oversight in the safe recruitment of staff.</p> <p>Ref: 5.2.1</p> <p><b>Response by registered person detailing the actions taken:</b> <i>Done C.ferguson</i></p>

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



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