



Inspection Report on

Abbey Dingle Care Home

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

Date Inspection Completed

6 May 2022

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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	
Does this service provide the Welsh Language active offer?	This is a service that does not provide an 'Active Offer' of the Welsh language.

Summary

People are cared for by a happy staff group, many of whom have worked at the home for many years and know people well. The manager is also the provider of the service and is present most days so people feel comfortable raising any issues with her. There are policies and procedures in place to help keep people safe and instruct staff effectively. People's health and well-being is maintained by comprehensive care planning, daily meetings with the manager for handover of new information and input from other health professionals who visit the service. People say they like it here as they have choice on all aspects of their day and feel free to do what they want when they want. They say the food is good and they enjoy the activities provided. People say they are happy living in the home, staff say they are happy working here and relatives praise the care and compassion shown towards people.

The home has several communal areas so people can choose where they spend their day. The manager has completed an audit of the environment and has identified improvements needed of the building and gardens. Internally, the home would benefit from a programme of redecoration and refurbishment throughout; externally, additional safe space for people to access and enjoy outdoor activities would be advantageous, although there is a decked area where people can sit. Although work is needed, people say they are happy with the home and enjoy living here.

Well-being

People have choice and control regarding the care and support they receive at the home. They choose how to spend their day and carry out their daily routines. People either stay in their own room or sit in the communal areas with others, listening to music or watching television. People sit where they want to eat their breakfast and get dressed when they choose to. Some activities are provided by people from the local community and some by the staff in the home. There are options at mealtimes and one resident said *'the food is good'* and, about the way people spend their day, *'no one pushes you'*, *'we don't have to ask 'can I go here and there', it's all free and easy'*.

Personal plans include information about people's history, their likes and dislikes; staff know of people's history and so are able to engage in meaningful interesting and relevant conversation. We heard staff talk with kindness and patience and relatives told us *'staff show nothing but compassion; we have always felt (their relative) has been well cared for'*. People are happy with the care staff who support them and enjoy living at the home.

People's physical, mental and emotional well-being is looked after by care staff who seek professional advice when required. Records show appointments with health professionals are made and district nurses come to the home when needed. Attention is paid to people's intake of nutrition and fluid especially when people are ill. Personal plans direct staff in a way that promotes independence but also offers full support when required. These plans are reviewed regularly, as required by regulations, and information shared with staff so they are always aware of any changes in people's needs.

Staff are trained in safeguarding and there are policies that protect people from abuse and neglect. Daily meetings between management and staff provide opportunity to discuss any concerns. The service has arrangements in place to ensure any decisions that restrict a person's liberty are made only in the person's best interest and with full consideration of the family and Denbighshire's safeguarding authority.

The accommodation would benefit from redecoration and refurbishment throughout. The provider has identified the need for such improvements in their home audit and are prioritising the more hazardous issues. Most bedrooms are on the ground floor and only very independent people can use the first floor rooms as there are no lifts. People have choice where to spend their time, with several communal areas available to them. Despite the need for improvements to the environment, people are satisfied with their surroundings.

Care and Support

People have the quality of care and support they need as their personal plans consider their holistic needs and wishes. There are risk assessments in place to help promote wellbeing and keep people safe. Plans are reviewed monthly and again annually with family. Residents have a call alarm they can wear around their neck, people unable to use a bell are checked hourly. The manager is present in the home most days and staff we spoke with said they are comfortable to talk with her about anything and that she listens.

The home cannot fully cater for people whose first language is Welsh. We saw there are no Welsh language signs and documentation is not bilingual and few staff can speak Welsh. We saw care staff are attentive and familiar with the people they support, many having worked at the home for a long time. We saw them engage with people kindly and support them with patience. Relatives praised staff for their compassion and offered examples of staff going 'above and beyond' for residents. People told us how they enjoy various activities as supplied by the community and staff in the home. Menus showed two options are available for each meal and all people we spoke with said they enjoy the food. A person told us *'the home may be a little untidy but couldn't say a bad word about the care. The care is very good'*. They also said *'Carol (the manager and responsible individual) is good at communicating with us and will tell us if anything's wrong'*. We only heard positive things about the staff and the care provided.

Records show people get any health advice and support when they need it. People have appointments with GP's, and other health care professionals as required. We saw staff have training in oral care and personal plans provide individualised instruction for staff. People's emotional and mental health is cared for; they are respected as individuals, we saw a person has a therapy toy dog, one person enjoys classical music in their room, and others listen to music together. One person requires a special mattress and this has been purchased.

The service promotes practices to manage the risk of infection. All visitors are tested on arrival for Coronavirus and results are recorded. Temperatures are taken and people are required to sign in. Instructions to staff and visitors are visibly posted, staff wear face masks.

Environment

The service provides an environment with sufficient space for people to move around freely and make choices about where they want to spend their day. A homely lounge provides sofas and arm chairs and we saw people use this to watch television. Everyone has their own bedroom and there are en-suite facilities as well as three assisted baths that make it easier for people to get in and out. Some of the rooms require redecoration and some refurbishment as paintwork is scuffed and stained, some furniture is damaged and some floors have carpet that is worn. The dining room is large and can accommodate the residents. Dining tables and dining chairs need replacing or refurbishing as they are worn and rusty in places. The manager has completed an audit of the environment and has identified much of this herself; she has devised a maintenance plan on which more urgent issues have been prioritised. The grounds are vast and need considerable work to make them safe for all residents to access although there is a decked area on which people can sit and enjoy the sun. Although there is a lot of investment and work needed to improve the environment residents say they are happy here and relatives we spoke with confirmed this.

The service provider identifies and mitigates risks to health and safety. We saw generic risk assessments for the home and individual risk assessments for various activities undertaken by each person. Incidents of falls are monitored and evaluated to identify themes and make risk management more effective. Records show safety checks are completed for water, fire equipment, electrical appliances and electricity installation. Staff have received training to enhance safety such as fire safety, first aid, food hygiene, health and safety and moving and handling. Equipment is stored away from areas frequently used by people leaving corridors free from obstacles.

Leadership and Management

The provider has governance arrangements in place to help ensure the service is effective, but the quality of care review needs updating. We saw the last review is dated September 2020 and this must be completed more frequently to ensure people remain happy with the service and that it progresses and develops over time. The manager is present on a daily basis and has completed audits and sought residents views on activities. Staff and relatives views should also be considered. This feedback will help inform the quality of care review and provide focus on what needs to change. While no immediate action is required, this is an area for improvement and we expect the provider to take action.

The manager has a range of policies and procedures in place to help instruct staff and keep residents safe. The manager's regular presence at the home allows plenty of opportunity for staff to discuss any issues, and staff feel comfortable in expressing their views and concerns. Staff told us they enjoy working at the home and the length of service of some staff is testament to this.

People are supported by a service that provides appropriate numbers of staff who are suitably fit and have the knowledge to provide the care and support required. Staff records show safe recruitment procedures are in place and a range of training in relevant topics is provided. There is a daily handover so that changes in needs or new information can be shared with all staff on duty simultaneously. Staff receive support from their manager, with regular opportunities to meet and discuss practice and an annual appraisal of their developmental needs. We saw there are sufficient staff on duty to meet the needs of people living in the home, to cook, to clean and to care for people living here. Some staff have worked at the home for many years they are happy in their work and enjoy what they do.

The manager is also the provider of the service and has good oversight of what is required to maintain and improve the home. She is aware of the need for investment in the building and grounds and is prioritising work to be done.

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
80	During the inspection visit of 6 May, we saw the last review of the quality of care was completed in September 2020. We acknowledge the coronavirus pandemic has shifted priorities and restricted opportunities to engage with visitors to seek their	New

	<p>views. We also note some audits have been carried out on the environment and regarding activities. We acknowledge people and visitors are happy with the service and the absence of a review has caused no obvious impact on people living here. However, quality of care reviews must be completed at least every six months. Further feedback from relatives, staff and people using the service will help inform the quality of care review and provide focus on what needs to change. This is an area for improvement and is necessary to ensure people remain happy with the service and that it progresses and develops over time.</p>	
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