

Romilly Nursing Home



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



02920231903

Date(s) of inspection visit(s): The inspection visits for this service took place between 03/09/2025 and 08/09/2025

Service Information:

Operated by:	Oakville Care Limited
Care Type:	Care Home Service Adults With Nursing
Provision for:	Care home for adults - with nursing, Care home for adults - with personal care, Provision for learning disability, Provision for mental health
Registered places:	73
Main language(s):	English
Promotion of Welsh language and culture:	The service provider is not meeting the Welsh language and culture needs of people and this requires improvement.

Ratings:



Well-being

Requires Improvement



Care & Support

Requires Significant Improvement



Environment

Good



Leadership & Management

Requires Significant Improvement

Summary:

People living at Romilly Nursing Home have varying experiences of care and support.

'Well-being' is rated 'requires improvement' because while some people's well-being is fully supported with examples of exceptional outcomes, other people's experiences could be better.

'Care and support' are rated 'requires significant improvement' because insufficient progress has been made to address the areas for improvement identified at the last inspection. Some people experience good care and support, but this is not everyone's experience.

'Environment' is rated 'good' because the provider is in the process of refurbishing the home and has made improvements to the décor and cleanliness. The building and equipment are monitored and tested.

'Leadership and management' are rated 'requires significant improvement' because the provider does not have effective monitoring systems in place to help identify issues and prevent potential neglect. Staff are vetted to work in the service and feel supported.

Findings:



Well-being

Requires Improvement

People's physical and emotional well-being is considered by the service, but not all people's experiences are positive. Some people or their relatives told us they have "*No concerns*," about the care and support they receive. We saw people receive timely help, for example, with their continence needs.

We saw some exceptional support of people who present with behaviours which challenge. One family member told us "*They're good with my relative*," acknowledging this can be difficult at times. We were told by family members of the outstanding care of their relative when they were towards the end of life, saying "*The home supported our relative's and our choice not for them to go into hospital. They were cared for at the home better than they would have been in hospital, right to the end.*" One relative told us there is good communication between them and the management to help address any health issues, appreciating the guidance of the new clinical lead, saying "*There's nothing they can do better.*" Some families recognise the improvements the service has made with comments such as "*It's great here*," and "*Before it was all 'cloak and dagger' but now it's not.*"

The mealtime experience has partly been improved with families telling us "*They don't use cheap ingredients, and the food is home cooked; it is of a high quality.*" However, we saw some people at risk who rely on support to eat and drink, and some who require modified diets not receiving this. These people would not be able to identify when they are at risk. Some people who are cared for in bed do not have the same activity and engagement opportunities as others. Some people's wishes include receiving support to access the community, but there are not always records to show this is happening. One relative told us they arrange for the person to access the community through private arrangements to ensure this happens.

The service supports people to have positive relationships. Families told us they feel welcomed and supported. People and their relatives told us the staff are "*So kind*," "*Good*," and "*They make such a difference.*" One family member told us their relative "*Has love by the bucket load*" from the staff and explained "*This is not put on.*" People can move around the home and be with friends or other residents. Some activities support social opportunities, so people have time to make new friendships. The management understand the need to assess the compatibility of people, to ensure their experience of living together is a positive one and takes action to resolve issues where possible.



Care & Support

Requires Significant Improvement

Care and support are not always delivered in accordance with personal plans and records require strengthening. The provider has made some improvement to ensure personal plans contain sufficient information to guide staff, but these still need developing. Improvement is required to ensure all tasks relating to a person's needs are recorded in detail, and in the right section of the plan, so staff members responsible have clear prompts to undertake their duties.

We found instances where care was not delivered in accordance with guidance from health professionals. Overview sheets provided to the kitchen and mealtime servers are inaccurate and we saw instances where people had not received appropriate care and support, especially around nutritional and fluid intake. Some records show gaps in care, for example, when someone needs support to reposition to prevent skin issues. We were assured by the manager, people have the right care and support, but records do not always show this. We showed the manager multiple examples where records show the wrong textured food had been provided to people who are at risk of aspiration or choking. Some records are detailed, capturing the issues, such as wound care; demonstrating the person has the right support to promote healing.

The risk assessments for people, especially around environmental issues, are not always considering potential risks. Issues were highlighted at the last inspection around the provision of care and support and related documentation. There has been insufficient progress made by the service to safeguard people from the harm which could be incurred from inaccurate or missing information. Outcomes for people require significant improvement because people are at risk of harm due to inaccurate documentation and provision of care. We have therefore issued two priority action notices. The provider must take immediate action to address the issue of records and provision of appropriate care and support. Since the inspection, the provider has given some assurances around immediate action taken. This will be considered at the next inspection.

People are supported to access health care professionals and medication administration is mostly safe. Nurses employed by the service undertake clinical tasks within their capabilities. When more specialist support is required, this is arranged through referrals. Health professionals, including nurse assessors, dieticians and social workers visit the service regularly. They indicate the service is sometimes responsive and is mostly open to the specialist advice and support on offer.

Most people who are coming towards the end of their life are able to remain in the home and receive palliative care. Medication records show people have their medication as required and this is administered by qualified staff. We discussed how the administration of medication could improve with the manager, and they took immediate action to address this.



Environment

Good

People live in a home which mostly meets their needs. People have their own bedroom which is clean. These have suitable equipment including profiling beds. We saw people have assistance to display items which are important to them. The provider is part way through a refurbishment plan, with the majority of this having been completed. Some further work is planned to refresh and renew items, particularly in the ground floor bedrooms. People can move between floors and access communal areas if they are able, and those requiring support to do this have the help they need.

The ground floor offers a larger communal lounge where social activities are arranged, and a larger dining area. Other floors offer smaller, more intimate spaces. There is signage around the home to help orientate people, as the layout can be a little confusing. The provider is considering provision of signage in the Welsh language. There is a small, decked area where people can access outdoor space.

The provider has systems in place to maintain and manage the accommodation. The service ensures routine testing of equipment and services by external contractors takes place, such as gas, and any identified issues are addressed.

Improvements have been made since the last inspection around the cleanliness. We found all areas of the home to be fresh smelling. Kitchens meet the Food Standards Agency requirements, and the provider takes action to address any matters raised by authorities, such as the fire service.

When equipment such as passenger lifts require repair, the service provider arranges this as quickly as possible.

Risk assessments and audits of the environment take place, but these are not always picking up issues which need addressing.

The home mostly accommodates people who lack the understanding to identify dangers, relying on the service provider to keep them safe from potential harm. We found some potential hazards and raised these with the management. The service provider is also considering how stairwells can be made safer.



Leadership & Management

Requires Significant Improvement

The service provider has arrangements in place to oversee the quality of care, but these are not always effective, placing people at risk of harm. A responsible individual (RI) visits the service, speaks to people and staff, and considers improvements required. They have identified where some actions are required, but not all. The provider is making some attempt to provide the Welsh active offer but indicates this is not currently required. They make every effort to support people of multi-cultural backgrounds with their language and cultural needs. A general manager, manager and clinical lead have responsibility for the day-to-day operation of the service. They conduct audits but these are not always fully considering what they need to. We found areas of service provision where the monitoring is ineffective, failing to identify when there is a lack of understanding, poor practices, poor recording, or environmental hazards. There is also a lack of progress to improve areas which have previously been identified as substandard. Outcomes for people require significant improvement because the service provider is not identifying when people could be at risk, or when some have poor care. We have therefore issued a priority action notice. The provider must take immediate action to address this issue.

Leaders generally support and develop the staff team. Managers ensure there are sufficient care and support staff available, making adjustments to accommodate sickness and absence. We found this is not the case for activity coordinators, so people may not receive the service they expect, as outlined in the statement of purpose. There is a professional approach to monitoring staff performance, through regular supervision and provision of any identified training needed. Training is mostly provided to suit the needs of people being cared for, but the provider must improve how they identify whether staff need more bespoke training to suit the differing health needs people in their care may have. This is because we found some people had neurological conditions which required staff to understand how to respond in the event of a health emergency. The service could not provide evidence of current training and competency testing to support these individuals safely, and with confidence. The RI took immediate action to secure the training required for staff and considered the deployment of nurses to meet people's needs.

Staff have opportunities to undertake qualifications. Nurses and care workers are supported to register with their respective professional workforce regulator. There is a positive culture with staff observed to be friendly and welcoming, while delivering warm and sensitive care and support. Staff are invited to regular staff meetings where they can contribute to the development of the service.

There are strong recruitment systems to support the vetting and selection of staff. Personnel files contain all relevant documentation which is well organised. The management conduct relevant

checks with the Disclosure and Barring Service, previous employers and government registration services to ensure staff are fit to work in care.

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.

The table(s) below show the area(s) for priority action and/or those for improvement we have identified.

CIW has no areas for improvement identified following this inspection.

Summary of areas for Priority Action	Date identified
People are at risk of harm or death as the provider does not have effective monitoring systems in place. They are not always identifying when people experience inappropriate care and support, documentation is inaccurate, or environmental factors are posing risks of potential harm.	03/09/25
People are at risk of receiving incorrect care and support, and are at risk of harm, malnutrition and choking. This is because plans may not have full details around the health and safety risks to people, and plans, including guidance from health professionals, are not always followed.	16/08/22
People are at risk of harm or death as records within the home around nutrition, fluids and food textures are not kept up to date, and are contrary to professional advice and the person's needs. Daily records indicate there is incorrect care or omissions in care. The provider has started to address issues found at inspection, but needs to take further immediate action to safeguard people from harm.	16/08/22

Mae'r adroddiad hwn hefyd ar gael yn Gymraeg

This report is also available in Welsh

Welsh Government © Crown copyright 2025.

*You may use and re-use the information featured in this publication (not including logos) free of charge in any format or medium, under the terms of the Open Government License. You can view the Open Government License, on the National Archives website or you can write to the Information Policy Team, The National Archives, Kew, London TW9 4DU, or email: psi@nationalarchives.gov.uk
You must reproduce our material accurately and not use it in a misleading context.*