



Inspection Report on

Abbey Dale House

**Abbey Dale House
61 Princes Drive
Colwyn Bay
LL29 8PW**

Date Inspection Completed

25 October 2021

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About Abbey Dale House

Type of care provided	Care Home Service Adults With Nursing
Registered Provider	Clive Nadin
Registered places	29
Language of the service	English
Previous Care Inspectorate Wales inspection	24 January 2019
Does this service provide the Welsh Language active offer?	This service is working towards providing an active offer of the Welsh language and intends to become a bilingual service.

Summary

People are cared for in a homely environment by nurses and care workers who treat them with dignity and respect. People's personal plans are written according to their individual needs and detail their likes and dislikes. People have daily choices and can influence their care. People's first language choices are documented in their personal plans and their ethnicity and cultural needs are respected. Nurses and care staff have received training regarding safeguarding vulnerable individuals and know how to contact the authorities should there be an issue. People who cannot make independent choices regarding their care and have no representative, can access advocacy services.

The provider has had challenges during the Covid-19 pandemic, which includes recruitment and retention of staff. The provider is actively recruiting staff to ensure the safe care of residents. Resident occupancy in the home is dependent on staff numbers to ensure good standards. Staff training has been difficult to source during the pandemic; the home is now in partnership with another home to source and share training. Nurses and care workers spoken with told us they feel supported in their work and have adequate training and supervision.

Where difficulties were encountered with the concerns process for the service, these have now been addressed. A dedicated e-mail is now available which is immediately visible to staff. Where issues were identified with appropriate footplates on wheel chairs, the provider has assured us they will be addressed immediately.

We identified a lack of timely notification to Care Inspectorate Wales (CIW) regarding a temporary breakdown of the lift. Notification regarding significant challenges to delivery of care is required by the regulations. The lift was back in working order at the time of inspection. While no immediate action is required, this is an area for improvement and we expect the provider to take action.

Well-being

People have a voice and can influence their care. Nurses write people's personal plans according to their individual needs. This includes their likes and dislikes, normal routines, and how they like things done. People's histories are included with details of people and events that are important to them. We observed staff speak with people with dignity and respect and offer them daily choices. A resident told us the staff treated them well and they felt the care was good. Some care staff and nurses are able to converse with people in Welsh as required. People's first language choices are documented in personal plans. A proportion of staff can converse with people in Welsh and the home is working towards becoming a bilingual service.

People's physical and mental health is appropriately monitored. People are referred to health care professionals in a timely way. There is evidence of GP and specialist reviews in people's personal plans. Advice and instructions given for people's care is carefully documented, as are outcomes. Risk assessments to ensure people's safety are in place and reviews are recorded. Personal plans are reviewed monthly or more often if required. The provider told us they could access medicine reviews and prescriptions as needed.

People are protected from abuse and neglect. Staff receive training regarding safeguarding. Care staff and nurses told us they feel confident in the safeguarding procedures and know whom to contact should there be an issue. People can access an advocacy service to represent them should they need it.

People can maintain contact with family and friends. The service has a Covid-19 visiting policy and residents can have planned visits from family and friends if it is safe to do so. A person's relative told us they felt satisfactory precautions were taken during visits as regards Covid-19. They told us they are satisfied with the care given in the home, communication with the family is good, and they have no concerns. The home provides activities for people according to their interests.

Care and Support

People receive the care they require. Nurses complete a pre-admission assessment for potential residents to ensure the service can meet their needs. The Statement of Purpose document explains what the service can offer. People's care needs are documented according to their individual requirements and are therefore, person centred. Staff know people well, and are able to offer them appropriate daily choices.

People are given sufficient diet and fluids. We saw people have a choice regarding meals and snacks. People can access a special diet according to their needs. People's weight and general health are monitored. People have regular reviews from the GP; this has often been via information technology during the Covid-19 pandemic. Reviews and instructions are carefully documented in people's personal plans including any medicine reviews and changes. The home can access medications for people as prescribed and medicine processes and storage are good. People are referred to health care professionals appropriately and in a timely way.

The home has a Covid-19 policy and procedure in place. We were asked for our lateral flow test results and temperature before entering the premises. Hand sanitisers are available for use. Care staff have training regarding Covid-19 procedures, testing and using Personal Protective Equipment (PPE). We saw from personal plans, that people have received Covid-19 vaccines. Care staff and nurses wore PPE throughout our inspection visit. We saw PPE stocks are plentiful. The service ensures care staff, nurses, and residents have lateral flow testing as per the Public Health Wales guidance.

Environment

The environment is clean and homely. Corridors are free of trip hazards and fire exits are clear of obstructions. People's rooms are clean and tidy. People are able to personalise their rooms with things that are of importance to them and help them to feel at home. We saw the home has a programme of maintenance; a corridor was being painted during our inspection visit. We saw cleaning schedules for each room which were signed as completed.

Health and safety assessments are in place and are up to date. Fire safety checks are completed weekly. Electrical equipment is tested regularly to ensure its safety. People are provided with equipment that is suitable for their care; this is serviced as per manufacturer instructions to ensure it is in good working order. Where issues were identified with appropriate footplates on wheel chairs, the provider has assured us they will be addressed immediately.

Leadership and Management

Governance arrangements are in place to support the smooth running of the home. The provider has conducted their visits as per the regulations and has produced reports regarding the home. The provider/manager is visible to staff and residents and has oversight of the service.

Nurses and care staff are appropriately recruited. We saw personnel files are in good order, and have checks in place to ensure staff are appropriate to work with vulnerable adults. Care staff receive training to ensure they have a solid knowledge base in order to give good care. The provider had difficulty sourcing training during the Covid-19 pandemic; this has been resolved by sharing training with another home. Nurses and care workers echoed that training has been difficult during the pandemic but this has now improved. Staff told us they receive support and supervision in order to do their job.

Where difficulties were encountered with the concerns process for the service, these have now been addressed. A dedicated e-mail is now available which is immediately visible to staff. Where issues were identified with appropriate footplates on wheel chairs, the provider has assured us they will be addressed immediately.

We identified a lack of timely notification to Care Inspectorate Wales (CIW) regarding a temporary breakdown of the lift. Notification regarding significant challenges to delivery of care is required by the regulations. The lift was back in working order at the time of inspection. While no immediate action is required, this is an area for improvement and we expect the provider to take action.

The service has not declared they have financial concerns. There has been investment in the environment and maintenance; this is an on-going programme. There are plentiful stocks of fresh food. Investment has been made in staffing to ensure recruitment and retention of staff.

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
60	We found at inspection that the only lift in the home had been out of order for approximately a week.	New

	<p>Although the lift was in working order by the date of inspection, CIW had not been notified of the break-down as per the requirement of Regulation 60. This had potential to affect the safe delivery of the service as regards evacuation of residents in an emergency. This would also make moving residents to the ground floor difficult for staff and ambulance crew.</p>	
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