



Arolygiaeth Gofal  
**Cymru**  
Care Inspectorate  
**Wales**

## Inspection Report

### Frederick House



The Frederick Residential Home, Park Terrace, Merthyr Tydfil, CF47 8RF



01685371804



[www.frederickhouse.com](http://www.frederickhouse.com)

The inspection visit took place on 18/12/2025

### Service Information:

Operated by:	Kestrel Care Ltd
Care Type:	Care Home Service Adults Without Nursing
Provision for:	Care home for adults - with personal care, Provision for mental health
Registered places:	12
Main language(s):	English
Promotion of Welsh language and culture:	The provider makes an effort to promote the use of the Welsh language and culture or is working towards a bilingual service.

## Ratings:



Well-being

**Good**



Care & Support

**Good**



Environment

**Good**



Leadership & Management

**Good**

## Summary:

Frederick House provides care and support to individuals over the age of 18 with physical, mental health, and dementia needs. It is a converted house over three floors in an urban area of Merthyr and close to local amenities.

The service provides good care and support in a warm and friendly environment, that promotes good wellbeing outcomes for people living at the service. Staff know people well and interact in a kind and caring manner. Care files detail how people like their needs met and are reviewed regularly. People carry out activities and daily living tasks independently or with the support of staff to ensure their physical and emotional well-being. The environment is good. The premises is safe and accessible and has suitable indoor and outdoor areas for people to use. Staff feel very well supported, happy, and confident in their roles. They receive regular supervision and a variety of training, and policies are in place to provide guidance. Robust Quality Assurance systems are in place with regular audits and good oversight by the management team. The Responsible Individual

(RI) who is also the service manager is at the service regularly and speaks to people and staff.

## Findings:



### Well-being

Good

People are supported to have as much control as possible over their day-to-day lives. The service carries out thorough pre-admission assessments to ensure it can meet people's needs, which are evident on people's care files. People and their representatives are involved in developing their care plans and identifying personal goals/outcomes. People can choose how they spend their time. Regular resident meetings and engagement with people give them the opportunity to discuss things within the home including meal options, re-decorating and refurbishment plans. A 'Choices' tool is used to identify people's likes and dislikes including with food, interests and routines.

Documentation such as a statement of purpose and written guide are available to people and provide information on the service, how to raise a complaint, and details of advocacy services. The manager deals with any complaints and follows the provider's policies and procedures. People's communication needs are considered in pre-assessments and communication plans are evident on people's care files. Staff receive mandatory and core training appropriate to the needs of the people they support. The service is working towards anticipating, identifying, and meeting the Welsh language and cultural needs of people who use the service. We saw a dedicated 'Welsh wall' displaying information, including the Statement of Purpose in Welsh.

People are well supported to engage in, and participate in activities, and are supported to maintain relationships with family and friends. People access the community independently or with support from staff. People told us about children visiting from the local school for a carol service, singers coming in, and going to the local pub. Pictures on the wall show people participating in activities such as crafts, baking and parties. Clubs are held at the service including book, art and crafts, exercise, and reminiscence. We also observed people enjoying games and really positive interactions with staff on the day of our inspection. There are no restrictions on family and friends visiting.

People are protected from abuse and neglect. Care staff are recruited in line with regulations to ensure they are suitable to work with vulnerable people. Care staff receive training appropriate to the needs of the people they support, and staff we spoke to understand and follow the Wales Safeguarding Procedures. There are effective mechanisms in place to ensure people can voice their concerns. Risk assessments highlight any areas of concern, and people's rights to liberty are protected and safeguarded. There are measures in place to ensure medication is safely stored and administered.

People live in accommodation that supports their well-being. Bedrooms are comfortable and personalised, with sufficient indoor and outdoor communal areas available for people to use. The home is clean, there is ongoing maintenance and repair, with the correct checks and servicing in

place for utilities and equipment.



## Care & Support

Good

People receive consistently good quality care and support which helps them achieve their personal outcomes. A detailed assessment is completed prior to a person being admitted to the care home to ensure the service can meet their needs. A personal plan is developed with the person and if appropriate, their representatives. These are clear and highlight people's personal outcomes with the best ways of supporting people to achieve them. Risk assessments consider risks to people's health and wellbeing and ways for keeping people safe. Deprivation of Liberty Safeguards (DoLS) referrals are made when there is a risk that care arrangements may deprive people of their liberty. We saw personal plans are reviewed regularly to ensure information recorded remains relevant and meaningful.

People are supported by skilled staff who have a good understanding of their individual needs and preferences. There is a stable staff team with no need for agency staff which provides continuity of care to people. We saw care staff and the management team have very positive relationships with the people they support and their families. It is clear they know the people they support well and are familiar with their needs and preferences. Positive feedback from people included "*I like it here,*" "*Nice*" and "*They look after me.*" People are supported with their dietary requirements and staff also receive training around nutrition and food hygiene. A 3 weekly menu is varied and nutritious and alternatives are offered. It was evident the cook knows people well, their likes and dislikes, and people with alternative diets. A board with photos of meal options help people make choices, and people told us they enjoy the food.

People are supported to attend and participate in health checks such as hospital and dental appointments. Emergency packs have been developed and provide information about people's needs in cases of hospital admission or to other professionals when required. Health professionals spoken to on the day of our inspection describe the staff as "*Lovely, approachable and helpful.*" People are supported with their medication if required in accordance with national guidelines and service policy. Medication management procedures are robust, and care staff use an electronic system to minimise risks of errors. 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. Routine medication audits ensure practice remains safe and effective.



## Environment

Good

People live in a safe, comfortable environment that supports their well-being and independence. The service operates from a converted house arranged over three floors, with a lift that enables people to access all areas easily. The home feels warm and welcoming, with a lounge and dining area that provide space for communal activities as well as opportunities for privacy when people want time alone. A drink and snack station in the communal area promotes independence by allowing people to help themselves.

Bedrooms are spacious and comfortable, and care staff encourage people to personalise their rooms, which helps create a sense of belonging. Family members told us the home feels “*homely*” and described it as “*don’t judge a book by its cover,*” highlighting that its smaller size and layout contribute positively to their loved one’s experience. Care staff take pride in creating a welcoming environment by regularly updating décor to reflect seasons or themes.

The kitchen facilities are suitable for the service and have achieved a Food Hygiene Rating of 5, which demonstrates very good standards. Care staff maintain cleanliness through a daily cleaning schedule and efficient laundry systems, ensuring the home is fresh and pleasant. Safety procedures are robust: window restrictors are fitted in bedrooms and bathrooms, fire exits are clear and unobstructed, and substances hazardous to health are securely stored. Visitors sign in and out, which strengthens security arrangements.

The Manager has a clear plan for ongoing maintenance and refurbishment, including improvements to the outdoor space. Families and staff told us they would welcome greater use of this area, which could further enhance people’s quality of life. Maintenance records confirm routine testing of utilities such as electrical items and water systems. Auditing and servicing of equipment are up to date, and fire safety checks and drills are completed regularly. Personal emergency evacuation plans are in place so care staff know the level of support each person needs in an emergency.



## Leadership & Management

Good

The core management team provides effective oversight of Frederick House, led by a manager who also fulfils the role of Responsible Individual (RI). The manager demonstrates strong leadership and maintains clear oversight of day-to-day operations, which supports the smooth running of the service and promotes positive outcomes for people. Governance arrangements are robust, with regular auditing and quality assurance processes in place. The service actively seeks feedback from people and staff through three-monthly consultation reports and six-monthly quality of care reviews. This approach ensures people's voices influence service development and helps maintain good standards of care.

The service has clear policies and procedures in place, including whistleblowing, medication, safeguarding and infection control. These provide care staff with practical guidance. Complaints procedures are well established, ensuring people and families know how to share feedback or raise issues. These arrangements promote transparency, accountability, and a safe environment for people living in the home.

The service's Statement of Purpose and Service User Guide clearly set out how people will be supported, providing transparency and reassurance for families. Recruitment is robust with all pre-employment checks undertaken. Care staff are suitably experienced and receive a comprehensive induction and training programme, which equips them with the knowledge and skills to meet people's needs effectively. The service benefits from a permanent team and does not rely on agency staff, promoting continuity of care and strong relationships. A dependency tool evidence's staffing levels required to meet people's needs, and the rota reflected this. Many staff have worked at the service for a number of years and this experience contributes to consistent, high-quality care and positive outcomes for people living in the home.

Care staff receive regular supervision and told us they feel well supported. One staff member described the team as *"it feels like a family working here,"* reflecting a positive workplace culture. Management are approachable and maintain open communication. Staff, families, and professionals told us they feel listened to and are confident raising concerns, which promotes trust and ensures issues are addressed promptly.

The service has good governance, auditing, and quality assurance arrangements which help identify what works well and where improvements are needed. The Responsible Individual (RI), who also undertakes the manager role, has very good oversight of the service, being fully involved in managing the day-to-day running of the service. They undertake the regulatory required three-monthly consultations with people and staff, and complete six-monthly quality of care reviews. The service gathers the views of people, their representatives, and care staff more generally as part of their auditing processes. Policies and procedures, such as for whistleblowing, medication, and safeguarding, are in place. They give guidance to care staff, for example telling them what to do if

they need to raise a concern via the whistleblowing procedures. Procedures are in place to deal with complaints.

## 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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