

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

Organisation/Registered Provider:	Cove LeaseCo Limited
Responsible Individual :	Mr Conor O'Brien
Registered Manager:	Mrs Charmaine Ferguson
<p>Service Profile – This home is a registered residential care home, which provides health and social care for up to 14 residents, and to residents living with a physical disability. 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 5 August 2025, between 9.35am and 5.30pm 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 established that safe, effective and compassionate care was delivered to residents and that the home was well led. Details and examples of the inspection findings can be found in the main body of the report.

It was evident that staff promoted the dignity and well-being of residents.

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

While we found care to be delivered in a safe and compassionate manner, improvements were required to ensure the effectiveness and oversight of the care delivery.

As a result of this inspection two areas for improvement were 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.

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 resident's, 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

Residents spoke positively about life in the home. Comments included, "The food is excellent" and, "The staff are attentive." Residents who were less well able to share their views were observed to be at ease in the company of staff and to be content in their surroundings.

One resident told us, "There is plenty of choice and the food is good." Another resident said, "It is a well run home, here is 100%. There is enough staff and morale is good."

Residents confirmed that they were able to choose how they spent their day. For example, residents could have a lie in or stay up late to watch TV.

There was evidence of residents' meetings, which provided an opportunity for them to comment on aspects of the running of the home. For example, planning activities and menu choices.

Residents told us that staff offered them choices throughout the day which included preferences for getting up and going to bed, what clothes they wanted to wear, food and drink options, and where and how they wished to spend their time.

No completed questionnaires from residents, relatives or responses to the staff survey were 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 residents. There was evidence of robust systems in place to manage staffing.

Minutes of staff meetings did not have an agenda or the signature of attendees. This was brought to the manager's attention for her action.

The person in charge was not clearly recorded on the duty rota. This was discussed with the manager and an area for improvement was identified.

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.

Residents 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 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.

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 residents. Staff were knowledgeable of individual residents' needs, their daily routine wishes and preferences.

Staff were observed to be prompt to attend resident's needs and any early signs of distress or illness, 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

It was observed that staff respected residents' privacy by their actions such as knocking on doors before entering, discussing residents' care in a confidential manner, and by offering personal care to residents discreetly. Staff were also observed offering resident choice in how and where they spent their day or how they wanted to engage socially with others.

At times some residents may require the use of equipment that could be considered restrictive or they may live in a unit that is secure to keep them safe. It was established that safe systems were in place to safeguard residents and to manage this aspect of care.

Where a resident was at risk of falling, measures to reduce this risk were put in place.

Examination of care records and discussion with the manager confirmed that the risk of falling and falls were well managed and referrals were made to other healthcare professionals as needed.

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 may include simple encouragement through to full assistance from staff and their diet modified.

The dining experience was an opportunity for residents to socialise and the atmosphere was calm, relaxed and unhurried. It was observed that residents were enjoying their meal and their dining experience. Some potential risks were identified however. Staff from the residential service were overseeing the meals served for nursing patients. This was brought to the attention of the manager as residential staff must be accountable only for their own residents. An area for improvement was identified.

Staff understood that meaningful activity was not isolated to the planned social events or games. Arrangements were in place to meet residents' social, religious and spiritual needs within the home.

Residents' needs were met through a range of individual and group activities such as life story work, walks, musical activities and chair aerobics.

3.3.3 Management of Care Records

Residents' needs were assessed by a suitably qualified member of staff 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.

The nursing station was not locked various times throughout the day resulting in resident's care records not being held confidentially. An area for improvement was identified.

Care records were person centred, well maintained and regularly reviewed Care plans pertaining to the provision of one to one care lacked sufficient detail around the care that was required. An area for improvement was identified. Care staff recorded regular evaluations about the delivery of care. 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.

3.3.4 Quality and Management of Residents' Environment

The home was tidy and well maintained. For example, residents' bedrooms were personalised with items important to the resident. Bedrooms and communal areas were warm and comfortable. It was identified that there are areas of the home where high points for dusting were 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.

Some of the double glazed units in the conservatory required repair. This area of the home was not being used by residents. There is ongoing refurbishment in the home which includes remedial action for these windows. Following the inspection, the manager provided a refurbishment schedule to RQIA with a time bound action plan. This will be reviewed at a subsequent inspection.

There was a malodour evident in a downstairs toilet. An area for improvement was identified.

There were a number of fire doors in the home, which did not effectively close; an area for improvement was identified.

Review of records and discussion with the manager confirmed that environmental and safety checks were carried out, as required on a regular basis, to ensure the home's was safe to live in, work in and visit. For example, resident call system checks, electrical installation checks and water temperature checks.

Residents did not have a lockable storage space in their bedrooms. An area for improvement was identified.

The electrical store was unlocked and required to be decluttered. The manager on the day of inspection locked this safely. RQIA received assurances following the inspection that the store had been decluttered.

Flooring in an identified bedroom was damaged in places due to fluid ingress. This was discussed with the manager and an area for improvement was identified.

Review of records and observations confirmed that 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.

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 15 May 2025.

Residents and staff commented positively about the manager and described her as supportive, approachable and able to provide guidance.

It was clear from the records examined that the manager had processes in place to monitor the quality of care and other services provided to residents.

Residents spoken with said that they knew how to report any concerns or complaints and said they were confident that the manager would address these

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	2	6

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs Charmaine Ferguson, Registered 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 19 (5) Stated: First time To be completed by: 5 August 2025	The registered person shall ensure that all patient's records are securely stored. Ref:3.3.3 Response by registered person detailing the actions taken: Supervision completed with all staff re locking the staff station when no staff are present
Area for improvement 2 Ref: Regulation 27 (4) (b) Stated: First time To be completed by: 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 Response by registered person detailing the actions taken: All fire doors reviewed within 24 hours of inspection - all in working order
Action required to ensure compliance with the Residential Care Homes Minimum Standards (Dec 2022)	
Area for improvement 1 Ref: Standard 25 Stated: First time To be completed by: 5 August 2025	The registered person will ensure that the person in charge is recorded on the staff duty rota. Ref: 3.3.1 Response by registered person detailing the actions taken: Person in charge is clearly identified on Residentia Rota and also displayed in front foyer. (To discuss further with RQIA Inspector as this was in place on day of inspection).

<p>Area for improvement 2</p> <p>Ref: Standard 20</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>Response by registered person detailing the actions taken: All staff are very clear on their role and responsibility- RQIA requested a change to the meal time process and all staff are aware of this.</p>
<p>Area for improvement 3</p> <p>Ref: Standard 6</p> <p>Stated: First time</p> <p>To be completed by: 5 August 2025</p>	<p>The registered person shall ensure that each resident has an individual and up to date care plan. This is stated in relation to:</p> <ul style="list-style-type: none"> Care plans for one to one supervision should contain sufficient detail on the specific supervision arrangements to guide staff. <p>Ref: 3.3.3</p> <p>Response by registered person detailing the actions taken: Details on the specific supervision arrangements available to the one to one staff have been incorporated into the residents care plan.</p>
<p>Area for improvement 4</p> <p>Ref: Standard 27</p> <p>Stated: First time</p> <p>To be completed by: 5 October 2025</p>	<p>The registered person shall ensure the case of the malodour in the identified toilet is addressed</p> <p>Ref: 3.3.4</p> <p>Response by registered person detailing the actions taken: Toilet area deep cleaned and no malodour noted on further review.</p>
<p>Area for improvement 5</p> <p>Ref: Standard E26</p> <p>Stated: First time</p> <p>To be completed by: 5 October 2025</p>	<p>The responsible person will ensure that there is a lockable storage space in each resident's bedroom.</p> <p>Ref: 3.3.4</p> <p>Response by registered person detailing the actions taken: Lockable storage is on a roling programme for each bedroom.</p>

Area for improvement 6 Ref: Standard 27 Stated: First time To be completed by: 5 October 2025	The responsible person will ensure that the flooring in the identified bedroom is repaired or replaced. Ref: 3.3.4
	Response by registered person detailing the actions taken: New Bedroom Flooring being installed on 15/10/25.

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



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