Arolygiaeth Gofal Cymru
Care Inspectorate Wales

Inspection Report on

Abbey Dingle Care Home

Abbey Dingle Care Home
Abbey Road
Llangollen
LL20 8DT

Date Inspection Completed

04/02/2025

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	27 June 2024
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

This inspection was to look at the progress made by the provider to address areas of non-compliance, identified at the last inspection of the service. We have not looked at all themes in full. This will be completed at the next full inspection.

People continue to be happy living at Abbey Dingle Care Home. People were positive about the changes which had been made so far. Considerable time and resources have been invested at the service. Procedures have been implemented which have begun to address the issues previously identified. The provider has taken action to drastically improve the overall environment at the service, which has reduced risks to people's health and safety.

This improved oversight of the service by the manager and the responsible individual (RI) means there is a continuous improvement plan in place and a commitment to ongoing change. At this inspection, all areas of priority action, have been achieved.

Well-being

People live at a service where they are consulted about how they want to live their lives and are given choices about things which impact them. We saw people are consulted at various stages of the admissions process and regularly when living at the service about their views and opinions. The provider holds resident meetings, and the activity coordinator spends time asking people about their likes and dislikes so activities in the service are relevant. We looked at the activities plan which is created monthly by the activity coordinator and people who live at the service. People can participate in themed activities relevant to the time of the year, quizzes,' games and community activities. Trips out are organised, and we were told about the 'around the world in an armchair' activity, where people can learn about different countries and take part in an immersive experience of culture and tradition.

People are supported by care workers who are experienced and take pride in their work. We saw requests for help were met in a timely way and call bells were answered almost immediately. We observed and heard kind and patient interactions between care workers and the people they were supporting. We saw people appeared clean, tidy and were being supported with nail care.

People are as safe as they can be. All staff are required to complete safeguarding training and there are policies in place to support this knowledge and guide daily practice. The provider has implemented a system to audit records of incidents, accidents and safeguarding concerns which are reviewed monthly by the manager and quarterly by the RI. Good recruitment processes, training and development mean care workers are safe and suitable to work with adults at risk. The manager has a good understanding of the requirements of any deprivations and ensures legal guidance is recorded and implemented at the service.

Care and Support

People receive care and support reflective of the information in care records which meets their physical and emotional needs. We looked at care records of four people and found them to be detailed and person centred. The provider takes time during the initial assessment to ask people about what is important to them, their hobbies, interests, and any important community links. This information is discussed at review meetings, and we saw the provider has implemented a ‘what matters’ record for people to discuss their personal goals. We saw evidence of the action taken from these meetings to support people to achieve positive outcomes. Documents such as one page profile and ‘this is me’ are completed with information sought from people and their families, providing care workers with specific detail about certain routines, likes and dislikes. Where risks are identified, plans are in place to tell care workers how to manage the risk and keep people as safe as they can be.

People are supported to be healthy and have a positive well-being. People can access services to support dental and visual health, as well as GP support and community nursing. Visiting health professionals gave positive feedback about the support people receive at Abbey Dingle. The manager is proactive in making referrals to external agencies where this is identified as a need. Health professionals told us the manager takes note of and implements any guidance given. We looked at records of health appointments and saw people have regular reviews of their medication.

Improvements have been made to the management of infection prevention and control procedures at the service. Significant refurbishment of the service, specifically in the kitchen and bathrooms means appropriate cleaning procedures can be carried out. Personal protective equipment is now stored safely around the service where care workers can easily access it. The provider has recruited additional domestic staff to support with the overall cleanliness of the service.

Environment

People live at a service where the provider has made significant investments to improve the overall environment. People can choose to spend time in their own rooms, several communal areas, or outdoor spaces. The provider has started refurbishing bedrooms which we found to be cosy, inviting spaces, with new furniture and personalised to people's tastes. Communal areas have been decluttered and redecorated. They are now bright, clean, and safe. New flooring has been installed which has improved the appearance and eliminated unpleasant odours. The grounds have been cleared and landscaping is ongoing so people can enjoy the large outdoor spaces in the summer.

The kitchen has been fully renovated to a high standard. Upon reinspection by the Food Standards Agency, the service has been awarded a level 4 rating.

Communal bathrooms and toilets at the service have also been fully renovated and are now, bright, and clean spaces. One person told us the bathroom was *"absolutely lovely."* Other people living at the service shared positive comments about the improvements to the environment.

The manager took immediate action following the last inspection, to ensure that routine checks and servicing to the environment was carried out. At this inspection we found electrical testing, boiler servicing, fire testing and servicing of manual handling equipment had been completed.

A full fire risk assessment has been carried out and any actions addressed. All staff have completed fire safety training and participate in evacuations. In house fire checks are done weekly.

The manager has implemented detailed audits of the environment, including room audits and infection prevention and control audits. Any actions are added to the service improvement plan and discussed with the maintenance person. External contractors are engaged where needed.

The provider has implemented a maintenance plan and shared details of further improvements to the environment which will be carried out in due course. The provider has demonstrated a commitment to making sure people live at a service which is safe, and they can be proud of.

Leadership and Management

Since the last inspection, a new manager has been appointed at the service to support the daily running of the home. The responsible individual (RI) remains present and accessible, supporting the manager, staff and residents whilst carrying out the requirements of their role. Audits have been implemented to monitor areas of service provision including medication, care records, recruitment, training and development, infection prevention and control and the environment. We found audits to be comprehensive and any actions are added to a service development plan, where they are delegated to a responsible person and assigned a period for completion. The RI reviews audits and any actions as part of their quarterly checks. Policies and procedures are now in place. We found these to be up to date and reflective of current Welsh guidance and legislation.

Improvements have been made to the recruitment, support, and development of all staff at the service. The provider has restructured staff files and implemented check lists and audits to ensure all the required documentation is in place before people begin working at the service. Additionally, information about staff disclosure and barring service (DBS) checks are recorded on the electronic systems so they can be monitored. The provider has developed the induction process to include the completion of The All-Wales Induction Framework which supports care workers to register with Social Care Wales, the workforce regulator. At this inspection, the manager showed us the new training system and the current training programme. Staff at the service have completed training relevant to their role, and the bespoke nature of the training means courses for additional care needs can be accessed without delay. Appropriate arrangements are in place for the supervision and development of staff. Care workers are supported and encouraged to complete professional qualifications and develop in their roles. On the day of inspection, we observed the RI carrying out observational competencies with staff of their medication practice.

The changes implemented at the service mean the delivery is reflective of the assurances within the statement of purpose. The manager and RI have worked hard to address the areas of non-compliance and have demonstrated an ongoing commitment to developing the service. Actions taken since the last inspection have been clearly recorded and shared with the regulator on a regular basis in the service improvement plan. The RIs own checks reflect and support the findings of the manager and show a collaborative way of working which has resulted in improvements for people who live, and staff who work at the service.

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
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.	Achieved
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	Achieved

	and any standards set by the food standards agency.	
6	The service provider has not ensured there are clear arrangements in place for the oversight and governance of the service, or that processes are implemented which ensure the service is compliant with all the requirements of the Regulations.	Achieved
26	The provider has not ensured compliance with all areas of the Regulations to promote the safety and wellbeing of individuals using the service.	Achieved

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.

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.	Achieved

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