



Inspection Report on

Abbey Lodge

Newport

Date Inspection Completed

17/01/2023

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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	21 July 2021
Does this service provide the Welsh Language active offer?	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 is registered to provide care and support for up to four people. People are supported by familiar care staff who know them well. Family members visit regularly and are very complimentary about the care and support their loved ones receive.

The home is clean, tidy and well maintained. The manager and Responsible Individual (RI) are very experienced in the care sector, they run the home in an open and inclusive way. Care staff enjoy working at Abbey Lodge and find the management team approachable and supportive. However, the frequency of care staff supervisions needs to improve.

People have personal plans which are clearly written to inform care staff how to best support them in each area. The plans are kept under regular review. Care notes evidence people being supported in accordance with their plans; however, they do not always contain sufficient detail. People enjoy a range of activities organised by the care staff.

Well-being

People are protected from the risk of harm and abuse. Care workers spoke about the people living in the home and have a good understanding of the person, their needs and how these should be met. Care workers interact and support people in a caring and thoughtful manner. Care workers complete training in relation to the safeguarding of adults at risk and understand their role in protecting people. The service has a safeguarding policy, which reflects the current guidance and is kept under regular review.

People have control over their lives as much as possible. People make choices about day-to-day decisions like when to get up and go to bed and how to spend their time throughout the day.

The home welcomes visitors. We spoke to family members who visit frequently who were all very complimentary about the way their loved ones are cared for and the prompt and open communications they have with the home. People enjoy a range of activities both within the home and in the local community.

People receive the support they need to maintain their health and well-being. The service completes a range of risk assessments and personal plans, which identify each person's care and support needs and how these can be best met.

Care and Support

People receive personalised care and support as and when required. We observed care workers to be attentive and supportive to people. People are communicated to in the best way for them individually and staff receive specialist training in this regard. The care needs and preferences of each person are clearly documented, and care staff access this information to inform their daily routines. Plans contain some social history of each person so care staff can get to know them and their lives before coming to the home, but this could be more detailed.

Plans are regularly reviewed to ensure they are up to date and reflect people's current needs and aspirations. Records do not clearly evidence the person, or their representative being involved in the review. Care notes are recorded to evidence people being supported as described in their personal plans; however, some notes are brief and require more detail. The manager assured us they would address these matters.

Referrals are made to health and social care professionals as and when required. People are registered with a local general practitioner (GP). All appointment records and outcomes for review are kept within the daily notes. People are encouraged to maintain a healthy weight.

Systems are in place for the safe management of medication within the service. Care staff support people with their medication, which helps to maintain their health. Records are completed accurately. Infection prevention and control procedures are good. Care workers wear appropriate personal protective equipment (PPE) in line with current guidance.

Environment

The home is maintained to a high standard and kept clean and tidy. The environment is light, bright and homely throughout. New flooring has been laid in the corridors and the home décor is in good order. People's bedrooms are personalised to their own taste and contain many of their own items, including exercise equipment, pictures, flowers, DVD collections and soft toys. One bedroom has an en suite shower facility. The communal bathroom and wet room are well equipped, clean and tidy.

There is a spacious lounge for people living at the home with a large sofa, pictures and TV on the wall. The lounge leads out to an outdoor space of level decking and patio leading to a lawned area. There is a separate dining room and fitted kitchen. The seats in the kitchen breakfast bar area were worn, the RI assured us these were replaced following our inspection visit and consideration is being given to replacing some kitchen cupboard doors.

The home has made improvements following a fire service visit. We saw no combustible material stored in the boiler cupboard and a fire escape route was identified from the rear garden in case of emergency. New fire door closers have been fitted on the internal doors.

People benefit from a secure environment; the front door is kept locked. We viewed the maintenance file and saw all serviceable equipment had been checked to ensure its safety. Regular checks of the fire alarms are completed, and staff are trained in fire safety. People living in the home have a personal emergency evacuation plan to guide staff on how to support people to leave the premises safely in the case of an emergency. The home has a five-star rating from the food standards agency which means that hygiene standards are very good.

Leadership and Management

The manager manages both Abbey Lodge and another small home in the local area. Both the manager and RI spend a lot of time at the service, they know the people very well and are supportive of care staff. There are thorough governance arrangements in place. The RI has provided CIW with copies of reports that evidence people, their family members, care staff and visiting professionals are spoken with regularly. The feedback from all parties is used to inform the running of the home.

Sufficient staffing levels are in place to meet the care needs of people living at the service. We viewed four weeks of staff rota's which reflects sufficient staff numbers are consistently deployed. Care staff told us they have enough time to support people appropriately. Staff respond to requests from people in a timely manner and interactions are friendly, respectful and unrushed. People are supported by staff who are knowledgeable, competent and fit to care for people living in the service. Staff told us they feel well supported by the manager and RI.

Care staff are confident and skilled in their roles. They complete a range of training courses, including regular refresher courses in mandatory areas such as safeguarding people at risk of harm. Personnel files are well organised and contain all of the required information.

Effective communication is evident within the team and care workers enjoy their jobs. Care workers receive supervision with their line manager. This one-to-one support provides opportunity for staff members to discuss any concerns or training needs they may have and allow their line manager to provide feedback on their work performance. The frequency of these supervisions needs to be increased to meet the regulatory requirements of being at least every three months. While no immediate action is required, this is an area for improvement, and we expect the provider to take action.

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
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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	New
35	Ensure that all relevant pre employment checks are completed before staff start working at the service	Achieved

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