

Inspection Report

31 May 2024



Cove Manor

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

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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

1.0 Service information

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| <p>Organisation/Registered Provider: Cove Leaseco Limited</p> <p>Registered Person: Mr Conor O'Brien</p> | <p>Registered Manager: Mrs Charmaine Ferguson – not registered</p> |
| <p>Person in charge at the time of inspection: Mrs Charmaine Ferguson</p> | <p>Number of registered places: 14</p> <p>Category RC-MP for 2 identified residents only.</p> |
| <p>Categories of care: 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.</p> | <p>Number of residents accommodated in the residential care home on the day of this inspection: 13</p> |
| <p>Brief description of the accommodation/how the service operates: This home is a registered residential care home which provides health and social care for up to 14 residents. Accommodation is provided over two floors and residents have access to dining areas and communal spaces.</p> <p>There is a Nursing Home which also 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. An inspection was completed to the nursing home at the same time, by another care inspector.

The focus of this inspection was to assess the day to day operation of the home since Cove Leaseco Limited became the registered provider on 1 March 2024. 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 warm, welcoming and clean. Bedrooms were personalised with items which were important to the residents.

Residents were observed to be relaxed and comfortable in their surroundings and in their interactions with staff. The residents were involved in activities of their choice throughout the day.

Staff interactions with residents were observed to be compassionate and supportive. Staff were found to be attentive to the needs of the residents.

Two areas of improvement were identified during this inspection. These were to ensure that the manager has oversight of the recruitment process 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 quality improvement plan, 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 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.

4.0 What people told us about the service

Residents spoke positively about staff and their experience of living in the home. Residents talked about the staff being "kind to them" and this was a "great place." Residents described the staff as being approachable and helpful. The residents praised the food provision in the

home saying that it was “nice.” Compassionate interactions were observed between staff and the residents.

Staff reported that there was a good staff team in Cove Manor and they all worked well together. Staff commented that there was enough staff on duty to meet the needs of the residents. Staff were found to be knowledgeable of residents’ needs and preferences and they were able to provide support and reassurance to residents, when required. Positive comments were made by staff in regards to the management team in terms of the level of support provided to them and that they were approachable and proactive.

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 26 September 2023 | | |
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| Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005 | | Validation of compliance |
| Area for improvement 1 Ref: Regulation 30 (1)(d) Stated: First time | The registered person shall notify without delay any event in the home that has an impact on the well-being of residents, such as the activation of the fire alarm. Action taken as confirmed during the inspection: There was evidence that this area for improvement was met. | Met |
| Action required to ensure compliance with the Residential Care Homes Minimum Standards (December 2022) (Version 1:2) | | Validation of compliance |
| Area for improvement 1 Ref: Standard 6.2 Stated: Second time | The registered person shall ensure residents’ individual preferences for rising and retiring times are personalised in their care records. Action taken as confirmed during the inspection: There was evidence that this area for improvement was met. | Met |
| Area for improvement 2 Ref: Standard 25.6 | The registered person shall ensure that the hours worked by the manager are recorded in the duty rota. | Met |

| | | |
|--|---|------------|
| Stated: First time | Action taken as confirmed during the inspection: There was evidence that this area for improvement was met. | |
| Area for improvement 3 Ref: Standard 8 Stated: First time To be completed by: 10 August 2023 | The registered person shall review the nature of how progress records were recorded so as to improve the actual descriptive statements of residents' progress. Action taken as confirmed during the inspection: There was evidence that this area for improvement was met. | Met |

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 identified to ensure that a recruitment checklist of staff is 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 person 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 residents were met.

Any person 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 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 residents in a timely way; and to provide residents with a choice on how they wished to spend their day. One resident said: "It's all very good in here. Staff make it feel like home. There are always plenty of staff to help you."

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 the level of training and how it was provided.

5.2.2 Care Delivery and Record Keeping

Staff interactions with residents was observed to be friendly, supportive and polite. It was observed that staff respected residents' 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 residents' needs.

Care records were held confidentially. Care records were organised, person centred and reflected the needs of the residents.

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.

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

There was evidence that residents' weights were checked at least monthly to monitor weight loss or gain with appropriate action taken when weight loss was identified. Residents 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.

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.

Detailed daily progress records were kept of how each resident spent their day and the care and support provided by staff. Issues of assessed need were followed up with a recorded statement of care provided.

5.2.3 Management of the Environment and Infection Prevention and Control

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

Several bathroom and toilet doors had an ineffective locking mechanism to ensure resident privacy. This was identified as an area of improvement.

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. Fire safety exits were free from obstruction.

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.

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 Residents

The atmosphere in the home was homely, welcoming and relaxed with residents seen to be comfortable, content and at ease in their environment and interactions with staff. Discussion with residents confirmed that they were able to choose how they spent their day. For example, residents could have a lie in, they could return to bed after breakfast or stay up late to watch TV. This was observed during the inspection.

It was observed that staff offered choices to residents throughout the day which included preferences for what clothes they wanted to wear, food and drink options, and where and how they wished to spend their time.

Staff were observed sitting with residents and engaging in discussion. Residents who preferred to remain private were supported to do so and had opportunities to listen to music or watch television or engage in their own preferred activities. The genre of music and television channels played were in keeping with residents' age group and tastes.

Resident comments included: "This is a great place with great staff; they couldn't do enough for you" and "They are so lovely to me in here; the staff are very kind."

5.2.5 Management and Governance Arrangements

There has been a change in the management of the home since the last inspection. Mrs Charmaine Ferguson is the 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 residents' 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 were taken seriously and would be managed appropriately.

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

The home was visited each month by a representative on behalf of the responsible individual 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, with action plans in place for any issues identified. These reports are available for review by residents, their representatives, the Trust and RQIA.

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/or the Residential Care Homes' Minimum Standards (December 2022) (Version 1:2)**

| | Regulations | Standards |
|--|-------------|-----------|
| Total number of Areas for Improvement | 1 | 1 |

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.

| Quality Improvement Plan | |
|--|--|
| Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005 | |
| Area for improvement 1 Ref: Regulation 13 (8) (a) Stated: First time To be completed by: 3 June 2024 | The registered person shall make good the locking mechanisms in all bathroom / toilet doors to ensure the privacy of residents is maintained at all times. Ref: 5.2.3 Response by registered person detailing the actions taken: <i>locks have been fixed</i> <i>C. Ferguson</i> |

| Action required to ensure compliance with the Residential Care Homes Minimum Standards (December 2022) (Version 1:2) | |
|--|--|
| Area for improvement 2 Ref: Standard 19.2 Stated: First time | The registered person shall ensure that a recruitment checklist is put in place for all new employees so as to ensure managerial oversight in the safe recruitment of staff. Ref: 5.2.1 |
| To be completed by: 28 June 2024 | Response by registered person detailing the actions taken: Can now be seen by home manager C-Ferguson |

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



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