



Inspection Report on

Foxtroy House

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

Date Inspection Completed

16 February 2022

16/02/2022

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About Foxtroy House

| | |
|--|---|
| Type of care provided | Care Home Service Adults Without Nursing |
| Registered Provider | Foxtroy Limited |
| Registered places | 31 |
| Language of the service | English |
| Previous Care Inspectorate Wales inspection | 9/1/2020 |
| Does this service provide the Welsh Language active offer? | Yes. The service provides an 'Active Offer' of the Welsh language. It anticipates, identifies and meets the Welsh language and cultural needs of people who use, or may use, the service. |

Summary

People living at Foxtroy House receive a good standard of care and support. People appear happy with the service they receive, and have positive relationships with staff who provide their care. Staff have a clear understanding of people's needs and provide care with warmth, dignity and respect. Care documentation is thorough and robust, with evidence that external support is accessed when required. People are cared for in a pleasant environment, that is safe and meets their needs. People can choose to be involved in a range of activities. They are also very satisfied with the meals served at the home. Staff feel supported and happy in their roles, and receive training and supervision. There are measures in place to keep people safe and there is evidence care workers are able to meet people's physical and emotional needs. Policies and procedures require regular reviews and updates. The manager is also the responsible individual (RI) and has a visible presence in the home daily. The RI ensures governance and quality assurance arrangements are strong which enable the service to reflect and develop.

Well-being

People have a voice and are treated with dignity and respect by care workers who know them well. People are involved with the writing of their personal plans, which are reviewed to meet their current care needs. Staff offer a choice of meals and the service has a food hygiene rating of five, which is 'very good'. Regular resident meetings take place, whereby people have a say in the running of the home. Equipment such as a call bell system is available and this enables people to get the care they need at the right time. People have access to various health and social care services. Information regarding how their physical and emotional mental health well-being needs are met are contained within their care files.

People are supported to maintain relationships. Care workers have good relationships with people and know how to support them well. The service encourages people to keep in contact with families and friends, relatives spoken with are complimentary about this. People participate in activities they enjoy and have things to look forward to.

People are protected from harm and neglect. Care workers are up to date with safeguarding training and are clear about their responsibilities and the procedures to follow if they have any concerns about people they support. There are good procedures in place to minimise the risk of Covid-19 coming in to the service. The service has a sufficient supply of Personal Protective Equipment (PPE).

A homely environment supports people's well-being. Our observations and people's body language and expressions indicated they felt secure, safe and relaxed within the home. The home is clean, suitably furnished and decorated appropriately throughout. People's bedrooms are individualised and communal areas provide comfort. The home is maintained to a good standard. Routine health and safety checks as well as regular servicing of equipment and utilities ensures the environment is safe.

Care and Support

People benefit from a good standard of care and support. A person centred approach to care planning ensures people are central to the care and support they receive. A new electronic care file system is being introduced. Personal plans are developed in conjunction with the person or their representative. They highlight people's outcomes and provide care workers with clear instructions regarding care delivery. Robust risk assessments and management plans identify people's vulnerabilities and give care workers guidance on interventions that will keep people safe. Foxtroy House employ dedicated activity staff who arrange a variety of events and activities which people are free to attend if they wish. The activity staff also arrange one to one activities for those who cannot or prefer not to engage in group activities. There is a strong emphasis on providing support to people living with dementia and for the promotion of the Welsh language and identity. People we spoke with are happy in the service and are complimentary about the support they receive. Comments included *"I have no complaints at all"* and *"the staff are very good, kind and helpful"*.

There are consistent and appropriate staffing levels in place to meet the care and support needs of people living at the service. We spoke with several staff who have worked at Foxtroy House for a number of years. On the day of inspection, the atmosphere in the service was friendly and relaxed with people appearing at ease when engaging with staff. Feedback confirmed that staffing levels are appropriate to meet the needs of people living in the home. Family members were complimentary about the service describing the staff as *"caring"*, *"attentive"*, *"They bend over backwards"* and *"I'm so happy that she(mum) is happy"*.

The service has systems in place for the management of medication. Medication is stored appropriately and staff carry out the relevant temperature checks on a daily basis. The home operates an electronic medication system. Medication Administration Record (MAR) are completed accurately with clear evidence of appropriate administration. Care workers know the people they support well and are able to identify any deterioration in their health and seek support in a timely way. The RI confirmed that the home has very good working relationships with the GP practice and community nursing team.

The service promotes hygienic practices and manages the risk of cross infection. We saw staff wore personal protective equipment (PPE) appropriately. PPE stations are located around the home at entrances and exits. There are robust arrangements in place for visiting, which enables people to maintain important relationships with family and friends safely. Discussions with staff confirmed they have an adequate supply of personal protective equipment and cleaning products.

Environment

Foxtroy House is clean, spacious, well maintained and homely. Some bedrooms have en-suite facilities but there are communal bathrooms on each floor. We saw that people's bedrooms are personalised to their individual tastes, residents have some of their own furniture in their rooms as well as photos of loved ones and other belongings. Communal bathrooms are spacious and contain the necessary equipment for supporting people as required to ensure their dignity is maintained. The kitchen and laundry facilities are suitable for the size of the home.

People benefit from the service's commitment to ensuring safe practice. Substances hazardous to health are stored securely. The maintenance files show that utilities, equipment and fire safety features have regular and up-to-date checks and servicing. Care files and medications are locked away to ensure confidentiality and safety. Every person living at the home has a personal emergency evacuation plan specific to their support needs and staff undertake routine fire drills.

The standard of cleanliness and hygiene appears to be good. Increased cleaning is taking place due to the COVID-19 pandemic. We saw that the home is kept clean and tidy. The housekeeping team maintain the cleanliness of the home and at times have three on shift so that they complete 'deep cleans' of specific areas.

Leadership and Management

The service has a clear vision and ethos. Its aims, values, and delivery of support are set out in the Statement of Purpose in a transparent way. A written guide is available for people in the service, containing practical information about the home, and the support provided. The service also offers various formal and informal opportunities for people and their representatives, to ask questions and give feedback.

There are systems and processes in place to monitor, review and improve the quality of care and support provided. We saw evidence that overall the RI/manager has good oversight of the service. We looked at documentation, which confirmed formal quarterly visits take place. On a six monthly basis, the RI produces a quality of care report. The manager appropriately notifies relevant regulatory bodies and statutory agencies when there are concerns or significant events that might affect the well-being of individuals receiving care. Compliments and thank you cards are evident at the service.

Suitably vetted, trained and supported staff support people in an appropriate way. The records we examined show the provider carries out the necessary checks when recruiting staff. Enhanced staff recruitment checks are up to date. A large number of staff have worked at the home for many years, which provides continuity for people. Staff receive training relevant to their roles and this includes infection control training. The service needs to improve its policies and procedures to protect staff and people who live there. We expect the provider to take action to address this and we will follow this up at the next inspection. Staff receive regular formal supervision in their roles and have opportunities to discuss any work-related concerns they may have. Staff say they feel valued and supported. They also told us that they are able to talk to management, who are all approachable. Staff we spoke with told us “*management are accommodating and approachable*”, “*I love it here*” and “*I enjoy my job*”.

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 |
|------------|--|--------|
| 12 | The provider must ensure all policies and procedures | New |

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| | are in place, reviewed and relevant. | |
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Date Published 08/03/2022