



Inspection Report on

White House Residential Home

**The White House Residential Home For The Elderly
5-7
Grove Road
Wrexham
LL11 1DY**

Date Inspection Completed

12 September 2023

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About White House Residential Home

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	Chestnut House Healthcare Limited
Registered places	37
Language of the service	English
Previous Care Inspectorate Wales inspection	5 January 2022
Does this service promote Welsh language and culture?	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

People are happy with the care and support they receive at the White House Residential Home. Activities take place regularly and provide people with the opportunity to interact with others. Personal plans are very detailed and person centred, these are clear about what support people need.

Staff feel supported and enjoy working at the service. Care staff understand people's needs and are keen to provide the best possible support to individuals living at the service. Care staff are warm and caring towards people.

The environment is clean and tidy throughout and appropriate safety checks are carried out. The service provider has taken action to appoint a new Responsible Individual (RI).

Well-being

People are supported to maintain their independence. Personal plans are person centred, reflect people's preferences and promote independence by supporting them to do as much as they can. People are provided with the opportunity to access advocacy. Care staff treat people with dignity and respect. People told us staff listen to them and are approachable.

People are supported to maintain their health and well-being. Care records show people have access to relevant health services when required and referrals are made in a timely manner. Personal plans are clear on how to support people with their health and well-being. A dedicated activities co-ordinator provides opportunities for people to participate in activities during the week. The menu offered is healthy and varied, with specialist diets catered for.

People are supported to maintain relationships which matter to them. Family and friends can visit as often as they wish. Family meetings provide relatives with the opportunity to meet regularly with staff at the service, these allow relatives to make suggestions and hear about the upcoming events at the service.

People are protected from abuse and neglect. There are systems in place to record and report concerns. People said they feel safe at the service and they can approach management with any issues. The service provider has recently recruited a staff member to provide inhouse training, to ensure all staff are up to date.

The home provides a safe and suitable environment for people who live at the service. The health and safety checks are up to date. People can access facilities and communal areas as they wish. They have access to specialist equipment when needed.

Care and Support

People are provided with care and support which considers their personal goals and wishes. Before the service agrees to provide care and support to people, a detailed pre-assessment is completed. We reviewed a sample of care files and found care staff work from personal plans, which are person centred and clearly inform them on how best to support people. Where a risk has been identified, appropriate risk assessments are put in place and these are clear on how to reduce the risks. Most personal plans are reviewed at least every three months, the manager has put in place additional measures to ensure these will be completed in line with the regulations. Care staff understand people's needs and are very responsive. We observed interactions between care staff and people living at the service to be warm, friendly and caring. We saw staff provide emotional support when needed and this has a positive impact on people's well-being. People told us they are happy with the care and support provided, feedback included *"You won't find any fault here, they are all very kind"*, *"They will help me out with things, they are very patient with me"* and *"The staff are always very good with me"*. Activities took place during our visit, including sing-alongs, ball games and doll therapy.

People are supported to access healthcare and other services to maintain their health and well-being. We reviewed a sample of health records and found the service make referrals and contact the relevant health professionals as and when needed. Visiting professionals told us care staff know the people living at the service well and engage with their service on a regular basis. Care staff who administer medication receive regular competency assessments to ensure they are competent to do so. There are plans in place for people with specific health conditions. Care staff complete relevant charts, such as food and fluid charts.

People are protected from abuse and neglect. There is a safeguarding policy in place which is clear to all staff on how to raise a concern. There are effective mechanisms in place to report any concerns. People told us they feel safe at the service and staff are friendly and approachable. Deprivation of Liberty Safeguards authorisations are requested to ensure people's rights are protected. The majority of staff are up to date with safeguarding training.

Environment

The service provider ensures people receive care and support in a safe environment, with facilities which help people to achieve their personal goals. We found the environment is clean and tidy and overall it is well maintained. People have access to specialist equipment, such as profile beds, mobility aids, call bells and sensor mats. People are encouraged to have personal belongings such as photos on display in their rooms, to make it more homely. The service provider promotes Welsh phrases and the Welsh national anthem, with posters on display around the home. There are bilingual signs on doors to communal areas. People are able to access communal areas as they wish or choose to spend time in their rooms. The grounds are accessible and enclosed, to ensure people can safely access the area. There is plenty of seating available for when the weather permits.

The service provider identifies and mitigates risks to health and safety. Windows have restrictors in place to maintain people's safety. Cleaning and laundry equipment are stored securely. Health and safety checks are up to date, this includes fire safety checks and moving and handling equipment. There are effective systems in place to manage the risk of infection. The service provider employs domestic staff to keep the environment clean and tidy. All staff have access to a sufficient supply of Personal Protective Equipment (PPE) and there is plenty of cleaning equipment available. The infection control policy follows relevant guidance and legislation and most staff are up to date with infection control training. There is a maintenance file which has a record of any work that needs to be done and when it has been completed.

Leadership and Management

The service provider has governance arrangements in place to support the running of the service. The service provider is in the process of registering as the RI for this service. Policies and procedures are reviewed regularly and are accessible to all staff. Regular audits are completed for medication, health and safety and the kitchen. There are systems in place to record any compliments and complaints received, complaints are dealt with in a timely manner. We saw evidence of the Directors last three-monthly visit which shows feedback was obtained from people, visitors and staff and a sample of documentation was reviewed.

The service provider has oversight of financial arrangements and investment in the service. There is public liability insurance in place. There is ongoing maintenance being carried out at the home. There are sufficient supplies of food, PPE and cleaning equipment.

People are supported by a service which provides appropriate numbers of staff and the majority of care staff are up to date with training. We reviewed a sample of rota's which showed there are arrangements in place to cover staff shortages. Where agency staff are used, these are the same staff team to provide continuity to people. Before permanent staff start working at the service, the service provider completes the relevant recruitment checks to ensure they are suitable. All staff have up to date Disclosure and Barring (DBS) checks in place and all staff who meet the criteria, are registered with Social Care Wales. The manager has implemented checks for agency staff, to ensure they are also suitably vetted. The majority of staff are up to date with training, the service provider told us they have recently employed a new staff member to provide inhouse training. Care staff told us they feel supported in their role and the management have an open door policy, they can speak with them at any time if they have any issues. Feedback from staff includes *"I like working here"*, *"It's good, it's different"*, *"all the staff click and get along with everything. [They are] all nice and help you out"*. Regular team meetings are held and care staff told us these provide them with the opportunity to discuss issues. We reviewed a sample of supervision and appraisal records and found these provide care staff with the opportunity to reflect on their practice, give and receive feedback and review any personal development goals.

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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N/A	No non-compliance of this type was identified at this inspection	N/A
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