



Foxtroy House



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



01656722988



www.foxtroyhouse.com

The inspection visit took place on 30/09/2025

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

Good



Care & Support

Good



Environment

Good



Leadership & Management

Good

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 and committed staff team who treat people with respect. The well-being and care and support of people at the service is rated as good, there has been a new programme of activities introduced and the supervision of people living in the home has improved. Staffing levels are more consistent and improvements in staff morale now ensure people generally 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. A new manager and deputy have been recruited since the previous inspection and the leadership and management has improved due to new systems being implemented. Oversight of governance is now more effective.

Findings:



Well-being

Good

Assessments are completed prior to individuals moving into the home, to determine whether the service can meet their needs. Personal plans include information on the needs, wishes and preferences of people and how these can be met safely by care staff. Plans include detailed information about people's social histories and family networks. Personal plans are reviewed in a timely manner. The manager recognises that further work is required to ensure people's personal outcomes are recorded as well as evidence that people/advocates are involved in the review process.

People are encouraged and assisted by care 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 care staff on how to support individuals. People have access to GP services and appointments with health and social care professionals are arranged.

People are safeguarded from abuse and neglect. The building is secure, and visitors sign in 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. Care records and personal information are stored securely. Any issues or complaints can be raised with the 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

Good

Personal plans set out people's care and support needs. We saw personal plans are developed in conjunction with people and their representatives to ensure they are person centred. Personal plans we viewed contain practical information to guide care staff. They also contain risk assessments which help mitigate risks to people's health and safety. Care staff complete daily recordings documenting any care and support provided as well as other information such as people's presentation. Personal plans are reviewed every three months to ensure they remain relevant as people's needs change; there needs to be clearer evidence that people have been involved in these and whether identified outcomes have been achieved. 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 nice", "I am happy here" and "No concerns, I am lucky to be here"*.

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.

Since the previous inspection a new activity coordinator has been employed. There has been a significant improvement in the variety and frequency of activities at the home. During the inspection we saw a morning exercise class in the upstairs lounge. It was well attended, and people were engaged and appeared to very much enjoy. A monthly plan of activities is displayed on the activity board in the downstairs corridor. External singers are booked at least monthly and there have been some visits into the community. Monthly Welsh lessons have recommenced.

People are protected as much as possible from the risk of infection because premises and equipment are kept clean and hygienic. The service has a food hygiene rating of 5 (Very good). Personal protective equipment (PPE) is used for close contact care. There are housekeeping staff who keep the environment clean and tidy. An infection control policy is in place for additional guidance if needed.

Care staff ensure people are kept safe from the risk of harm and abuse as far as possible. Risk assessments are updated with any changes and are reviewed regularly. Care staff have

undertaken safeguarding training and those spoken with told us they would report any poor practice if seen. The manager ensures accidents or incidents are appropriately reported and there are systems in place to review these, learning from incidents and accidents is recorded. The manager has also reviewed and submitted numerous Deprivation of Liberty Safeguards (DoLS) applications. This is to ensure placements are lawful where people lack the mental capacity to make decisions about their care and accommodation needs.



Environment

Good

The environment is homely, clean and comfortable and overall suited to people's needs. There are comfortable, clean and accessible communal areas on both floors, which are particularly well used during the morning exercise activities. We saw people relaxing, eating and engaging with others in the dining room during lunch. People were at ease with each other and staff, and were relaxed and happy. Comments from people include "*The food is all good*" and "*They ask me what I want*". A relative told us "*We've never had a complaint*". We saw people who are able, choose where to spend their time and saw them going from their rooms to communal areas as they wish. We discussed with the manager the importance of offering those who require assistance with mobility the choice of where they spend their time and to record this in daily notes. There is a very pleasant walled garden area where people can sit, weather dependent.

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.

The provider ensures there are effective health and safety risk management systems in place to keep people safe. There is a dedicated maintenance person 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 (PEEP) specific to their support needs. The manager has agreed to ensure that routine fire drills are undertaken in a timely manner. Laundry facilities are effective and suitable for the size of the home. There are suitable 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

Good

The service has improved governance and oversight arrangements in place to support its day-to-day operations. A new manager and deputy have been recruited since the last inspection. The management team undertake a number of weekly and monthly audits of all aspects of the service to monitor practice. The service's aims, values, and delivery of support are set out in the updated statement of purpose in a transparent way. A written guide is currently being reviewed and will contain practical information about the service, and the support provided. The service also offers a variety of formal and informal opportunities for people and their representatives, to ask questions and give feedback. The manager has an 'open door' policy and is approachable, staff told us they feel significant improvements have been made. They told us "*It's nice to come into work now*", "*You hear people laughing now*" and "*There's been a big change for the better*". Most care staff said morale is much improved, however, some felt it was still low at times.

People are supported by staff with the necessary expertise, skills, and qualifications to meet their care and support needs. Training records show the majority of care staff have up to date training in core areas of care. The manager has introduced a new training matrix which is currently being updated with all completed training. Face to face training has been reintroduced and evidence was seen of those courses completed and of future bookings. The required recruitment practices take place, however, all regulatory required information must be held on file. All care staff are either registered with Social Care Wales, the workforce regulator, or in the process of. New staff complete an induction and probation period to ensure they meet expectations. Ongoing supervision is provided to support care staff performance and development. The service now has a lower dependency on agency staff as new recruitment has taken place since our last inspection. This ensures more continuity of care for individuals. We saw policies and procedures are currently in place, the manager stated that a new suite of policies are going to be provided by a Human Resources (HR) support company.

The Responsible Individual (RI) for the service visits weekly and provides a three-monthly report of their visits. They have been a more visible presence since the previous inspection and now ensure they speak to people and staff for their views. Whilst the feedback is generally positive, we saw any issues raised in these conversations are addressed with the manager. The RI inspects the premises and reviews a selection of records during their visits to ensure a good quality service is being delivered. They also complete a quality of care report every six months.

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.

CIW has no areas for improvement identified following this inspection.

CIW has not issued any Priority action notices following this inspection.

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