



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

16/10/2023

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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	72
Language of the service	English
Previous Care Inspectorate Wales inspection	Click or tap here to enter text. 16 August 2022
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 72 residents with a range of nursing and personal care needs. This inspection was unannounced. There is a 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. People receive care and support from a friendly staff team. There are sufficient staff to provide care and assist with suitable arrangements in place to cover any staffing shortfalls.

The manager 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 but we identified areas where some improvements are required. Care documentation reflecting the care and health needs of people living at the home needs improvement. Staff receive general mandatory training with additional training due to be carried out in specific areas.

People live in an environment which is homely and suitable for their needs. The home environment is secure. People are consulted about the care and support they receive. Infection prevention and control processes are in place to reduce the risk of infectious diseases being spread throughout the home.

Well-being

People have a good choice of meals and drinks to suit their nutritional needs and preferences. We saw some people enjoying the meals provided but identified the mealtime experience requires improvement to enable a social time for people to enjoy. The home has achieved a 5-star (very good) food hygiene rating. We spoke to people who were complimentary about the choice and quality of food.

People feel safe and protected from harm. The entrance to the home is secure. Arrangements for fire safety and general maintenance are in place. The home is clean and well-furnished throughout and suitable for the needs of the residents and management ensure it is a safe place for people to live, work and visit. People can move freely in accordance with their abilities and assessed risks. There are four floors to the home each accessible via a passenger lift.

Measures are in place to promote good standards of practice throughout the home, with infection prevention and control measures robust and in line with Public Health Guidance. Management shows oversight of incidents, accidents, complaints, and safeguarding matters. A statement of purpose is present which is up to date and reflective of the home.

Management oversee the training and supervision needs of staff although we identified where further improvements must be made. Team meetings take place specific to each worker's role. There is a robust recruitment process in place. The RI demonstrates appropriate oversight of the home to ensure it operates safely and in accordance with its statement of purpose. However, we identified areas where improvements are required which we discussed with the RI who shows a commitment to improving and developing.

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 they had good working relationships that were respectful. Care documentation to support the delivery of care and support people require has recently changed to an electronic system which requires strengthening to capture identified risks. People are encouraged to have visitors to the home and people we spoke with told us *"Staff are kind and helpful." "I am well looked after"*.

Care and Support

People have access to health and other services to maintain their ongoing health and well-being. Information within people's care files showed referrals and contact with various health professionals. We saw these referrals were mostly made in a timely manner and whenever people's needs changed. We saw people looked healthy and receive the care and support to meet their personal outcomes. However, personal plans do not always reflect people's current needs or evidence this due to gaps in recording. We discussed some matters with management that would benefit from review which includes but not limited to; more detailed information relating to personal preferences and what matters to them to be captured within the plan, fluid intake/targets and wound care regimes. The RI told us this would be addressed immediately.

Systems are in place to protect people who use the service. We saw people's body language and expressions indicated they felt safe and secure around the care staff who support them. The staff team told us they understood the importance of reporting concerns and that they feel able to approach the manager/RI with any issues or concerns and feel extremely well supported. Care staff are visible, and we found there to be appropriate oversight of staffing arrangements. Care staff know the people they support well and some staff told us they had worked at the home for many years. We saw care staff interact with residents in a friendly and respectful manner.

People's mealtime experience requires improvement as we saw there was a mixed experience for people. We observed the dining area during lunch time and saw some people enjoying a social time sitting chatting with others around the dining tables whilst others remained seated in their comfy chairs where they had been sitting all morning. We observed due to the layout of the lounge area some people were inappropriately seated which we discussed with the RI who told us the matter would be addressed immediately. The home has been awarded a rating of 5 'very good' by the Food Standards Agency.

The service promotes hygienic practices and manages risk of infection, such as cleaning schedules. The service has an infection control policy and procedures in place. Discussions with care staff confirmed they are aware of the infection control procedures, and we saw them wearing appropriate personal protective equipment (PPE) when appropriate.

Environment

People have a sense of belonging. The home offers several small communal areas for people to sit and enjoy with others or spend time alone. Bedrooms are personalised with items of people's choice and personal belongings. There is a large open dining area with good access and egress for people with mobility needs but consideration needs to be given to the seating arrangements in this area. People are cared for in a mostly clean and homely environment. However, we observed personal items inappropriately stored in communal bathrooms which we requested be removed. The RI agreed with the findings and told us the matter would be dealt with immediately.

People are safe, the home is secure with a keypad system in place and visitors must ring to gain entry. There are four floors to the home each accessible via a passenger lift. The home offers suitable accommodation for the residents. Management oversees the home's health and safety requirements. From our walk-around we noted window openings that may pose a risk to residents are secure. Staff carry out regular safety checks and we saw up-to-date personal emergency evacuation plans (PEEP) in place. There is a fire risk assessment and care staff have training in fire safety and manual handling with all current training improved and mostly up to date or dates arranged. Environmental audits to ensure areas are clean and safe are carried out daily/weekly. However, we identified where improvements are required regarding the storage of hazardous items.

The service provider mostly identifies and mitigates any risks to health and safety. We considered various records relating to health and safety, which evidenced the provider maintained effective oversight to ensure the environment was safe. The home has a visitor book in accordance with fire safety arrangements and visitor identity checks are undertaken. We saw all safety checks in relation to gas installation, electricity and safety records were satisfactory and up to date. All confidential files including care and staff files were stored securely in lockable areas.

People can be confident that there are effective arrangements at the home that will protect public safety and minimise cross infection. There is oversight to ensure staff follow the correct infection guidance.

Leadership and Management

People can be confident management monitors the quality of the service they receive. Systems and processes mostly help promote the smooth running of the home; however, we identified where improvements are required. Management oversees incidents, accidents, and complaints. The home carries out internal audits to monitor standards and practice. We looked at some key policies and saw they are up to date and reviewed. Policies and procedures are accessible to staff and provide guidance and information to support them in their roles.

People can be assured that staff are safely recruited, supported and we saw staff training has improved for the roles they undertake. We looked at staff recruitment files and saw they contained all the pre-employment checks required in respect of any person working in regulated services. Staff receive formal one-to-one supervision in accordance with regulatory requirements. Supervision provides each staff member with opportunities to discuss their performance, development and/or any concerns they may have. We were told that staff training was mostly up-to-date, which included safeguarding of vulnerable adults, infection control and manual handling. However, we identified from the staff training records 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 RI acknowledged the 'gaps' in staff training and told us they are working to achieve this.

We spoke with staff during our visit who told us, *"Management are supportive"*, *"I enjoy working here and feel supported"*, *"I have been here many, many years"*. Daily handovers ensure pertinent information is shared between staff at shift handover. We found that regular auditing mostly ensured residents' health, or any deterioration had been recognised and acted upon.

Staff meetings take place on a regular basis for management and care staff. The manager is visible and described by staff as *"supportive"* and *"approachable"*. The RI visits the service as required and we viewed the recent three-monthly quality monitoring report dated 10 August 2023 which contained all the required information. We saw from the report that some areas we highlighted as requiring improvement throughout our visit had been previously noted by the RI. The RI has assured us that they are taking immediate action to address these areas.

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
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
36	Staff to receive core training to understand the specific needs of people they support	Achieved
6	The service provider to further strengthen the quality and audit systems to review progress and inform the development of the service	Achieved

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