



Arolygiaeth Gofal
Cymru
Care Inspectorate
Wales

Inspection Report

Foxtroy House



Foxtroy House Residential Home, 25 Derllwyn Road Tondy, Bridgend, CF32 9HD



01656722988



foxtroy-house.co.uk

Date(s) of inspection visit(s):

07/05/2025, 29/04/2025, 24/04/2025

Service Information:

Operated by:	Foxtroy Limited
Care Type:	Care Home Service Adults Without Nursing
Provision for:	Care home for adults - with personal care
Registered places:	31
Main language(s):	English
Promotion of Welsh language and culture:	The service provider anticipates, identifies, and meets the Welsh language and culture needs of people.

Ratings:



Well-being

Requires Improvement



Care & Support

Requires Improvement



Environment

Good



Leadership & Management

Requires Improvement

Summary:

Foxtroy House is a privately owned care home that provides accommodation for up to 31 individuals. It is conveniently located between Bridgend and Maesteg with easy access to nearby towns. The service is split over two floors, with some bedrooms located on the ground floor and some on the first floor.

People living at Foxtroy House are supported by a friendly, committed staff team who treat people with respect. The well-being and care and support of people at the service is rated as needs improvement because there is a lack of activities and supervision. Staffing levels require ongoing review to ensure people receive timely care and support. Opportunities for people to be involved in reviewing their personal outcomes and having more choice around some aspects of their personal care need to improve. The environment is rated as good because the service is homely, and people can personalise their rooms as they wish. Leadership and management is rated as needs improvement due to the governance oversight being ineffective with unreliable systems leading to risks not being identified or managed well.

Findings:



Well-being

Requires Improvement

There are limited activities both formal and informal where people can engage with others, and express themselves, to support a sense of well-being. Resident/relative meetings have not taken place regularly. This means people do not always have the opportunity to discuss matters that are important to them such as activities, menus and how and where they spend their time. People are not actively involved in the production and review of their personal plans, so do not communicate their preferences in relation to the care and support they receive. There are currently limited activities taking place, people are spending significant periods of time either in their bedrooms or in communal areas unsupervised. While no immediate action is required, this is an area for improvement, and we expect the provider to take action.

People are encouraged and assisted by support staff to be as healthy as they can be. People's likes, dislikes, and allergies are known. The service assesses people's care and support needs and any associated risks to their health and well-being. These are documented in personal plans, providing guidance for staff on how to support individuals. People have access to GP services and appointments with health and social care professionals are arranged.

People are mostly safeguarded from abuse and neglect. The building is secure, and visitors sign into and out of the home. This ensures there is an accurate record of who is in the building at any one time. Risks to individuals are included in personal plans and risk assessments, which are regularly reviewed. Equipment such as a call bell system, and sensor mats are available, they enable people to get the care they need at the right time if responded to appropriately. Care records and personal information are stored securely. Any issues or complaints can be raised with the deputy manager, who has an open-door policy, or via the formal complaints process in place.

People live in accommodation that supports their well-being. The environment at Foxtroy House is suitable to meet the needs of the people living there. Bedrooms are comfortable and personalised, with sufficient communal areas available. The home is generally clean and well-maintained, with the correct checks and servicing in place for utilities and equipment.



Care & Support

Requires Improvement

Assessments are completed prior to people moving in, to determine whether the service can cater for their needs. Personal plans include information on the needs of people and how these can be met safely by staff. Plans include some information about people's social histories and preferences. Personal plans are reviewed in a timely manner. However, reviews do not consider whether people's personal outcomes are being met. While no immediate action is required, this is an area of improvement, and we expect the provider to take action.

Care is not always delivered in a way that promotes routines and structure for people in line with their needs and preferences. Throughout our visit we did not consistently see enough staff effectively deployed to meet the needs of people at the service, in a timely manner. The service uses agency staff to supplement the staff team, and considers staffing consistency by utilising familiar agency staff when possible. However, we observed occasions where the required care and support was delayed. Members of care staff told us, *"We have no time to spend with people"* and *"We can't always answer call bells straight away"*. This is an area for improvement, and we expect the provider to take action. We will follow this up at our next inspection to ensure staffing levels and deployment of staff is appropriate to meet people's needs.

People are supported with their health needs and receive their medication as prescribed in accordance with national guidelines and service policy. Medication management systems are robust. Medication is securely stored and can only be accessed by authorised personnel. Medication administration record (MAR) charts contain all the required information and are completed correctly with signatures when medication has been administered. There is a medication policy aligned with best practice guidance and care 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. We saw evidence people have access to the relevant health and social care professionals and referrals for specialist advice are made in a timely manner.

People enjoy good relationships with care staff who are kind and considerate. They know what is important to people. We witnessed some friendly interactions between individuals and care staff with gentle reassurance and guidance given when needed. People told us *"Staff are lovely"*, *"I am very happy here"* and *"The staff do all they can."*



Environment

Good

The environment is homely, clean and comfortable and suited to people's needs. There are comfortable, clean and accessible communal areas on both floors which are well used, when appropriate staffing levels allow. We saw people relaxing, eating and engaging with others. People were at ease with each other and staff, were relaxed and happy. Comments from people include *"I like it here; it's a nice place to live"* and *"I get to speak to my friends"*. A relative told us *"Foxtroy has a real homely feel"*. We saw people who are able, choosing where to spend their time and saw them going from their rooms to communal areas as they wish. This included spending time in the small enclosed walled garden area enjoying the sunshine.

People's rooms are a sufficient size and are personalised to their preference with items important to them, which helps create a homely feel. Bathrooms and toilet facilities are equipped with specialist equipment for those who require it and there is a stairlift providing access to the first floor for people with mobility issues. Domestic workers follow cleaning schedules to ensure the home is kept clean and tidy and to a good standard. The kitchen has been awarded a score of five by the Food Standards Agency which is the highest possible score and suggests standards of cleanliness and hygiene are very good. Laundry facilities are suitable for the size of the home. There are systems in place to reduce the risks of cross contamination, they were not always followed on the first day of inspection but addressed on the second visit.

The provider ensures there are effective health and safety risk management systems in place to keep people safe. Hygiene and cleanliness standards are good. There is a dedicated maintenance officer and domestic staff who ensure the environment is clean, safe and well maintained. We saw evidence of routine servicing of equipment and utilities carried out by the maintenance officer and by external contractors. Effective and efficient fire procedures, testing and training are in place to protect people. Records confirmed fire alarm tests take place weekly. Every individual living at the home has a personal emergency evacuation plan specific to their support needs and staff undertake routine fire drills. Laundry facilities are effective and suitable for the size of the home. There are suitable and strong security arrangements in place to protect people from unwanted visitors. Any visitors must make themselves known to staff on arrival and sign in and out of the premises.



Leadership & Management

Requires Improvement

The service provider has strict selection and vetting procedures in place as well as ongoing support processes to ensure staff are supported in their roles. We sampled a few recruitment files and found they contained all regulatory information. Care staff undergo relevant checks to ensure they are suitably fit to work at the service. This includes references from previous employers, employment history and Disclosure and Barring Service (DBS) checks. We saw good evidence care staff complete a service specific induction, this we feel could be improved further in implementing the All Wales Induction Framework. Staff have regular one-to-one supervision sessions with their line manager at least quarterly, and an annual appraisal review to provide feedback, monitor their development and identify training needs.

The service provider does not have effective organisational arrangements, governance and oversight to ensure smooth operations and high-quality care is provided. This includes quality assurance processes to ensure the continued development and improvement of the service. Quarterly and six-monthly responsible individual reports provide limited information and require strengthening on how the service needs to improve. These reports failed to identify areas we identified at inspection requiring improvements. The service is not provided in line with the Statement of Purpose (SoP) evidence to support this include; Staffing levels have been reduced in the afternoon which is having a negative impact on people. Care workers are rushed at times and no activities with people were seen. People are left unsupervised in communal areas for significant periods of time. Staff morale is low with several staff telling us they would love to spend time engaging in activities with people but didn't have the time. This was supported by comments from a relatives include, "*staff have no quality time to spend with X, there are no activities arranged at the moment*". Another said, "*staff just don't have enough time to spend with people*". This is an area for improvement, and we expect the provider to take action.

Staff meetings are infrequent and not being arranged bi-monthly as stated within the SoP. In addition, no resident/ relative meetings have been held since the last inspection. There was no manager in place at the time of inspection. The Deputy Manager oversees the day-to-day operational running of the service in difficult circumstances. The training matrix has not been updated as advised at the previous inspection and not reflective of current staffing. Outcomes for people require improvement and we expect the provider to make improvements.

Areas identified for improvement

Where we identify **Areas for Improvement** but we have not found outcomes for people to be at immediate or significant risk, we discuss these with the provider. We expect the provider to take action and we will follow this up at the next inspection.

Where we find outcomes for people **require significant improvement** and/or there is risk to people's well-being we identify areas for **Priority Action**. In these circumstances we issue a Priority Action Notice(s) to the Provider, and they must take immediate steps to make improvements. We will inspect again within six months to check improvements have been made and outcomes for people have improved.

The table(s) below show the area(s) for priority action and/or those for improvement we have identified.

Summary of Areas for Improvement	Date identified
People cannot be assured they are receiving consistent, timely care and support which protects, promotes and maintains the safety and wellbeing of individuals.	24/04/25
We found that people can't be sure that effective quality assurance processes are in place to ensure the continued development and improvement of the service.	24/04/25

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