



Inspection Report on

The White House

**The White House
Briary Way
Bridgend
CF31 2PT**

Date Inspection Completed

13/03/2024

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About The White House

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	Homestyle Care Limited
Registered places	7
Language of the service	English
Previous Care Inspectorate Wales inspection	16.3.2023
Does this service promote Welsh language and culture?	The service is working towards providing an 'Active Offer' of the Welsh language and intends to become a bilingual service or demonstrates a significant effort to promoting the use of the Welsh language and culture.

Summary

The White House offers good person-centred care and support to people living at the service. Care workers have the right knowledge and skills to carry out their roles safely. Care staff have up-to-date knowledge of people's needs and goals. Assessments are completed prior to admission and there are support plans and risk assessments setting out people's care and support needs. There are good systems in place for the management of medication and risks associated with potential sources of infection are managed effectively.

The environment is well maintained and suited to the people supported in the service. A range of policies and procedures promote safe practices. Recruitment checks are robust, and supervision is offered routinely. A good range of ongoing training is available to ensure staff remain sufficiently skilled. In the main care workers are happy working for the service and feel supported and valued. Both the Responsible Individual (RI) and manager maintain good oversight over the service.

Well-being

Systems are in place to ensure people receive the right care and support. The service liaises with health professionals and manages routine health appointments. Good medication management ensures people remain as healthy as they can be. Care staff ensure dietary needs are understood and followed. Personal plans hold detailed information about people's needs and reviews ensure these remain up to date and current. Risk assessments help staff understand how to support people to remain safe. The care provided on the day of inspection appeared warm, attentive and of a good quality. Sufficient staffing levels are in place to provide timely support and care is provided in line with personal plans.

People have control over their day-to-day life. Staff receive training in communication, use signs and visual aids to support this and some staff are also Welsh speaking. Communication passports record important information for all staff to be aware of. People or their advocates contribute to their personal plans, have one to one meetings and can be involved in their reviews. A relative told us old us "*He is looked after very well.*"

Measures are in place to protect people from abuse and neglect. Care staff are trained in safeguarding and have policies and procedures to guide them. If they are concerned about somebody's well-being or safety, they can speak to management or refer directly to the safeguarding team. There are risk management plans in place, and these are kept up to date to keep people as safe and as independent as possible. The manager liaises with relevant agencies to ensure any restrictions placed on a person's liberty are only in their best interests.

People live in suitable accommodation, which supports and encourages their well-being. Rooms contain personalised items of choice. They are suitably furnished and have facilities, which encourage independence whilst maintaining safety. The environment is safe, free from hazards and well maintained. Safety checks are completed when required and there is a fire risk assessment in place. Alarm testing and fire drills take place regularly and people have personal evacuation plans in place.

Care and Support

People receive the support they require when they need it. We observed care workers supporting people and saw a good rapport between them. Care staff are encouraging and reassuring, and demonstrate a clear understanding of people's needs. The atmosphere at the home is generally relaxed and the routines are primarily guided by what people need and want. Each person has a different routine. People's health needs are documented in their personal plans. Also documented is evidence of referrals and visits from external health and social care practitioners. Staff are trained in positive behaviour management.

People have personal plans which are reviewed and updated. Personal plans contain detailed information about their care and support. People, family, managers, staff, and others contribute to these plans which are reviewed at least three monthly and updated as and when required. The plans reflect information gathered from people and significant others including health care professionals. There are detailed records of people's life histories, their interests and their hopes for the future. We saw people's key workers complete a detailed monthly report where individuals whole circumstances are considered.

Systems are in place to support the safe management of medication. A sample of medication charts we saw show people receive their medication as prescribed. PRN (as required) medication records show their reason for use and any outcomes. We found medication is safely stored in individual locked cabinets within the locked medication room. The completion of daily room temperature checks ensures medication remains effective. The overall management of medication is supported by regular staff training, a range of policies, and regular auditing tools.

People have things to look forward to. The service understands the importance of regular contact with family members and supports this through visits, regular telephone contact or flexible access to the service. Adequate staffing levels ensure people can participate in regular social activities either individually or within a group. Personal plans outline peoples preferred activities and daily notes we viewed show people access these preferences on a regular basis. Staff tell us activities are arranged flexibly and consider peoples fluctuating health and emotional wellbeing. Relatives told us "*He is out and about a lot*" and "*they bring him to visit me*".

Environment

People are cared for in safe and secure surroundings. Rooms are adapted to suit people's individual needs. People have private space where they can meet with family members and take part in individual activities. Rooms are furnished based on the level of sensory stimulation people require/prefer. The house has a large kitchen and open plan living area. The entrance to the home is via a locked gate. A new sensory room has been created on the first floor and the garden is currently being redeveloped. There are plans to have a quieter garden in the front of the house and the rear garden to have more activities in. The internal environment of the home promotes both opportunities for privacy and socialisation in a welcoming environment. There is an ongoing programme of refurbishment. A relative told us "*It does feel very nice walking in there*".

People are cared for in a safe environment. The service is secure from any unauthorised visitors. Substances hazardous to health are stored safely and storage areas are locked. Gas and electricity safety testing is up to date. The service completes fire drills and testing of fire safety equipment. People have Personal Emergency Evacuation Plans (PEEP) in place, which guides staff on how people should be evacuated in the event of an emergency or a fire. We viewed maintenance files and saw all serviceable equipment has been checked to ensure its safety.

Leadership and Management

People are supported by staff who receive regular supervision and training. The supervision matrix we saw evidence staff receive regular one to one supervision and annual appraisals. Newly appointed staff have access to a good period of induction training, followed by ongoing refresher training to support continued good practice. The training matrix shows opportunities for staff to undertake core and specialist training. Staff tell us they receive sufficient good quality training and are confident they have the right skills and knowledge to assist people. The manager has introduced a 'Positivity Jar,' anyone working at or visiting the service can add a comment and they are read at the monthly staff meeting. Any achievement large or small by an individual or care worker can be recognised.

Recruitment practices are safe, and staff feel supported in their roles. We found recruitment files in good order, containing the necessary information to ensure staff are of good character and hold the necessary skills. Staff tell us they enjoy working for the service and feel able to approach the manager, who they describe as *"really supportive."* Other comments include *"I absolutely love it here, it's so homely"*, *"it is challenging but somewhere that takes your heart"* and *"It's a family, home away from home"*. We saw the care workers work well as a team and appear supportive of one another. This was confirmed by care workers who commented *"We have a good team"* and *"everyone gets on with everyone"*. The manager has worked hard to stabilise the team and the recruitment of new care workers has significantly reduced the dependency on agency staff. This provides people with a good continuity of care.

There are good governance and quality monitoring arrangements in place. Staff attend team meetings to share information and update on any changes to policies or practice. Staffing rotas show there are sufficient care staff to provide the right level of care and support to people. RI three monthly visits and six monthly quality of care reviews are completed to consider the quality of support provided. Staff tell us the manager is approachable and very visible within the service and have a good understanding of what is happening on a day-to-day basis. Relatives tell us they find staff and management helpful and responsive, comments include *"Communication is good, they keep me informed"*. A range of policies and procedures are available to staff to support the day to day running of the service. Internal audits are used to ensure practices remain safe and of a good standard. The service keeps a record of incidents, accidents and any action taken.

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
36	The provider is not compliant with regulation 36(2)(c) as not all staff have has regular supervision.	Achieved
35	Not all staff files contained the required recruitment checks and information	Achieved
80	The service is not compliant with Regulation 80 as a quality assurance report has not been completed since June 2022	Achieved

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Date Published 09/04/2024