



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

16 August 2022

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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	02 February and 10 March 2022
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

This was a focused visit to follow up on the progress made following the priority action notices issued at the inspection on 02 February and 02 March 2022. This was in relation to care and support of people, insufficient staff to provide responsive care and poor oversight of the issues affecting the service. We found at this inspection that the necessary action had been taken to secure the required improvement. It is imperative that the improvements are sustained and embedded in the service.

People receive care from kind and respectful care workers. People receive the care and support they need at the right time. Staffing numbers are regularly reviewed and provided to ensure the safe delivery of care but this needs to be sustained. Care records evidence people's support they receive but this still requires some improvement. The staff team better understands their responsibilities of the role they perform. The nurses and care staff receives a detailed induction and general mandatory training, but the service provider intends to arrange additional training in some specific areas. There is improved internal auditing of the service which keeps the service provider well informed, but some areas could be strengthened. The oversight of the service should be continually monitored by the responsible individual to ensure the improvements achieved is sustained. Overall, the service is now accurately describing and delivering the aims and values of the statement of purpose.

Well-being

The physical environment contributes to people's well-being. There is space for people to spend time with others or in their own rooms if they prefer. There is safe and secure outside space for people to enjoy. The home is clean and free from any hazards to keep people safe from harm. People told us they enjoy seeing their relatives and friends and this is facilitated by the home to maintain people's well-being and uphold their rights. People have their rooms with items that they consider as important.

Staff are kind and compassionate. We saw that staff support people with help to provide dignified care. People told us they liked living in the home and staff were always helpful when they need support. Care records show that people receive the right care and support at the right time to meet their personal outcomes and mitigate risk. This is because there are increased staffing numbers to enable them to respond promptly and improved monitoring of care and health. Some daily care records require some improvement which can be relied upon to identify people's needs and any changes in health to ensure prompt action is taken. Although recruitment and retention has been challenging across Wales the home appointed nurses and care staff which has stabilised the workforce. People now benefit from a familiar face and improved continuity of care.

The responsible individual (RI) and management team monitors care closely to ensure the necessary improvements were made and standards are maintained. Since the last inspection there are auditing systems in place which keeps the RI well informed, but a few require further strengthening to be fully effective. Staff are inducted to the service and receive mandatory training, but further training areas are required. Staff receive regular supervision and would like the opportunity for more frequent team meetings with the management team.

Care and Support

People receive regular and consistent staff which has enabled people to receive continuity of care which they told us they liked. Since the last inspection, the staffing numbers have been increased for priority care times of the day when people require staff assistance.

Although staff recruitment has been challenging across Wales, they have successfully appointed many new nurses and care staff to the home. Staff we spoke with, understood the needs of the people they support because they have taken the time to get to know them and their preferences. This was despite not having training in some specific areas of people's needs. Staff told us that the increased staff numbers enable them to meet people's outcomes and respond promptly to call bells. Call records confirm that care workers are providing responsive care which decreases the risk to people's health and well-being. We found that people's needs are regularly reviewed to ensure the staff numbers are adequate to meet people's needs and adjust when needed. It is imperative that the staffing numbers are sustained to continually deliver quality care and support. Staff told us that management now mixes the skill and abilities of staff on duty to ensure the staff team allocated are well informed and has the expertise to effectively support people. Although we observed that care staff were busy supporting people they were not rushed or overwhelmed. A few staff told us '*We now have some time to talk to people*'.

There is improved oversight to ensure people receive the right care to meet their personal outcomes. We found that there are daily audits in place for nurses to ensure there is oversight of the care being delivered to people. We saw increased numbers of people spending time in the lounge socialising with others, but some daily care records should explain the reason for people that is staying in bed. People receive regular opportunities for showers and baths. We found that there is good catheter care management. People receive regular continence care to maintain their personal hygiene. Overall, there is improved wound care management which we found stabilised and improved wounds. People are supported to regularly reposition to ensure their skin is not compromised. We saw that people used appropriate equipment to help with pressure relief and regular equipment checks are in place. People told us that they feel well looked after and they receive the care they need. We saw people looked healthy and receive the care and support to meet their personal outcomes. However, not all records evidence this, as there are some gaps in key daily care records we looked at. This included, but was not limited to, fluid intake targets and total of intake, wound assessment records, handover care information, etc. We noted that appropriate referrals are made to the relevant professional when advice and support is needed. There has been a reduction in the accident and incidents which can be an indication when there is sufficient staff presence and monitoring in the home. We found that appropriate decisions and action was taken at the time to ensure the person's health was monitored and seek appropriate action when needed. People appeared comfortable and happy living in the home. They told us that staff are kind

and compassionate. We saw staff positively engaging with people and respectful of their dignity and privacy.

People's mealtime experience requires improvement. There is a varied menu with alternative choices available but on the day of inspection this was not displayed. The menu caters for all dietary needs and the Chef told us that people can choose other options which they will always accommodate. There is a list available of people's dietary and modified dietary requirements to enable quick reference for staff. There is communal space available to encourage people to socialise together, but the majority of people eat by their comfy chair in the lounge or on their own personal room. Meals are not served in sequence so most people sitting together will often eat at different times. There was a mixed experience for people as they did not always receive the right assistance which can compromise their nutritional intake and place the person at risk. The service provider gave assurance that immediate action will be taken. The kitchen has been awarded in March 2020 with a rating of 5 'very good' by the Food Standards Agency. The kitchen appears clean and well equipped.

Environment

This was a focused inspection to test non-compliance from the last inspection, so we did not consider this theme in full.

There is effective infection prevention and control. There are robust cleaning arrangements in place. Personal protective equipment (PPE) and hand sanitiser is available throughout the home and visitors are required to be tested prior to entry. We observed care staff appropriately wearing and disposing of PPE. The service provider must ensure they communicate to staff the best practice and advice if a staff member tests positive for covid-19.

The environment and equipment are suitable for people's needs. There are systems in place such as a keypad entry into the service and a visitors' book to keep people safe. We observed care staff using the equipment with confidence when assisting people to move safely. Equipment is clean and well maintained. There is space in people's rooms and wider corridors for wheelchairs to move easily. The environment is free from hazards to keep people safe from harm. Bedrooms are personalised with pictures and ornaments of choice, often celebrating family connections or personal achievements.

Leadership and Management

There are governance arrangements in place to assess and monitor the quality and safety of the service. The responsible individual (RI) regularly visits the service and meets with the management team on a regular basis. Although relatives are given the opportunities to share their views, this should include speaking to people using the service and staff. The RI completes regular quality care review reports and identifies things that work well and areas for improvement. This report is detailed but needs to include analysing information gathered in the service over the last six months. An annual survey has been given to people using the service, their representatives, and staff but the results are not yet analysed. The manager and clinical team is available in the home on a daily basis to provide support to the staff team. Most of the staff told us that although the manager and clinical lead is approachable, they would like them to increase their visibility in the communities to spend time with the staff team. Although the manager confirmed they walk round the home each day to speak to people, we found no written evidence to support this. Overall, the service is now accurately describing and delivering the aims and values of the statement of purpose.

There are formal arrangements in place to internally assess and audit the service, but this needs to be further strengthened. The nurses are monitoring the delivery of care on a daily basis which is recorded to ensure people's personal outcomes are consistently met and not missed. The management team introduced regular audits to ensure they maintain oversight of the quality of the service. The audits appeared effective as they test and evidence the improvements in the home. Although, there are daily clinical meetings to discuss people's needs which are recorded there should be formal clinical governance to ensure there is a clear clinical evaluation of people's needs. This is a good opportunity to ensure all actions and referrals have been made. The current wound audit requires revision as this failed to identify some issues that require improvement. Currently, accident and incidents are not analysed and a lack of detailed call bell analysis which is a missed opportunity to identify patterns and trends. There is a monthly report which is undertaken by management which is detailed and will keep the RI well informed.

There has been a significant staff recruitment drive which has stabilised the workforce and improves continuity of care for people. Care staff complete shadow shifts and go through an induction programme. The staff told us that the new staff are given the opportunity to be mentored by experienced staff. Staff told us that this responsibility is now shared between staff and the care coordinator. They have recently introduced a competency assessment for all new staff to ensure they are confidently competent in their role. Some nurses and care staff we spoke with appear to have improved understanding of their responsibilities and the role they perform. This is because they are given the opportunity to receive support and the daily audit in place gives them improved oversight of people's care. We looked at the staff training records and found that although staff receive regular mandatory training, they lack

specific training to help them understand the specific needs of people they support to identify and mitigate risk. The service provider will need to take action to ensure staff are adequately trained and equip for the role they perform. Staff receive regular supervision opportunities but told us that they would like frequent team meetings with management to share their views collectively.

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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6	The service provider to further strengthen the quality and audit systems to review progress and inform the development of the service	New
21	The service provider to ensure that people receive the assistance required at mealtimes in accordance with people's personal plan	New
59	Care records must be kept up to date to protect people they support	New
36	Staff to receive core training to understand the specific needs of people they support	New

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