



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**

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Description of the service

The Romilly Nursing Home is owned by Oakville Care Limited who is registered with the Care Inspectorate Wales (CIW) 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.

The service has a nominated individual who represents the care provider, the responsible individual (RI). There is a registered manager at the home, Joanne Hole.

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.

Summary of our findings

1. Overall assessment

There have been changes to staff levels and working practices since the previous inspection and attention given to care plans to include information on how people want to be looked after. There has been an improvement in the activities provided for people.

Staff have received training since the previous inspection but further training will be required where people living at the home have specific care needs.

The responsible individual has carried out visits and interviewed staff for their opinions on life in the home. However, there continues to be a need to gather information on the views of people who live at the home.

Whilst there has been an improvement in call bell response some people are still waiting before help and support is provided.

2. Improvements

There has been an increase in staffing levels since the previous inspection and adaptations to the way in which staff have been deployed. This has led to improvements in the way people are cared for. The lunch experience is much improved with people receiving support in a way that respects their dignity.

People receive more opportunities to be involved in activities with staff who are designated to this task alone.

Care delivery plans are being rewritten to be more person centred and people's views are included in these plans.

Some attention to making the environment more supportive to these with dementia or a sensory impairment has been made but further improvements are recommended.

3. Requirements and recommendations

- That there is more focus on gathering the views of residents and their representatives/relatives to inform the quality assurance process.
- The environment receives further attention to support people with dementia or a sensory impairment.
- Staff training to meet the specific needs of people in the home is to be considered.

1. Well-being

Summary

Staffing arrangements for support during the midday meal have improved. People received improved support with eating their food and the atmosphere was calmer. Some people were not fully clear about the choices they could make around food and consideration to how this may be improved was discussed.

Staff at the Romilly are kind and patient and the relationship between staff and residents is good.

Our findings

People are generally enabled to receive a healthy diet and have an enjoyable dining experience. We saw that people were supported to have a nutritious diet. We saw that there had been changes made to the arrangements during lunchtime in the main dining area. Furniture had been rearranged to allow for more seating at the table and for staff to be able to sit with those who may require support to eat their meals. We saw staff members sitting with people, engaging with them by smile or touch and noted ongoing conversations with those who were being helped. Staff appeared unhurried and food was eaten at a pace chosen by the person concerned. We also noted that age appropriate music was being played during the meal and the television had been turned off. We saw that some people had been seated for some time as they required staff to finish supporting another person before coming to them. This was discussed with the manager and management team who agreed to further consider improvements to the lunchtime experience.

Some people we spoke to did not appear to be aware or be confident in requesting, choices other than the two main options available each day. This was discussed with the manager and RI and they will consider ways in which people can be made fully aware of alternative choices. They told us, and some residents we spoke to told us, they were given alternatives to meet special needs including gluten free, allergy diet and diets to meet religious needs so are fully able to provide choices at mealtimes. People are generally enabled to receive a healthy diet in an enjoyable manner.

People are treated with kindness and their dignity is respected. We spoke with residents and relatives during the day and they were very positive about the attitude of the care staff in the home. One visitor told us that staff are '*fantastic*' and '*kind and patient*', another said they were '*angels*' and '*fantastic*'. Residents told us the staff were '*lovely*' and all comments made about the staff group were positive. Some people felt that there were not enough staff but this was more a general comment than being able to describe any specific instances affecting their care. We saw staff interacting with people with patience and treating them with respect. We spoke with a visiting professional and these positive comments were reinforced. People have positive relationships with the staff who care for them.

People are being given increasing opportunities to express their views and opinions. Relatives told us that there have been coffee mornings for them to discuss any issues or concerns. They could not give any examples of topics discussed and the registered manager was not able to provide us with any information on matters that may have required

following up after these meetings. It is suggested that views or concerns expressed with any actions required are recorded. We saw in the statement of purpose that the home intends to offer people who live at the home regular meetings. We were told by the registered manager that these are not held at present but planned for the coming year. The offer of such meetings would allow people further opportunities to express their views. Improvements are being made in allowing people to express their opinions and feel they are heard.

2. Care and Support

Summary

People receive care which is being delivered in an increasingly person centred way. Care delivery documentation is being revised to ensure staff have information on the individual and their likes and dislikes.

People are not currently involved in reviewing their care planning and expressing their opinions on how they want their care delivered.

Staffing levels in the home have increased and staff working reorganised. Staff feel more able to offer levels of care as they wish it. There is an improvement in how care is delivered but people are still waiting too long for support at times and this will need ongoing attention from the management of the home.

Our findings

People's care is being delivered in an increasingly person centred way. We saw the service delivery plans on the home's 'Caresys' electronic system and noted improvements on some, including a one page profile which gave care staff an outline on the person's likes, dislikes, brief personal history and important details. We saw the forms being used to gather information to be included in the new format plans and noted that some staff had written 'see care plan' on some documents and the manager had re referred these back to staff to gather the required information. In addition care plans now contain information on the individual's daily preferences or routines regarding getting up and going to bed. We spoke with a visiting professional who told us the care delivery plan for the person being visited was very good, it was detailed and clear and it was felt that the plans would enable staff to provide the care the person required. People's needs and preferences are receiving increased attention in the care planning process.

People may not always be fully involved in their care planning as we saw that the records are electronic and there was no evidence that people and/or their representatives had been involved with and agreed the plans for future care. We were told that residents and families read the electronic records on admission and these are discussed but no evidence was available to ensure people had understood the type of care they would receive and been given the opportunity to agree/disagree with these plans. People are not as fully involved in making decisions about their life as they could be.

People are receiving more consistent levels of care than previously. We considered staffing levels during the visit and examined the record of call bell waiting times. We considered a call bell analysis for a random 24 hour period and noted an overall improvement in call bell waiting times. However, we noted that one person still had to wait over ten minutes for assistance. It was positive to note improvements but this area will require ongoing monitoring. We observed people who required help and support during our visits, specifically during the lunch time period and noted staff support was provided in a timely manner. We discussed one instance we observed of someone waiting for support for personal care and were satisfied with the information and reasons given. Some people told us there can be periods when they have to wait for help and support and this was

discussed with the registered manager. These issues were being considered and further adaptations to staff working will be ongoing but recent changes were felt to have led to positive outcomes in this area. Two people told us their relative was waiting longer than normal to be supported with personal care in the morning but we were told that two staff had rung in sick and cover had to be sought. These people told us however, that this was unusual and they were normally happy with the care their relative received and there had been no negative impact on this occasion from the delay.

Staff see an improving way of working. We spoke with staff who told us they were now allocated certain areas of the home which it was felt allowed for consistency in working and people understanding what was expected of them. It was felt this working pattern allowed staff to start a task with a person and follow it through which led to better care and better organisation of work for the benefit of all concerned. They felt that they were now better able to offer people the care they needed when they needed it and there was enough of them to do the work. They told us that there was *'good teamwork' in the home, 'we all help each other'*. We feel suitable changes have been made in staffing levels and deployment to consider the non compliance issued at the last inspection met, although ongoing attention to this area is required and will be followed up at future inspections. People are increasingly cared for by receiving the right care at the right time.

3. Environment

Summary

The home is bright, clean and comfortable. Some signs have been placed around the home to aid people in finding their way around but further adaptations would be beneficial.

Our findings

The environment was not a focus of this inspection but the home was seen to be clean and tidy throughout.

The dining area on the ground floor had been rearranged with private areas for visitors and this received positive comments from visitors.

Some signage had been provided but the building may still pose a challenge for people with dementia or sensory impairment. Consequently consideration of extra support and practices around this area is recommended for consideration.

4. Leadership and Management

Summary

Staff are receiving training to help them support the needs of the people they care for and are receiving supervision on a more regular basis.

There is an increased level of oversight of the quality of care at the home but people who live at the home and their representatives are not proactively being consulted with.

Our findings

The service is improving its approach to the training and supervision of staff. We saw the staff training matrix and noted that staff had been offered some specialist training relevant to their work since the previous inspection. Information forwarded following the inspection from the registered manager was that training provided had included:

- 2 Activities Staff attended an Activity Co-ordinators training course;
- 6 members of staff received Care & Administration of Medication training;
- 4 members of staff received Challenging Behaviour Training;
- 12 members of staff received Epilepsy training
- 7 staff received Sensory Loss training.

We were told that further non mandatory training is being arranged to include challenging behaviour, epilepsy awareness and palliative care.

We examined the supervision matrix supplied following the inspection and saw an improvement in the supervision received by staff. We noted some delays because of staff sickness but most now receive supervision at the appropriate intervals. Supervision in this context refers to members of staff meeting regularly with their line manager on a confidential one to one basis, to discuss their performance, training needs or any concerns they may have. This in turn ensures that residents receive the best possible care from a knowledgeable, motivated staff group. People receive support from a staff group that are increasingly well led and well trained.

We saw an improvement in the oversight of the home from the responsible individual. We saw the reports following these visits and evidence that staff had been consulted about their views of working in the home. However, no evidence was available of consultation with service users and relatives as we were told people were asked but had declined. This is an area that requires ongoing attention to ensure the management are fully aware of the views and opinions of people living at the home. We considered the statement of purpose and changes have been made to more accurately reflect the care the service can offer. People benefit from a service where attention is being made to quality assurance but further improvements are required

5. Improvements required and recommended following the previous inspection

5.1 Areas of non compliance from previous inspections

<ul style="list-style-type: none">The service is non compliant with Regulation 18 (1) (a) of the Care Homes (Wales) Regulations 2002. The registered person should ensure that there are care workers and nurses deployed in sufficient numbers to meet the health and social care needs of residents, at all times, in accordance with Regulation 18(1)(a)	18 (1) (a)
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Following this inspection and consideration of the relevant issues we consider compliance to have been met.

Areas of non compliance where we have not issued a non compliance notice

The service is non compliant with Regulation 27(4) of the Care Homes (Wales) Regulations 2002. The registered provider must undertake visits as required by this regulation at least once every three months.

The person carrying out the visit shall interview with their consent and in private, such of the service users and their representatives and persons working at the care home as appears necessary in order to form an opinion of the standard of care provided in the care home.

- We consider progress has been made in meeting this requirement but further work is needed to obtain and act on the views of residents and their relatives/representatives.

The service is non compliant with Regulation 18 (1) (c) of the Care Homes (Wales) Regulations 2002.

Ensure that the persons employed by the registered person to work at the care home receive-

(1) training appropriate to the work they are to perform.

- We consider progress is being made towards this non compliance.

The service is non compliant with Regulation 19 (1) of the Care Homes (Wales) Regulations 2002, Schedule 4.

A record of all persons working at the care home, which shall include in respect of an individual falling within regulation 19(1) the following matters—

(a) his or her full name, address, date of birth, qualifications and experience;

- (b) a copy of his or her birth certificate and passport (if any);
- (c) a copy of each reference obtained in respect of him or her;
- (d) the dates on which he or she commences and ceases to be so employed;
- (e) the position he or she holds at the care home, the work that he or she performs and the number of hours for which he or she is employed each week;
- (f) correspondence, reports, records of disciplinary action and any other records in relation to his or her employment.

- Information from this inspection provided evidence that this non compliance has been met.

Recommendations following the previous inspection:

- Making suitable support available to make lunchtime a more social experience where people's dietary needs are met in a timely manner.
- We consider improvements to have been made.

- Providing an environment with more stimulation for people with dementia.
- We consider some improvements to have been made but further work is required.

- That the registered provider actively supports person centred care plans that detail how people want their care provided.
- We consider improvements to have been made.

- Staff receive regular supervision.
- Most staff are now receiving regular supervision.

- That the environment is made more enabling for people with dementia or sensory impairment so that people can maintain their independence.
- We consider some improvements to have been made but further work is required.

- To consider how the layout of the main sitting room could be enhanced to ensure people can receive the support they need at mealtimes.
- We consider improvements to have been made.

- To continue to monitor how people with complex needs can access activities and stimulation.
- We consider improvements to have been made.

5.2 Recommendations for improvement from this inspection.

Areas of non compliance identified at this inspection

No areas of non compliance were identified at this inspection.

Recommendations for improvement from this inspection:

- That the person carrying out the visits to assess the quality of care at the home is proactive in meeting with people living there to discuss their views on the care they receive.
- That the environment is made more enabling for people with dementia or sensory impairment so that people can maintain their independence and that stimulation for people with dementia is provided.
- Staff training towards meeting the needs of the home requires further consideration where people have a specific care need.

6. How we undertook this inspection

We (CIW) carried out a focussed inspection of this service to follow up the areas of non compliance identified at the last inspection and made an unannounced visit to the home on 15 February 2018.

The sources of information used to support our findings in this report were as follows:

- discussions with the registered manager;
- discussion with six residents;
- discussion with four relatives/visitors;
- discussion with four members of staff;
- discussions with two visiting professionals;
- consideration of information held by CIW on the service;
- observation of daily life and care practices at the home;
- observations using the Short Observational Framework for Inspection (SOFI 2) tool which enables inspectors to observe and record life from a service user's perspective; how they spend their time, their activities, quality of interactions with others and the type of support received;
- examination of four resident electronic care files;
- examination of three staff personnel files including information relating to recruitment;
- examination of the home's statement of purpose;
- consideration of the home's quality assurance processes and documentation;
- examination of a sample of documents relating to the supervision and training of staff;
- examination of a sample of documents relating to the running of the home; and
- a tour of areas of the home to which residents have access.

Further information about what we do can be found on our website www.cssiw.org.uk

About the service

Type of care provided	Adult Care Home - Older
Registered Person	Oakville Care Ltd
Registered Manager	Joanne Hole
Registered maximum number of places	73
Date of previous CSSIW inspection	20 July 2017
Dates of this Inspection visit(s)	15/02/2018
Operating Language of the service	English
Does this service provide the Welsh Language active offer?	Yes
Additional Information:	