



Inspection Report on

White Rose Care Home

**White Rose Care Centre
White Rose Way
New Tredegar
NP24 6DF**

Date Inspection Completed

10/12/2024

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About White Rose Care Home

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	BANYAN CARE HOMES LIMITED
Registered places	32
Language of the service	English
Previous Care Inspectorate Wales inspection	16 Nov 2023
Does this service promote Welsh language and culture?	The 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 very happy with the care and support they receive from skilled and compassionate care staff. People rate their experience of living at White Rose as excellent. Care staff are knowledgeable and caring, and told us how much they enjoy their job. The provider highly values all the staff working at the service and is committed to supporting them in their continued development. The opportunities available for people to take part in meaningful activities, which boosts their health and well-being, are outstanding. People live in an environment which is maintained to a very high standard and promotes their independence and wellbeing. The Responsible Individual (RI) and manager are enthusiastic and committed to providing people with the best quality of life and experience of living in a care service as possible. There is excellent leadership and management at the service, and the governance arrangements in place to support the provision of high-quality care are robust.

Well-being

People living at the service experience enhanced overall well-being and achieve their personal outcomes. People have control over their day-to-day life, are treated with dignity and respect, with their views and opinions valued and acted upon. Processes such as resident meetings ensure people are aware of and involved in decisions and developments at the service. The environment is suitable to support the needs of the people who live there, and how communal space is used adapts to the needs and preferences of people. There is specialist equipment available if people need this, and resources are in place to support people to find their way around easily.

Many people living at the service told us how fun daily life is, and of the friendships they have made. There is a highly skilled and proficient activity coordinator working at the service and the activities and entertainment opportunities provided are exemplary. Activities are skillfully planned to boost people's health and well-being, provide meaningful opportunities, and links into the local community. People proudly showed us a letter of thanks from a local neonatal unit, following the provision of hand knitted hats made by residents, as well as a display of a recent community fundraising event in aid of Children in Need, which was enjoyed by people taking part and was highly successful. We were told where a person chooses to not take part in group activities, the activity coordinator spends meaningful time with them to find out their interests and what matters to them and supports them individually.

The activity coordinator is a fluent Welsh speaker and integrates the Welsh Language and culture into daily life at the service. This includes the use of incidental Welsh, greetings and common phrases as well as reminiscing activities and learning about local history. We were told a favourite activity is virtual 'walk through' of areas of interest to people. St Davids Day (Dydd Gwyl Dewi) is heavily celebrated. The RI has also enrolled on a Welsh Language as they want to lead by example and further promote the use of the Welsh Language at the service. Artwork throughout the service also depicts local mining history and culture.

People are supported to have visitors and are encouraged to spend time with their loved ones to keep the relationships which are important to them. Events held at the service are also open to people's relatives, such as summer fetes, fireworks evenings, Christmas and New Year Celebrations.

There are policies and processes in place to keep people safe from abuse and neglect. All staff are trained in the safeguarding of adults at risk, and the RI and Manager are ensuring they are up-to-date with the national safeguarding training, learning and development standards. Where people need decisions made on their behalf, there are also processes in place ensuring this is appropriate and the necessary authorisation is applied for.

Care and Support

People receive the care they need, when they need it, and are supported to have independence, choice, and control in their day-to-day lives. Nearly all people living at the service rated the care they receive as excellent, and we were told *“You get all the care and support you want and need.” “The staff are all amazing.” and “The staff look after me very well, if I need anything they will do anything to help me.”*

The standard of care provided is outstanding, with the well-being and the quality of life of people living at the service of paramount importance to the provider. We saw care and support being provided in a dignified and respectful manner, and interaction between people and care staff was warm, caring and respectfully familiar. The manager told us new permanent care staff are introduced to people and ‘shadow’ an established care worker for people to be familiar with them prior to receiving care and support.

The manager completes a pre-admission assessment prior to a person moving into the service, to ensure they can meet the person’s needs. This includes meeting the person and any relatives who support them, as well as speaking to health and social care professionals if there are any specialist areas of needs. The manager has the skills and experience to complete these assessments well and the process has recently been enhanced to further improve the experience of people.

The pre-admission assessment leads to a personal plan being written. These clear and person-centred plans inform care staff about how they should provide care and support on a daily basis to meet an individual’s needs and support them to achieve their personal outcomes. We saw people who wanted to work towards a particular goal had support and action plans for these, as well as this information being incorporated within their care plans. Where appropriate, the progress made towards these were shared within resident meetings with people’s achievements being celebrated and being an inspiration to others. Personal plans are kept up-to-date and are ‘live’ documents, updated quickly if there are any changes in needs or preferences. Formal reviews are completed regularly and include an enhanced six-monthly review process.

The staff team at the service support people to be as well and healthy as they can be. This includes having options of healthy, home cooked meals, which can be modified in line with their needs, and being supported to take their medication as prescribed. We found the medication processes at the service were consistently of a very high standard, with regular audits being completed by the manager. People are supported to register with a GP, and we saw records of appointments and consultations with allied professionals. Where meeting a person’s needs require care staff to make decisions on their behalf or to keep them safe and well, referrals are also made to the appropriate specialist teams.

Environment

People live in an environment which is safe, maintained to a very high standard and is suitable for their needs, personal outcomes and well-being. There has been significant investment into the environment, for the benefit of people, and further improvements are planned. The provider consistently checks the environment, seeking feedback from people, relatives and staff on how it can be changed or adapted to deliver the best outcomes for people. We saw the provider has responded to feedback and created an additional small lounge on the first floor. This is intended to replicate a family lounge to provide a quiet area for people and / or their visitors.

The RI and manager have used their knowledge of the needs of people on a dementia journey to inform the development of the environment. There are clear signs throughout the service to help people find their way easily. Handrails were unobstructed and there was evidence of contrasting colours being used to help people locate these. We also saw orientation boards throughout the service, showing the day, date time and key information, were all clear and up-to-date.

The outside area has also been skilfully designed with people's needs being the overriding consideration. A short memory path is in the garden, with seats, raised beds with fragrant plants and sensory garden decorations, for people to use with staff or their visitors.

The service hosts many events throughout the year and the summer house, gazebo and outside seating enables these to take place. People had expressed their joy at children visiting the service. In response, the provider created a 'grotto' and invited people's families and those in the local community to visit Santa. People were involved in this, and in activities such as making reindeer food for the children. They spoke excitedly about this event.

People have their own bedrooms which are decorated to their preference. People personalise their rooms as they wish and can be supported with this if needed. There is a maintenance team at the service who ensures the building is safe and completes the necessary checks and repairs. Specialist outside agencies are contracted as required which includes the regular maintenance of the lift, gas and electrical supplies. There are robust systems in place which ensure all facilities and environmental checks are completed in line with requirements.

The Food Standards Agency completed an inspection in November 2024 and awarded a food hygiene rating of five which means the standards are very good. We also observed hygiene throughout the service to also be very high, with domestic assistants working daily. The service was free from odour and there is an air purification system in place throughout.

Leadership and Management

People can be confident there are excellent processes and systems in place which ensures the service is run well and people receive very high-quality care and support. The robust arrangements in place has embedded a positive and compassionate culture which ensures the best possible outcomes are achieved for, and with, people.

The provider has invested in software which enables the RI and manager to use accurate, high-quality information on how the service is performing to inform the development of the service. When action is needed, we saw records which showed these are taken promptly and thoroughly.

The RI and manager are enthusiastic and committed to the continuous development of the service to provide outstanding care and support to people, to enable them to achieve their personal outcomes and to live their best lives. As part of this, the care staff team have many opportunities to enhance their professional development. All care staff receive formal supervision on a regular basis as well as an annual appraisal. Care staff also complete mandatory and supplementary training and learning opportunities and attend staff team meetings. The RI and manager are initiative-taking in seeking out learning opportunities for the staff team and welcome, and act on, suggestions brought to them. We also spoke to care staff who have progressed in their careers in care while working at White Rose, they told us *"They (the RI and manager) have been so supportive of my development, its great here."* and *"I mentioned I wanted to progress and both the RI and Manager fully supported me and I'm now doing my level five."*

On the day of inspection, we found there to be a sufficient number of suitably skilled, competent and experienced staff working to meet the needs and personal outcomes for people. When reviewing the staffing rotas, we saw safe staffing levels were maintained and the RI clearly explained how the staffing numbers required are decided. We were also told staffing numbers are responsive to people's level of need and are increased as needed.

There are safe recruitment processes in place for all new staff which includes a suitable selection and vetting system. We saw evidence of staff having an up-to-date Disclosure and Barring Service (DBS) check completed as part of this process. The RI and manager are further improving the quality of staff files to ensure current and needed information is easily accessible and auditable.

There are suitable policies at the service, which are reviewed and updated as needed. The policies include safeguarding and whistleblowing, as well as the use of CCTV within the service. We saw clear signs in the entrance informing there is CCTV in operation. We also saw the governance processes in place for ensuring policies and procedures are maintained and up-to-date.

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.

Area(s) for Improvement		
Regulation	Summary	Status
N/A	No non-compliance of this type was identified at this	N/A

	inspection	
36	<p>Provider has not ensured staff are supported via the provision of formal supervision, which takes place at least every 3 months. Some gaps between supervisions are of a significant length (25 weeks / 40 weeks / 18 weeks). Provider to continue to take action to ensure all staff have regular supervision and for this to be sustained.</p>	Achieved

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