



Inspection Report on

Abbey Dale House

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

Date Inspection Completed

6 December 2024.

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About Abbey Dale House

Type of care provided	Care Home Service Adults With Nursing
Registered Provider	ECH COLWYN BAY LIMITED
Registered places	29
Language of the service	English
Previous Care Inspectorate Wales inspection	3 July 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

The provider has worked closely with the authorities and Care Inspectorate Wales (CIW) to achieve compliance to the regulations and ensure good quality care for people. Work has commenced on the environment with rooms being redecorated one by one, this is an ongoing process. Improvements have been made to the managerial structure for the home and a new manager has been recruited. Further care staff have been employed and there is less reliance on agency staff. Care staff spoken with feel well supported and we saw from the records that training and supervision for care staff, to help them in their role, is up to date. People spoken with said they are comfortable and happy in the home. We observed there are more activities on offer for people and noted conversation and laughter between people and staff. Care records have improved, and people's personal plans are centred around their individual needs. The Responsible Individual (RI) visits the home regularly and provides quality reports as required by legislation.

Well-being

People can be assured of living in a home which is constantly improving to meet their desired outcomes. People's rooms are being redecorated one by one and they can personalise their space with things of importance to them. We saw the home is neat and tidy with a good standard of cleanliness. There is now a larger dining space for people to use should they choose to. We saw there are more activities on offer for people to provide them with stimulation and socialisation. We heard laughter and conversation in communal areas. People spoken with said they are happy with their care. Further care staff have been employed to provide people with continuity in their care. We heard a relative thanking the manager for the care their relative received and praising the staff, "*Thank you for your help and fantastic care.*" People's personal plans are constructed around their preferred routines and outcomes and are more reflective of them as individuals. Care staff spoken with are aware of local safeguarding procedures to ensure people's rights and to keep them safe.

Care and Support

People can be assured of a continually improving service. More care staff have been employed to give continuity in care and familiarity with people's needs. A manager has also been recruited to strengthen the managerial team and ensure over-sight of the care given to people. The service works closely with local authorities and several improvements have been made to the service. Although some improvements have been made to medicine storage and administration, some areas still need work. This has been identified as an area for improvement, and CIW expects the provider to take action. People's plans contain appropriate risk assessments to keep them as safe as possible. People can access equipment needed for their care which is appropriately serviced and checked. We heard friendly communication between people and staff, people's preferences are recorded in their personal plans and people can have their voices heard. People said the food is good, we saw there are now two main choices on the daily menus. We saw people's personal care plans have improved with tidier sections which make them easier to navigate for care staff. Care plans are regularly reviewed and are up to date. People, if able, can contribute to their plans of care and sign for them. People who lack capacity can access an advocate, if needed, to secure their rights. The service reports incidents and accidents to the authorities and CIW appropriately to keep people safe. Care staff have received safeguarding training to keep people safe from abuse and neglect.

Environment

People can be assured of ongoing action to improve and modernise the home. This is currently a work in progress. Rooms are being decorated one by one and people can personalise their space with objects of importance to them. There is a dining space available for people at the rear of the main lounge should people choose to dine there. Tables are set for people to enjoy a social dining experience if this is their preference. We observed, and saw from care records, people are given a choice regarding how to spend their day. The home is clean and tidy, corridors and fire escapes are free from obstacles and clutter to ensure people's safety. We saw some furniture has been replaced with new, this is an ongoing process. The home has ongoing work to provide a care staff office and to tidy the outside spaces so people can sit out in the summer. People can access the equipment needed for their care which are appropriately checked and serviced for safety of use. Health and Safety and fire checks and risk assessments are in place and up to date. Utility checks are up to date and certificates were presented upon request.

Leadership and Management

The RI visits the home regularly and produces visit reports and quality reports as required by legislation. The management structure of the home has now been strengthened and a manager has been recruited for the service. More care staff have been employed to provide improved continuity of care for people. There is less reliance on the use of agency staff. We saw from the records that staff training is now up to date to help care staff in their role. Care staff supervision is up to date to ensure staff are supported. We reviewed a selection of staff records and saw checks are in place to ensure care staff are suitable to work with vulnerable adults. We viewed service audits completed to measure the quality of care given to people demonstrating oversight by the senior staff of the quality of care given to people. We saw from meeting minutes, that audit and spot checks results are shared with care staff to ensure practice is continually improving. Managers encourage socialisation and community amongst staff and care staff are supported to attend English (as a second language) courses if they choose to. Care staff spoken with said they are well supported and trained. A nurse told us, "*The new provider is good, managers are supportive, and we have regular supervision and training.*" The manager told us there is no problem with budget for equipment, staff and training. We saw more staff have been recruited and trained. An extra choice has been added to menus for people and the home has regular food deliveries. The home is undergoing renovation and replacement of older furniture.

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
34	The provider is to ensure sufficient numbers of staff who are appropriately experienced and trained to give consistent care to people. The provider is to ensure a management team of sufficient experience and qualifications runs the service and that there are contingency and succession plans in place to ensure the home is sufficiently staffed and managed in the future. This is required to gain compliance to The Regulation and Inspection of Social Care (Wales) Act 2016.	Achieved
15	People's personal plans are generalised and contain contradictory information. The personal plans files are large and unwieldy and make ascertaining information regarding the person's care difficult. The plans are not	Achieved

	person centred and are problem focused, people are not included in planning their care or counter-signing their care plans. The provider is required to ensure personal plans are person focused, are user friendly, that people are collaborative in their care as able, and that plans contain correct information regarding people's care in order to be compliant to The Regulation and Inspection of Social Care (Wales) Act 2016.	
21	People receive routine orientated care that is not always person centred. Some of the people cared for feel they have no voice or control over their care. There are gaps in holistic, safe care giving that need to be addressed. The provider needs to address the issues identified to provide safe, collaborative and holistic care to people to enable compliance to The Regulation and Inspection of Social Care (Wales) Act 2016.	Achieved
24	The provider has not ensured people can have clear communication in their language of need and choice. The provider is required to support staff to have confidence and realise the importance of clear communication in people's language of need and choice.	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
58	The provider is non compliant to Regulation 58 regarding the safe storage and administration of medications. This is because we found the medications trolley was not tethered to the wall as required for safety reasons and to prevent theft. Not all medication administration sheets for the morning were signed for leading to a risk of double dosage of medicines for people. The provider is required to ensure these identified issues are addressed in	New

	order to achieve compliance to the regulations.	
44	The environment requires maintenance, provision of adequate equipment, and deep cleaning in order to provide an appropriate, pleasant atmosphere for people and in order to be compliant to The Regulation and Inspection of Social Care (Wales) Regulations 2016.	Not Achieved

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