



Inspection Report on

The White House

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

Date Inspection Completed

16/03/2023

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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	19.11.2022
Does this service provide the Welsh Language active offer?	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

There have been changes to the management of The White House. A new manager has recently started and feedback from staff is positive. A new responsible individual (RI) is also in post. There is a person-centred approach to care planning, ensuring people's outcomes are identified and they are treated as individuals. People live in a pleasant environment that is suitable to meet their needs. There is information available for staff to understand how to best meet people's care and support needs. On the day of inspection, care workers were available in sufficient numbers to provide support to people. There are measures in place to protect people from harm and abuse. Care workers feel well supported by the new manager and receive training relevant to their roles. However, we saw no evidence that they receive 1:1 supervision in line with regulation. Recruitment arrangements and quality assurance arrangements require strengthening to ensure the service is safe and enable them to reflect and develop.

Well-being

Overall, people living at The White House are safe and protected from abuse. Care workers have access to policies and procedures that underpin safeguarding practice and are aware of how to report concerns. Those we spoke with all confirmed they would report any poor practice seen. The recruitment process requires strengthening to ensure care workers are suitable for their role. A rolling programme of training and development is provided so care workers possess the skills and knowledge to deliver quality care. Medication is stored and administered safely as prescribed. Governance arrangements give the management oversight of incidents, accidents and safeguarding matters. A relative told us *"I know he is safe and content with the support workers"*.

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.

People have choice and control as far as practically possible. People or their advocates are involved in care planning and the review process. Their personal preferences are detailed in personal plans of care. Care staff encourage people to as independent as possible and support them to develop skills to further their independence. People have their own personal routines and engage in activities of their choice within the service and the community. People have their own bedroom which offer space and privacy. The new RI engages with people when visiting the service and seeks their views as part of quality assurance processes.

Care and Support

People have good relationships with care staff. We observed care staff engaging with people in a kind friendly manner. Care staff we spoke with know the people they support well and are familiar with their needs and routines. They can recognise changes in people and act accordingly. Staffing levels are as documented in the statement of purpose and are sufficient to meet the care needs of people in a timely manner. A relative told us “*The staff genuinely do care about X’s happiness*”.

Personal plans set out people’s care, support needs, and highlight any risks to the person’s health and well-being. We examined several personal plans and found they are outcome focused and person centred. This means the information recorded in them is specific to the care and support needs of the person. Risk assessments outline people’s vulnerabilities and provide information on how to keep people safe. Daily recordings are up-to-date and are used to monitor people’s overall health when necessary. A thorough handover is completed between shifts. A local authority care coordinator told us “*There is a new manager in place who is reviewing and cross referencing plans thoroughly*”.

Secure arrangements are in place for storing, ordering, and administering medication. Medication administration record (MAR) charts contain all required information and are completed correctly with signatures when medication has been administered. We saw evidence staff receive training on the administration of medication to ensure they remain sufficiently skilled. The completion of routine medication audits ensures practice remains safe and effective.

People have access to the right care at the right time. The home liaises with health and social care professionals for advice when needed. We saw the service monitors people’s overall health and well-being and seeks medical advice when needed. All visits and appointments are documented in people’s care files.

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. 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 feels like a family home*".

A rolling schedule of servicing and maintenance of facilities and utilities to ensure they remain safe to use and fit for purpose is in place. Fire equipment is regularly checked, and alarms tested by a staff member every week. An external fire safety company completes fire risk assessments and safety checks. People have their own Personal Emergency Evacuation Plans (PEEPs) which are accessible in case of an emergency. The home is secured from unauthorised visitors, and there is a signing in and out book. Areas of the home that may pose a risk to an individual's health and safety, such as the medication room, remain locked.

Leadership and Management

People can access information to help them understand the care, support and opportunities available to them. The statement of purpose and service users' guide accurately describe the current arrangements in place regarding the service's accommodation, referral and admission process. The statement of purpose also includes details of the service's supervision and training arrangements for care staff.

The newly appointed manager has several changes and improvements planned, and these have been discussed with the new responsible individual who will provide support in implementing these changes. Information was missing from care worker files, meaning it is not possible to confirm if safe recruitment checks have been completed. Care workers appear to know the people they care for very well, they are familiar with their roles and responsibilities. However, they have not been provided with consistent and regular one to one supervision. We did not find evidence that these breaches in regulations are having an immediate or significant risk to the people using the service, therefore 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. The care workers we spoke with told us "*I love working here*", "*challenging but rewarding*", "*I leave work with a smile on my face*" and "*I really like it here*".

Governance, auditing, and quality assurance arrangements are in place to support the running of the service. These systems help the service to self-evaluate and identify where improvements are required. Policies and procedures, such as for complaints, infection control, medication, and safeguarding, are in place, and have been reviewed recently. They give guidance to care staff, for example telling them what to do if they thought someone was at risk of harm. Whilst some RI oversight takes place, further steps are required to provide assurance. We saw evidence of the RI undertaking legally required service visits. However, we did not see evidence the quality of care six monthly report has been completed. We advised this is an area for improvement, and we expect the service to take timely action to address this.

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

Where we find the provider is not meeting the National Minimum Standards for Regulated Child Care but there is no immediate or significant risk for people using the service, we highlight these as Recommendations to Meet National Minimum Standards.

We expect the provider to take action to address these and we will follow these up at the next inspection.

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