

Inspection Report on

Abbey Lodge

Newport

Date Inspection Completed

05/01/2024



About Abbey Lodge

Type of care provided	Care Home Service
	Adults Without Nursing
Registered Provider	Abbey Ambitions
Registered places	4
Language of the service	English
Previous Care Inspectorate Wales inspection	17 January 2023
Does this service promote Welsh language and culture?	This service is working towards providing an 'Active Offer' of the Welsh language and demonstrates a significant effort to promoting the use of the Welsh language and culture.

Summary

Abbey Lodge provides a consistently good standard of care and support for people. Care staff know people well and support them with kindness, patience and encouragement. People and their family members are involved in planning how they will be supported to achieve their aims.

The property is well maintained, with homely décor and quality furnishings throughout. Some improvements have been made to the environment since our last inspection.

The home benefits from a Responsible Individual (RI), manager and deputy manager who all know the home well and are committed to delivering the best support possible. The care staff enjoy their jobs and are well supported by the management team. We found that formal records of care staff supervisions have improved since our last inspection, but annual appraisals have not been completed.

Well-being

People are supported to have as much control over their lives as possible. They choose what time they get up in the morning and go to bed at night and whether they would prefer to take a bath or shower. People are supported to keep occupied throughout the day with a range of activities of their choice. The service works closely with other agencies and relatives to ensure that decisions are made in people's best interests where they are not able to make those decisions themselves. We received very positive feedback from the family members we spoke to.

People are supported to play an active role in their local community, they enjoy trips into local areas as well as holidays further afield. The home is well maintained to meet people's needs.

People are protected from abuse or neglect. The care staff team know people well and report any changes to people's usual behaviour to the manager. Care staff are trained in safeguarding of adults, and they know how to report concerns.

Care and Support

Care staff support people with warmth, compassion, and patience. Communication styles are adapted to suit each individual. People living at the home have positive relationships with the care staff team. We saw people are relaxed and comforted by care staff supporting them, and they enjoy each other's company.

Individual plans are produced and kept under regular review. The plans inform care staff about the person, their social history, what is important to them, and how they would like to be supported. Detailed risk assessments are kept to evidence how best to keep people safe from harm. in the areas identified in which they may be at risk of harm. Care staff know people well and refer to their plans as required. Care staff have positive relationships with family members and communication is good between them. People are supported to maintain relationships which are important to them.

People are supported to maintain good physical and mental health. Each person is registered with a local GP and other health referrals are made promptly as required. Advice from health and social care professionals are clearly recorded in personal plans, the staff follow this advice and make clear notes to evidence the support they provide. People are assessed regarding their ability to manage their own medication. Support is provided with medication as required, and accurate records are kept. Medication management is good in the home.

The home is clean and tidy throughout. Care staff complete specific training in infection prevention and control and follow best practice in their day-to-day duties. Personal Protective Equipment (PPE) such as gloves, and aprons, are worn in line with current guidance.

Environment

The home is well maintained and meets the needs of people living there. Since our last inspection, the provider has had the fitted kitchen refurbished and purchased some new furniture. The décor throughout adds to the 'homely' feel of the environment. Care staff support people to maintain a high level of cleanliness throughout the home.

People's bedrooms are personalised to their own tastes. There are adequate shared bathroom and toilet facilities, which are well equipped and kept clean and tidy. The shared lounge and separate dining room are spacious and all furniture, flooring and décor is in good condition. The outdoor space has a level patio to allow people with mobility difficulties to access it easily. Garden furniture is provided for people to use in better weather conditions.

The front door is kept locked for people's safety. We were asked for proof of our identification before entering. Each person has an emergency plan for staff to follow in case of the need for an evacuation. Safety checks are completed regularly and recorded by the staff team; external contractors service equipment as required. The home has a four-star rating from the food standards agency, this means hygiene standards are good.

Leadership and Management

The manager of the home also manages another small home close by. They are well supported by an experienced deputy manager, who is based at Abbey Lodge. The RI has effective oversight of the management of the service. They visit the home regularly to speak with staff and gain feedback about how residents are doing. Quality of care reports are completed every six months. These reports analyse key events within the home and any trends or patterns that may be learnt from. The reports also clearly evidence which areas are working well and what could be improved. Action plans are reviewed from each previous report to promote continuous improvements. The Statement of Purpose accurately describes the service being provided.

Care staff enjoy working at the home, they feel valued and well supported by the management team. Sufficient staff are on duty to support people in a caring and unrushed manner. Since our last inspection, the frequency of one to supervision meetings has significantly improved. However, care staff have not received annual appraisals. While no immediate action is required, this remains an area for improvement, and we expect the provider to take action.

Care staff are safely recruited. We viewed a selection of staff files and saw the required checks are completed, which include references from previous employers, proof of identification, Disclosure and Barring Service (DBS) checks, and registration with Social Care Wales, the workforce regulator. Care staff are confident in their duties, they attend regular training courses to keep their knowledge up to date.

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	
N/A	No non-compliance of this type was identified at this inspection	N/A	

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
36	Supervision and appraisal frequency- matrix provided shows no staff received annual appraisals in 2022. All nine of the current staff on the supervision matrix provided have gaps of over 3 months in between supervisions on at least one occasion in the last 12 months	Not Achieved

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