The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: **Cove Manor**

Provider: **Cove LeaseCo Limited**

Date of Inspection: **21 April 2026**

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:	Miss Charmaine Ferguson

Service Profile:

This home is a registered nursing home which provides nursing care for up to 17 patients, in categories frail elderly over 65 years of age, physical disability under 65 years of age, dementia nursing care for three patients and mental health for one patient over 65 years of age.

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.

2.0 Inspection summary

An unannounced inspection took place on 21 April 2026, between 1.40 pm and 5.50 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 5 August 2025 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. Refer to Section 3.2 for more details.

As a result of this inspection it was positive to note that seven areas for improvement were assessed as having been addressed by the provider. One area for improvement has been stated for a second time. Full details, 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 spoke positively about their experience of life in the home; they said they felt well looked after by the staff who were helpful and friendly. Patients' comments included: "The staff are just great here", "Very friendly staff", "I have everything I need" and "I feel safe in this home".

Staff said the manager was very approachable, teamwork was great and that they felt well supported in their role. Staff comments included: "The manager is brilliant", "I love working here", "Great teamwork" and "Staffing levels are fine".

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. There was evidence of robust systems in place to manage staffing.

Observation of the delivery of care evidenced that patients' needs were met by the number and skills of the staff on duty.

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.

3.3.2 Quality of Life and Care Delivery

Staff interactions with patients were observed to be polite, warm and supportive and the atmosphere was relaxed, pleasant and friendly. Staff were knowledgeable of individual patients' needs, their daily routine, wishes and preferences.

It was observed that 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 patients choice in how and where they spent their day or how they wanted to engage socially with others.

At times some patients 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 patients and to manage this aspect of care.

The risk of falling was well managed and referrals were made to other healthcare professionals as needed. Review of a sample of post fall observation recording charts evidenced some shortfalls. For example; scoring over a small number of entries and dates/times not being consistently recorded. These and any other findings were discussed in detail with the management team to review and action as necessary. Following the inspection, written confirmation was received that relevant action had been taken to address these shortfalls with ongoing monitoring by management.

Good nutrition and a positive dining experience are important to the health and social wellbeing of patients. The dining experience was an opportunity for patients to socialise and the atmosphere was calm, relaxed and unhurried. A menu was on display offering a choice of two meals and a meal time co-ordinator was allocated to oversee the correct delivery of meals to patients.

Patients commented positively about the food provided within the home with comments such as: "Good variety of food", "The food is nice here" and "We always get a choice of two meals".

The importance of engaging with patients was well understood by the manager and staff. A schedule of activities was on display within the home offering a range of individual and group activities such as baking, artwork, board games and chair aerobics.

Care assistants completed the activities and were observed positively engaging with patients and encouraging them to participate. Board games were provided in the morning; artwork and a tea party was provided in the afternoon. Patients appeared to enjoy the activities provided.

Patients commented positively regarding the activities provided within the home and were seen to be content and settled in their surroundings and in their interactions with staff. Comments included: “There is always something to do here”, “We are never bored” and “The staff are just great here”.

Some patients were engaged in their own activities such as; watching TV, resting or chatting to staff and arrangements were in place to meet patients’ social, religious and spiritual 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. Patients care records were held confidentially.

Care records were person centred, well maintained, regularly reviewed and updated to ensure they continued to meet the patients’ needs. Nursing staff recorded regular evaluations about the delivery of care. A small number of entries within care records did not contain the year along with the date and month. This was discussed with the manager who agreed to discuss with relevant staff and to monitor going forward.

3.3.4 Quality and Management of Patients’ Environment Control

The home was fresh smelling, neat and tidy and patients’ bedrooms were found to be personalised with items of memorabilia and special interests. Bedrooms and communal areas were clean, tidy and comfortable.

Whilst most areas of the home were suitably furnished, warm and comfortable, a number of walls required painting and surface damage was evident to identified floor coverings, bedroom furniture, doors and architraves. Details were discussed with the management team who advised that painting was ongoing throughout the home and that an improvement plan had already been implemented to address the environmental issues. Progress with this will be reviewed at a future inspection.

A number of other environmental shortfalls were identified requiring either repair and/or replacement; details were discussed with the management team who agreed to have these reviewed. Following the inspection, written confirmation was received that relevant action had been taken to address these findings.

One fire door was not closing properly. Details were discussed with the manager and an area for improvement has been stated for a second time.

A Fire Risk Assessment (FRA) had been completed on the 10 April 2026; the manager confirmed the action taken to address any recommendations that were made by the fire risk assessor.

Review of a number of windows identified that they were not fitted with tamper proof restrictors and some windows were opening wider than recommended. This was discussed with the manager who agreed to have all windows reviewed. Following the inspection, written confirmation was received that relevant action had been taken to address this.

Personal protective equipment (PPE) and hand sanitising gel was available within the home. There was evidence that systems and processes were in place to manage infection prevention and control (IPC) which included 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. Miss Charmaine Ferguson has been the Manager in this home since 15 May 2025.

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

Review of a sample of records evidenced that a robust system for reviewing the quality of care, other services and staff practices was in place. There was evidence that the manager responded to any concerns, raised with them or by their processes, and took measures to improve practice, the environment and/or the quality of services provided by the home.

4.0 Quality Improvement Plan/Areas for Improvement

An area for improvement has been identified where action is required to ensure compliance with Regulations.

	Regulations	Standards
Total number of Areas for Improvement	1*	0

* The total number of areas for improvement includes one regulation that has been stated for a second time.

Areas for improvement and details of the Quality Improvement Plan were discussed with the management team, 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 Nursing Home Regulations (Northern Ireland) 2005

Area for improvement 1 **Ref:** Regulation 27 (4) (b) **Stated:** Second time **To be completed by:** 21 April 2026	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 doors fixed/adjusted and now closing.

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

The Regulation and Quality Improvement Authority

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