



Inspection Report on

Foxtroy House

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

Date Inspection Completed

21/02/2023

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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	16.02.2022
Does this service provide the Welsh Language active offer?	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 receive a good level of care and support at Foxtroy. Care workers know people well, and interactions are relaxed and friendly. People are able to exercise choice and have access to a varied range of structured, meaningful activities. People and their representatives provide positive feedback saying they are happy with the care and support provided. Personal plans and risk assessments are tailored to each person's needs and are reviewed monthly. The home environment is clean and well maintained. Care staff are appropriately recruited and vetted and have regular supervision sessions to discuss any professional issues or development needs. Staff have good access to training which ensures they are sufficiently skilled to undertake their roles. The service is well-led by the management team who communicate well, place people at the heart of the service and continue to develop the service around the needs of people they support. The Responsible Individual (RI) is actively involved in the day to day running of the service.

Well-being

People have a voice and are treated with dignity and respect by care workers who know them well. 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. One person told us "*Since I've been here I feel better*". Those we spoke with told us care workers respond quickly when they use the call bell. People have access to various health and social care services. We saw evidence of medical appointments in people's care files. Information regarding how their physical and emotional mental health well-being needs are met are also contained within their care files.

People have influence over the care they receive and have support to make choices. The service actively encourages choice and promotes independence. A team of nurses and care workers who are person centred in their approach, recognise people have individual needs. Personal plans are detailed, clear and concise, routine reviews ensure they remain current. People have the opportunity to participate in regular residents' meetings where they are encouraged to express their views and opinions. Bedrooms are personalised with items of individual importance such as ornaments and photographs. People have things to look forward to and do things they are interested in doing. Menus look nutritious and meals look of a good standard with adequate portions. We asked people about the food and were told "*It's nice*", "*the food is lovely*" and "*It's good*". We saw many compliments and thank you cards being displayed. This indicates peoples' overall satisfaction with the service provided.

There is a clear management structure for the service. We received positive feedback from the staff we spoke with, who told us they feel valued and supported by the manager. There are effective systems for monitoring and auditing standards of support and the environment, generally overseen by the responsible individual (RI). The statement of purpose and service users guide are available to individuals or their representatives.

People are protected from harm and abuse. There are policies and procedures in place underpinning safe practice. Care workers are trained to meet the needs of the people they support and can spot the signs of abuse, neglect, poor health, and act accordingly. Care workers we spoke to said they feel confident any issues raised with the manager will be actioned promptly. There is a safe recruitment process and staff are supported within their roles. Staffing rota's show sufficient care workers are available to provide the right level of care and support. When asked about whether they feel safe in Foxtroy one person told us "*I definitely feel safe, I sleep sound at night*".

Care and Support

Care staff have appropriate information to be able to provide people with the right care at the right time. Personal plans set out people's care, support needs, and highlight any risks to the person's health and well-being. We examined a number of electronic personal plans and found they are outcome focused and person centred. Risk assessments are in place, and supplementary charts completed as required. Daily notes give information on events and general mood during the day and night. We saw specialist health and social care professionals are involved when needed. A thorough handover is completed between shifts.

We observed warm and positive interactions between care workers and people throughout the time we spent at Foxtroy. Care workers know the people they support well and respond to them promptly. Consistently positive feedback from people and their representatives supports our observations. People told us "*The staff are lovely*", "*they are wonderful*" and "*they are very friendly*". A relative of a person living at the home told us, "*The staff are fantastic*". Opportunities for stimulation and interaction with others are provided. Family and friends can visit when they choose to do so. There is an activities co-ordinator who spends time with people individually providing meaningful interactions. They also arrange group activities, and we saw photographic and written evidence of people's participation. Menus reflect people's preferences, and we are told alternatives are always available. Refreshments and snacks are readily available throughout the day. There is a strong emphasis on providing support to people living with dementia and for the promotion of the Welsh language and identity. Weekly Welsh language classes have resumed since Covid restrictions have been lifted.

The service has systems in place for the management of medication. Medication stock is stored appropriately, and staff carry out the relevant temperature checks daily. We found no gaps in the medication administration records (MAR). There is a medication policy in place containing guidance on the administration of medication. People have access to healthcare and other services to maintain their health and well-being. Care staff arrange health appointments where necessary. The service uses an electronic system to record medication administration. We looked at the system and found reasons for and outcomes of 'as required' medications are not always clearly documented. We discussed this with the manager who assured us the matter would be addressed immediately.

Environment

Foxtroy offers a comfortable, clean, safe environment which helps enhance people's well-being. The home is set over two floors and has a stair lift so people with poor mobility can access the upper floor. People's rooms are pleasant and contain items of importance such as photographs and ornaments. There are a number of communal bath and shower rooms with specialist equipment available for those who need it. The home is secure from unauthorised access, with visitors required to sign in when they arrive. Communal areas are well presented, clean and comfortable. Domestic workers are at the service daily ensuring good standards of cleanliness and hygiene is maintained.

The service has systems in place that ensure the home and its facilities are safe. We looked at a range of documentation that relates to health and safety and the maintenance of the service. The information provides a detailed overview of a rolling programme of safety checks, servicing and maintenance of the home's equipment and facilities. Effective and efficient fire procedures, testing and training are in place to protect people. Records confirmed fire alarm tests take place weekly. We saw that window restrictors are in place and substances hazardous to health are stored securely.

Leadership and Management

There is a strong, supportive management team with good governance arrangements in place to ensure a high-quality service is delivered. The service is family owned and has strong values ensuring people get a high-quality service from a professional caring team of staff. The RI is very accessible, supportive and visits regularly. There is a new manager in post who has worked at the service for over 20 years. There is also a newly recruited deputy manager. They both told us they felt well supported by the responsible individual and the wider team. Care workers spoken with feel valued in their roles and were complimentary of the manager. Staff say they feel supported and that morale at the home is good. They also told us they are able to talk to management, who are all approachable. Staff told us *“I really like working here”, “I do like my job”, “the team is friendly”* and *“the manager is very flexible”*.

People living at the home can be assured staff are recruited via a safe recruitment process. We looked at a number of personnel files which contain all of the required information, such as references, Disclosure and Barring Service completions, dates and authorisations along with offers of employment. New staff members have to complete a structured induction and get to shadow experienced members of the team in order to familiarise themselves with the service and people living there.

People can access information to help them understand the care, support and opportunities available to them. The statement of purpose and Information leaflet accurately describe the current arrangements in place regarding the service’s accommodation, referral and admission process, the type of care and support available and ways in which it is working towards providing a Welsh language service. The statement of purpose also includes details of the service’s supervision and training arrangements for care staff.

Care workers receive training to meet the needs of the people they support the service is compliant with its core training requirements. New care workers receive an induction in line with Social Care Wales’s requirements. There are robust up to date company policies and procedures in safeguarding, whistleblowing, infection control and medication. Staff receive regular supervision and appraisals. Overall, staff say they feel valued and supported and find the management approachable. Regular staff meetings take place. Staff we spoke with told us *“I’ve done so much training here”* and *“they train me well”*.

There are systems and processes in place to monitor, review and improve the quality of care and support provided. We saw evidence that the manager and RI have 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 service also offers various formal and informal opportunities for people and their representatives, to ask questions and give feedback.

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
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N/A	No non-compliance of this type was identified at this inspection	N/A
12	The provider must ensure all policies and procedures are in place, reviewed and relevant.	Achieved

Date Published 22/03/2023