



Inspection Report on

Abbey Dingle Care Home

**Abbey Dingle Care Home
Abbey Road
Llangollen
LL20 8DT**

Date Inspection Completed

27/06/2024

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About Abbey Dingle Care Home

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	Abbey Dingle Nursing Homes Ltd
Registered places	18
Language of the service	English
Previous Care Inspectorate Wales inspection	05 May 2022
Does this service promote Welsh language and culture?	This service does not provide an 'Active Offer' of the Welsh language and does not demonstrate a significant effort to promoting the use of the Welsh language and culture.

Summary

People are happy with the care and support they receive at Abbey Dingle Care home. People told us they can choose how to spend their time and have opportunities for activities and engagement. Care staff are kind and caring, treating people with respect and ensuring all aspects of their health and wellbeing are met. Care records are person centred and people are involved in providing and reviewing information recorded about them.

Improvements are needed to several aspects of the environment, including the kitchen, bathrooms, and communal areas. This includes routine servicing and inspection of facilities in line with Health and Safety guidance.

We were not able to evidence that all aspects of staff recruitment, training and development are carried out. Improvements are needed to make sure staff are safely recruited, appropriately trained, and effectively supported with their ongoing learning and development.

Action is needed to make sure there is effective oversight and governance of the service. This includes the provider making sure they carry out the quality monitoring processes referred to within the statement of purpose and quality of care records.

Several areas of noncompliance have been identified at this inspection which pose a risk to people living at the service. We have therefore issued priority action notices and expect the provider to take immediate action.

Well-being

People have choice about their day-to-day life. People told us they get up and go to bed when they choose to. We saw people spend their time in different communal areas of their home and can go into the local community when staffing levels can support this. The provider respects what is important to the person, such as going to the bank, shopping, having pets and continuing to practice religious beliefs. People always have a call bell on their person so if they need help, they can alert staff. We saw people who are not able to use a call bell have guidelines in place to check their wellbeing at regular intervals. We saw where people ask for help, this was met promptly.

People can engage in activities within the service. The provider has plans in place to recruit an activities coordinator. The provider uses a resource which gives daily engagement opportunities for staff to do with people such as puzzles, quizzes, and reminiscent activities. Items of interest are available in the home such as books, games, and magazines. There is a vintage style sweet trolley and a traditional tea service which people enjoy using for afternoon tea. The provider has created an indoor garden area, full of plants which people are encouraged to help take care of. We saw care staff are friendly and engaging, taking time to sit and talk with people through the day. Care staff also have lunch with people which helps to promote a sociable mealtime experience. People are encouraged to be part of the local community as many have lived and worked there and the provider ensures people can attend local events.

Improvements are needed to keep people as safe as they can be within the service. Not all staff have completed safeguarding training, and we were unable to evidence if there are policies in place to support this training and knowledge. We saw the provider creates records of incidents and accidents, however these are not always updated with any outcomes and actions needed, although this information could be seen within daily records. Improvements are needed to the recruitment process to ensure staff being employed are fit and suitable to work with adults at risk. We found a number of issues within the environment which place people at potential risk. This is placing people's health and wellbeing at risk, and we have therefore issued a priority action notice. The provider must take immediate action to address this issue.

Care and Support

People receive care and support which is reflective of the information within personal plans. The provider conducts initial assessments with people and retains any referral information from the local authority or previous support settings to ensure they can meet the needs of the person. Personal plans provide information about the care and support needs of people and important information about who the person is and how they want to be supported. The provider creates personal plans with people and / or their representative. Personal plans detail what is important to the person and makes them happy, such as how they like to spend their time, how to support them to maintain contact with family and friends and what activities they like to take part in. Care records are reviewed monthly by the deputy manager who meets with people to discuss any changes and seek their views about the service.

People are supported with their health and wellbeing. The provider ensures people access services such as the GP, dentist, and other health services. Records show referrals are made for additional support and people told us if they are ever feeling unwell, the provider gets them support very quickly. Visiting health professionals are very complimentary about the support people receive at Abbey Dingle. People can also access hairdressing services and massage to support their overall wellbeing.

Medication is managed safely within the service. We carried out a medication audit as part of the inspection process and found medication to be ordered, stored, recorded and administered safely. Care staff complete medication training and we saw evidence of annual medication competencies carried out, which is supported by the local pharmacy.

Improvements are needed to Infection prevention and control procedures within the home. We saw clinical waste is handled and disposed of safely, however the storage of personal protective equipment (PPE) and the general cleanliness of the service needs to improve. This aspect of service provision is included within a priority action notice, issued within the environment section of this report.

Environment

People live in a service which allows them to access both private and communal areas within the building and access to outdoor areas within the grounds of the home. People's personal rooms are well equipped which includes any specific equipment needed to support mobility and physical wellbeing. People can personalise their rooms in a way they choose and have their own furniture, pictures, and personal items in place. People would benefit from having a room number or identifying feature on their door so it can be easily identified as a private space.

The service employs a member of staff to carry out housekeeping tasks within the home. Whilst we saw staff work hard to maintain areas of the home, we found improvements are needed to the general cleanliness of all areas of the service to maintain a pleasant living environment and control malodours. We found communal areas to have cobwebs and dust, and fixtures and fittings such as radiator covers, blinds and walls to be stained. Some flooring within communal areas appeared to be dirty and there were malodours present in areas of the home. The current housekeeping arrangements are not sufficient for the size of the home and the number of people living there.

The provider has created themed areas across the home, with items of interest which people told us they like looking at. However, these have not been maintained and are in a poor condition, making the home look tired and dirty. We found unused items and equipment to be stored in communal areas which creates a fire hazard and poses a risk to people when mobilising. Windows and doors in the service are in poor condition, some are unable to be opened and this was discussed at the last inspection. We are unable to evidence routine checks of health and safety are carried out or that the required servicing of electrical and gas safety is completed. We found fire safety checks and routine servicing is carried out and there has been a recent fire risk assessment.

Following a recent inspection by the Food Standards Agency, it was identified that major improvements are needed to the kitchen to improve standards of cleanliness and equipment. The provider has begun to address the concerns raised from this inspection.

The provider told us they are aware improvements are needed to the environment and that a plan of refurbishment will be implemented, however we identified significant issues with the health and safety and cleanliness of the building. This is placing people's health and wellbeing at risk, and we have therefore issued a priority action notice. The provider must take immediate action to address this issue.

Leadership and Management

The provider of the service is also the manager and responsible individual and is present in the service daily. We saw within the quality of care report the provider seeks feedback from people living at the service and / or their representatives. Improvements are needed to the processes in place which monitor the quality and effectiveness of the service. At this inspection we were unable to evidence the provider implements quality processes such as audits, which are described in the statement of purpose and quality of care. The provider told us there is not currently a guide to the service in place. This is an important document as it informs people about what they can expect when living or considering coming to live at the service, including about how to make a complaint. We asked to see the policies and procedures for the service, but these were not provided. We are unable to evidence if the provider is delivering the service in line with the policies and procedures or if these are reviewed, updated and in line with current national legislation and guidance.

Recruitment processes are not as robust as they could be. We reviewed the recruitment records for three care staff and found that whilst all staff had current disclosure and barring service (DBS) checks in place, the provider had not ensured references had been received and verified before the person began working at the service. This process is important to ensure people recruited are fit and suitable to work with adults at risk. Care staff receive an induction when they begin working at the home to orientate them to areas of the home and health and safety procedures, however the induction is not in line with the All-Wales Induction Framework, from Social Care Wales (SCW). The provider has given assurances this will be implemented to support staff to register with SCW. We requested the training records for all staff working at the service, but this was not provided. We saw some training had been recorded in staff recruitment records and we referred to the training information submitted by the provider in the latest annual return but were unable to evidence staff had completed all training relevant to their role. This places individuals at risk as staff may not have the required skills and knowledge to deliver care and support safely and with competence. We requested records of staff supervision and appraisal dates; however, these were not provided. We were unable to evidence staff receive regular one to one supervision or an annual appraisal of their work. This is important to support staff with their ongoing learning and development. Whilst we were unable to evidence this formal process taking place, care staff told us they do feel supported in their role and can go to the manager or deputy manager with any problems. The provider must ensure all aspects of the recruitment process are carried out and that staff are suitably trained and supervised.

Improvements are needed to the overall management and governance of the service. We were unable to evidence the service is being delivered in line with the statement of purpose (SOP) and found that staffing levels are not always reflective of the SOP. The provider informed us they are experiencing recruitment issues, but we saw both the manager and deputy manager support the staff team in delivering care and support to ensure people have their needs met. This contingency places additional pressure on the management team and takes them away from their role of the daily running of the service.

The issues found within the themes of wellbeing, environment and leadership and management place people's health and wellbeing at risk, and we have therefore issued

several priority action notices. The provider must take immediate action to address these issues.

Summary of Non-Compliance

Status	What each means
New	This non-compliance was identified at this inspection.
Reviewed	Compliance was reviewed at this inspection and was not achieved. The target date for compliance is in the future and will be tested at next inspection.
Not Achieved	Compliance was tested at this inspection and was not achieved.
Achieved	Compliance was tested at this inspection and was achieved.

We respond to non-compliance with regulations where poor outcomes for people, and / or risk to people's well-being are identified by issuing Priority Action Notice (s).

The provider must take immediate steps to address this and make improvements. Where providers fail to take priority action by the target date we may escalate the matter to an Improvement and Enforcement Panel.

Priority Action Notice(s)

Regulation	Summary	Status
44	The provider has not ensured the service is maintained to a standard which provides people with a safe and pleasant environment to live in. The provider must ensure the service is maintained in line with Health and Safety requirements so people live in a home which supports their physical and mental wellbeing.	New
57	The service provider has not ensured that any risks to the health and safety of individuals has been identified and reduced so far as reasonably practicable including ensuring the premises comply with current legislation and guidance in relation to health and safety, fire safety, environmental health and any standards set by the food standards agency.	New
6	The service provider has not ensured there are clear arrangements in place for the oversight and	New

	governance of the service, or that processes are implemented which ensure the service is compliant with all the requirements of the Regulations.	
26	The provider has not ensured compliance with all areas of the Regulations to promote the safety and wellbeing of individuals using the service.	New

Where we find non-compliance with regulations but no immediate or significant risk for people using the service is identified we highlight these as Areas for Improvement.

We expect the provider to take action to rectify this and we will follow this up at the next inspection. Where the provider has failed to make the necessary improvements we will escalate the matter by issuing a Priority Action Notice.

Area(s) for Improvement		
Regulation	Summary	Status
N/A	No non-compliance of this type was identified at this inspection	N/A
80	We were unable to evidence the provider has suitable arrangements in place to monitor and review the quality of care and support provided by the service.	Not Achieved

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