



Arolygiaeth Gofal a Gwasanaethau Cymdeithasol Cymru  
Care and Social Services Inspectorate Wales

# Inspection Report on

## Romilly Nursing & Residential Home

9-15 Romilly Road  
Pontcanna  
Cardiff  
CF5 1FH

### **Date of Publication**

Tuesday, 4 April 2017

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## **Description of the service**

### **Summary of our findings**

The Romilly Nursing Home is owned by Oakville Care Limited who is registered with the Care and Social Services Inspectorate Wales (CSSIW) to provide accommodation and personal care to 73 people aged 65 and over. This includes 63 older adults aged 65 and over who may receive nursing care. The home's registration also permits a number of younger people with learning and physical disabilities who require nursing care to live at the home.

There is currently no registered manager at the home but a new manager has been appointed and we were told was due to start the week following this visit.

The home is located in Pontcanna, Cardiff and is close to the city centre. The building is a number of former terraced Victorian homes which have been modernised and extended to suit its purpose. The home has easy access to all local amenities.

#### **1. Overall assessment**

The inspection was undertaken in response to concerns raised with us about inadequate information within care documentation and poor staff working relationships. These matters were the focus of our inspection, as well as following up on recommendations or issues raised at the previous inspection.

Some people told us that care had not always been provided in a timely manner, but management had recently increased staffing levels by one, following feedback from staff.

Care files were seen to be detailed and provided sufficient information for care staff, but would benefit from being written from the perspective of the person receiving the care.

The feedback we received from both residents and relatives in respect of the care provided was positive. Staff told us they are very happy working in the home and are well supported by management and other team members. There is currently no registered manager in post. However the person who oversees the service on behalf of the company (responsible individual) and the clinical lead nurse were present throughout our inspection and demonstrated commitment to service improvement.

#### **2. Improvements**

This was not the focus of this inspection.

#### **3. Requirements and recommendations**

Section five of this report sets out our recommendations to improve the service. These include the following:

- Staffing levels at certain times of the day
- Making lunchtime a more social experience
- Providing an environment with more stimulation for people with dementia
- Ensuring people's views on how they want to be looked after is written in their care plans

## 1. Well-being

### Summary

People are treated with respect by staff and told us they felt safe and content in the home. Visitors and relatives told us they were satisfied with the standards of care they observed and that their relative received in the home.

### Our findings

People are treated with respect and have warm and friendly relationships with staff. We saw that residents responded well when staff spoke to them. We noted staff often bent down to the residents' level and engaged fully with them. One member of staff wrote a note for a resident who seemed to be experiencing communication difficulties and this appeared to provide a positive outcome. We were told by residents that the staff are *'lovely'*, *'very kind'*, *'there's a kindness about them'*, *'can't think of anything else to improve it here'*. One visitor told us they had seen staff sitting with a resident who was upset and offered reassurance. They went on to say that staff were always *'kind and patient'*. People living at the Romilly have good relationships with the staff who care for them.

People are able to be involved in things they enjoy. We saw residents enjoying a film in the cinema room. Other residents told us they are aware there are games and activities available where staff offer them opportunities to be involved. We saw an activities log for a sample of four residents and they had been involved in a variety of activities. Residents who chose not to be involved were provided with one to one interaction in their rooms and this was confirmed in conversation with two residents. Relatives confirmed that there are always activities available in the home. People can therefore do things that matter to them.

People may not always have as many opportunities to socialise and interact with others at mealtimes as they could do. We observed that most residents in the communal area remained in their chairs with their meals served on their chair trays at lunchtime. Conversation was limited to that from staff who assisted with the meal and the placing of seats in the room allowed little interaction between residents. Mealtimes can offer a valuable opportunity for residents to interact with each other or staff. This was discussed with the responsible individual and clinical lead who agreed to consider how mealtimes could be improved. People may not always enjoy the benefits of mealtimes as an opportunity to socialise with others.

## 2. Care and Support

## **Summary**

We saw staff engaging with people during the visit, using appropriate touch and body language. People appeared at ease with staff and to have good positive relationships with them.

There have been occasions when not all care has been delivered in a timely manner. Staffing levels have been considered following feedback from care staff and a further member of staff has been recently introduced on the morning shift.

Staff in the home told us they are well supported and benefit from good teamwork and approachable management.

Care documentation is detailed but would benefit from being considered from the residents' perspective of how they might wish their care to be provided.

## **Our findings**

People are treated with kindness and compassion in their day to day care. People are offered warmth, encouragement and emotional support. They told us staff understood them, asked them about their care and confirmed they would have no hesitation in mentioning any problems or concerns to the staff. People have safe and positive relationships with staff and are able to express their views.

Care plans are detailed and provide sufficient information for care staff, but do not fully reflect the perspective of the person receiving care. The home has introduced a one page profile and a personal profile sheet is kept in each resident's room. These documents contain details of likes, dislikes and information to help care staff understand people as individuals. Discussion was held with the responsible individual and clinical lead and it is planned to further develop the personalisation of care plans using this information. We concluded that people's individual needs and preferences are mostly understood and anticipated.

There is a considerable amount of positive interaction between staff and residents. We observed the midday meal in the main dining area. Care staff were mostly seated with any resident who needed help to eat their lunch and spoke in a respectful and supportive manner to each individual, encouraging conversation wherever possible. We saw that care was relaxed and unrushed. People who needed help were supported in a patient and gentle manner, with care staff gaining their attention from time to time to encourage them with the food. We noted one person had not eaten their meal and several staff had stopped to talk to the person concerned and an alternative meal was brought after discussion with the resident. We concluded that people are encouraged and assisted to eat appropriate meals to maintain a healthy diet.

People do not always receive timely and appropriate care. One resident and two visitors told us that there had been occasions when the persons concerned had called for help and had to wait a considerable amount of time for support. This was discussed with the responsible individual and clinical lead and they told us they have recently (within the last

fortnight) supplied another member of staff in the communal area in the morning, in response to feedback from staff about help needed. They believed this would resolve these delays but will speak to staff and monitor the situation following this inspection. We concluded there have been occasions when people have not received the right care at the right time to meet their needs.

### **3.Environment**

#### **Summary**

The home is clean, well furnished and well maintained but the layout of the communal area does not allow for some residents to either see or hear a television well. The building would benefit from aids for orientation for people with cognitive impairment.

#### **Our findings**

The home is clean, bright and well maintained. The bedrooms we saw were warm, comfortable and well furnished. Communal areas were bright and comfortable. However, we noted that in the main sitting room on the ground floor some people could neither hear nor see the televisions, or could hear the sound from both televisions, which made conversation with them very difficult. Consideration was needed about how people can be given the opportunity to watch television or find a quiet environment, whichever is their preference. In general however, people can feel valued because they are cared for in comfortable, clean and well maintained environment.

The environment does not provide support to those with either a sensory or cognitive impairment to be independent in moving around the home. The walls and doors were the same colour and there were no aids to help people know where they might be, or how to find their way around. People do not have the opportunity to live in a building which provides them with support to fully maximise their independence.

### **4.Leadership and Management**

#### **Summary**

There is currently no registered manager in the home but a new manager has been appointed to start immediately. Staff are well supported in their work in the home and there is a good working culture. They feel management are approachable and responsive.

There is a good overview of the quality of the service but residents' views are not currently being sought.

#### **Our findings**

Managers in the home have established a positive culture whereby staff feel well supported. Staff working at the home told us they benefit from a good working environment and have chosen to remain working in the home because they were content and there was a good team spirit. We were told that care staff had opportunities to develop their potential and felt supported in doing so. Staff told us they would have no hesitation in speaking up if

they were unhappy about anything and gave an example of an increase in staffing levels in the main communal area, in response to staff raising this matter with management. Staff felt they could approach the management for help and advice at any time. People are cared for in a service where staff feel valued and are well-led.

There is a detailed overview of the quality of the service. We saw detailed reports of visits from the registered provider. Nevertheless there was no evidence of feedback sought from the residents about their views on the service. This should be included in future reports. However, it was positive to note that there was a focus on quality of life issues, dignity and respect of residents. Therefore we concluded that in general people benefit from care that aims to improve standards, but are not able to contribute to the development of the service.

The service provides staff with training relevant to the work they undertake. The staff training record shows staff are up to date with all mandatory training, including manual handling, protection of vulnerable adults, food hygiene, infection control, fire safety and dementia awareness training. People are cared for in a service where staff are well trained

## **5.Improvements required and recommended following this inspection**

### **1.1 Areas of non compliance from previous inspections**

There were no areas of non compliance at the last inspection

Recommendations from the previous inspection

- That the registered provider actively supports person centred care plans. Person centred care plans detail and support how people want their care provided.
- That the environment is made more enabling so that people can maintain their independence
- That all people particularly those with very complex care needs have easy access to meaningful activities

### **1.2 Areas of non compliance identified at this inspection**

There were no areas of non compliance identified at this inspection

### **1.3 Recommendations for improvement**

- That the registered provider actively supports person centred care plans. Person centred care plans detail and support how people want their care provided.
- The environment is made more enabling so that people can maintain their independence.
- Staffing levels, at times of higher need, are reconsidered to ensure those requiring personal care receive it in a timely manner.
- To consider how the midday meal could be a more social and stimulating experience.
- To consider how the layout of the main sitting room could offer people choices in how to spend their time.

## 2. How we undertook this inspection

We carried out an unannounced focused inspection, as a result of a concern received by CSSIW, about inadequate information within care documentation and poor staff working relationships. We considered the following sources of information:

- Conversations with residents and visiting family members.
- Conversations with four members of staff.
- Observations using the Short Observational Framework for Inspection (SOFI 2) tool. This tool enables inspectors to observe and record life from a service user's perspective; we consider how they spend their time, their activities, interactions with others and the type of support received.
- Observations of daily routines and care practices at the home.
- Discussion with the responsible individual and clinical lead.
- Examination of documentation stored at the home including four care files.
- A tour of areas of the building which are used by residents.
- We left 15 resident/relative questionnaires and 15 staff questionnaires at this inspection. To date we have had no questionnaires returned.

Further information about what we do can be found on our website [www.cssiw.org.uk](http://www.cssiw.org.uk)



## About the service

Type of care provided	Adult Care Home - Older
Registered Person	Oakville Care Ltd
Registered Manager(s)	
Registered maximum number of places	73
Date of previous CSSIW inspection	24 June 2016
Dates of this Inspection visit(s)	16 February 2017
Operating Language of the service	English
Does this service provide the Welsh Language active offer?	No
Additional Information:	