

Inspection Report on

Romilly Nursing Home

**Romilly Nursing Home
9 Romilly Road
Cardiff
CF5 1FH**

Mae'r adroddiad hwn hefyd ar gael yn Gymraeg

This report is also available in Welsh

Date Inspection Completed

05/06/2024

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About Romilly Nursing Home

Type of care provided	Care Home Service Adults With Nursing
Registered Provider	Oakville Care Limited
Registered places	73
Language of the service	English
Previous Care Inspectorate Wales inspection	16/10/2024
Does this service promote Welsh language and culture?	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

Romilly nursing home can accommodate 73 residents with a range of nursing and personal care needs. This inspection was unannounced. There is a new manager in place who is registered with Social Care Wales, the workforce regulator, in accordance with legal requirements. Rita Patel is the responsible individual (RI) for the service. There are sufficient staff to provide care and assist with suitable arrangements in place to cover any shortfalls.

The manager, clinical lead and RI are visible and engaged in the day-to-day running of the service. Systems are mostly in place to ensure the quality of care and support are provided. However, we identified areas where improvements are required. Care documentation reflecting the care and health needs of people living at the home needs further improvement. Staff receive general mandatory training with additional training carried out in specific areas.

People live in an environment which is suitable, although we identified areas throughout the home which require attention. Infection control processes need improvements to reduce the risk of infectious diseases being spread throughout the home.

Well-being

People are safe and mostly receive appropriate care and support and staff demonstrate a friendly approach. During our visit, we saw staff interacting positively and people told us although staff are kind and respectful there were occasions, they had to wait for assistance as staff were busy. Care documentation to support the delivery of care and support has changed to an electronic system which requires strengthening to capture any identified risks and any changes in people's health/presentation. People are encouraged to have visitors to the home and people we spoke with told us *"Staff are helpful." "I am happy here."*

Measures are mostly in place to promote good standards of practice throughout the home, with infection prevention and control measures requiring some improvement in line with Public Health Guidance. Since the previous inspection there is a new manager in place who shows good oversight of incidents accidents, complaints and safeguarding matters. A statement of purpose is present and reflective of the home. People feel safe and protected from harm. The environment requires improvements to support people to achieve positive well-being. The home would benefit from good housekeeping to ensure there are no unpleasant odours throughout. People benefit from sufficient personal and communal space. Management has identified areas to improve the home environment from audits and safety checks carried out. This will ensure the home is safe and well maintained with a schedule of refurbishment and redecorations due to commence.

Governance arrangements are in place to facilitate daily operations, to promote the smooth operation of the home. A clear management structure is in place, which is outlined in the statement of purpose. Internal systems and processes are in place to oversee the development needs of the staff, to ensure they maintain the skills and knowledge to deliver safe care. Internal auditing and quality control practices, which include seeking feedback from people associated with the service are in place. All feedback we received, both verbal and written, was mostly positive. People have access to advocacy if needed and measures are in place to safeguard people.

Care and Support

People have access to health and other services to maintain their ongoing health and well-being. Information within people's files evidence referrals and contact is made with various health and social care services. We saw these referrals were made in a timely manner and whenever people's needs changed. Personal plans include some details of people's preferences, we found these preferences are valued and respected by staff and management. However, we identified where documentation could be further improved this includes, ensuring all information is reviewed and updated when transferred to the new electronic system. We saw several plans did not contain accurate up-to-date information for how people's care is to be provided.

People are supported to access services to maintain their ongoing health and well-being. Documentation viewed demonstrates people are supported to access healthcare facilities including opticians, dentists, podiatrist and general practitioners. We saw care staff show good knowledge of people's wishes, needs and how to respond to them. We observed people throughout the visit, sitting in communal areas, chatting or carrying out activities. However, we identified that some people who remained in their own rooms told us "*I find the days very long, there is not a lot to do here*". We discussed this issue with the manager who told us they are recruiting a third activities coordinator to enable one-to-one activities for people who choose to remain in their own rooms.

Systems are in place to protect people who use the service. We saw people's body language and expressions indicate they feel safe and secure around the care staff who support them. Although we identified where improvements can be made regarding the deployment of staff around the home to ensure people are assisted in a timely manner. People told us they feel safe and secure living at the service. Comments from people using the service included "*The food is good, we are looked after here*" (resident) and "*Staff are kind I can't grumble, but they are sometimes very busy*". (resident). Systems are in place to ensure people remain safe whilst promoting their independence. A safeguarding policy is available which informs staff of their roles and responsibilities in relation to protecting adults at risk from harm, abuse and neglect. Records we saw evidence staff have received up to date safeguarding training and any additional training needs identified.

The service promotes hygienic practices and we saw staff wearing appropriate personal protective equipment when/if required.

Environment

People have a sense of belonging. Bedrooms are personalised with items of people's choice and personal belongings. There is a large open dining area and communal area with good access and egress for people with mobility needs. However, since the last inspection we identified where improvements are required throughout the home. This includes but not limited to; bathrooms require attention, corridors and some areas throughout the home show signs of wear and tear due to the busy nature of the service. We discussed our findings with the management team who told us a schedule of works is currently underway which includes painting of corridors and general refurbishments throughout the home and renovations to bathrooms due to commence. This is an area for improvement and we expect the provider to take action.

People can be mostly confident that there are effective arrangements at the home that will protect public safety and minimise cross infection although we found some improvements are required to remove personal items inappropriately stored in communal bathrooms. We further observed several bed rail protectors required replacing. The manager agreed with the finding's and told us the matter would be dealt with immediately.

We considered some records relating to health and safety, which evidenced the provider maintained effective oversight to ensure the environment was safe. Furthermore, we saw evidence from documentation that the areas for improvements identified during our visit have been noted by the provider and logged appropriately. All confidential files including care and staff files were stored securely in lockable areas. Various fire-related safety checks are carried out and residents have personal emergency evacuation plans in place. There is a fire safety risk assessment and care staff receive training in fire safety and first aid.

Each area of the home has its own dining and lounge area, however at this time most people's meals are provided in the large communal dining area on the ground floor. The provider told us they plan to restart dining on each individual floor following the schedule of refurbishments. We observed the dining experience and saw improvements have been made but further improvements are required to ensure a calm social time for people to enjoy. The home has been awarded a rating of five (very good) by the Food Standards Agency.

People are mostly supported to live in a safe environment. The entrance to the home is secure and visitors must ring to gain entry. The service ensures that there is oversight and upkeep of supplies and equipment, such as gas, electricity and lift services. The provider told us the scheduled works required throughout the home would be carried out over several months and we will follow this up at the next visit.

Leadership and Management

Management oversees staff training and supervision needs. Care staff benefit from learning and development opportunities provided and we saw evidence care staff have carried out mandatory training courses as well as any additional training required. Staff are supported to register with professional bodies such as Social Care Wales the workforce regulator and the Nursing and Midwifery Council.

People benefit from the leadership and newly appointed manager in place to support the smooth running of the service. The RI spends time at the home and engages with staff, relatives, and residents seeking feedback. We requested information relating to monitoring and we saw the recent quality monitoring report dated March 2024 which evidenced the areas for improvements had been identified by the provider. This information demonstrated the RI undertakes formal monitoring as legally required. Systems and processes help promote the smooth running of the home. Detailed clinical and non-clinical audits are in place in relation to key areas of service delivery, including nutrition, medication, and skin care. We saw this information is reviewed and analysed as part of the quality-of-care report produced every six months. The management team, work with external agencies and notify the Regulator of any incidents in a timely manner. Although we identified one Deprivation of Liberty Safeguards (DoLS) authorisation had not been applied for as required, to ensure the service is acting in people's best interests. The manager told us this was an oversight and the matter addressed immediately.

People have opportunities to express their views and lodge complaints. The home has a complaints policy in place and the written guide to the service informs people how to raise their concerns formally. Mechanisms are mostly in place to protect people and the documents in place set out and provide people with an understanding of the service they can expect to receive. People using the service and staff know who to approach if they have concerns and people have access to independent advocates if they wish and feel safe to do this should the need arise.

Care staff told us the nurses and care staff work well as a team and they feel extremely well supported, appreciated, and valued by the management team. One staff member told us *"I enjoy my job, it is very busy at times but in a good way"*, another staff member told us *"I feel valued but feel we could do with another pair of hands at time"*.

Care staff and nursing staff are allocated to specific areas of the service to ensure continuity of care for people. However, we discussed areas where improvements can be made to ensure people are not waiting for assistance by appropriate delegation of staff throughout the home. The manager agreed and told us they are committed to ensuring the required improvements are carried out.

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

44	The provider is non-compliant as the service must be properly maintained and kept clean to a standard which is appropriate for the purpose for which they are being used.	New
21	The service provider to ensure that people receive the assistance required at mealtimes in accordance with people's personal plan	Not Achieved
59	Care records must be kept up to date to protect people they support	Not Achieved

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