



Inspection Report on

Bryn Eithin Residential Care Ltd

**BRYN EITHIN HALL RETIREMENT HOME
30 LLANRWST ROAD
COLWYN BAY
LL29 7YU**

Mae'r adroddiad hwn hefyd ar gael yn Gymraeg

This report is also available in Welsh

Date of Publication

29 March 2019

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Description of the service

Bryn Eithin Residential Care Ltd is registered to provide a care home service for up to 26 people. It is a former country manor house set within spacious grounds in Colwyn Bay. There is a designated responsible individual for the service and the manager is registered with Social Care Wales.

Summary of our findings

1. Overall assessment

People living in the home are offered opportunities to participate in activities of their own preference. A range of healthy and nutritious food is available and is freshly prepared on a daily basis. A bilingual service is available and the service is working towards providing a consistent service in Welsh. People are able to express their views and the service has complaints and whistleblowing procedures in place. Personal plans and risk assessments are completed but need to be consistently reviewed and updated. People receive person centred care, are treated with respect and kindness and staff understand their personal preferences. Positive changes are regularly made to the homes' environment but the service provider needs to address the current shared rooms' situation. Staff feel supported and receive regular training opportunities. The registered person is committed to making positive changes to the service. Quality monitoring processes are in place but an improvement is required in showing how staffing levels are determined to meet peoples' care and support needs.

2. Improvements

This is the first inspection following re-registration with Care Inspectorate Wales (CIW) under the Regulation and Inspection of Social Care (Wales) Act 2016 (RISCA).

3. Requirements and recommendations

Section five of this report highlights our requirements and recommendations to improve the service. This includes:

The following are areas where the registered person is not meeting legal requirements in relation to the Regulation and Inspection of Social Care (Wales) Act 2016.

- Shared rooms.

Improvements are also required in relation to the following in order to fully meet the legal requirements:

- Staffing.

The following recommendations have been made to further improve the service:

- Care Inspectorate Wales (CIW) on-line notifications.
- Personal plans and risk assessments.
- Involving people in the care planning process.
- Medicines management.
- Improving aspects of the environment.
- Staff supervision and appraisal.

1. Well-being

Summary

Activities are available for people to participate in and their right to participate is respected. Healthy and nutritious meal choices are available, alternative meals are prepared and staff understand peoples' dietary preferences. The service is working towards providing a consistent service in Welsh. Complaints and safeguarding procedures are in place.

Our findings

People living in the home choose to participate in activities that matter to them. The service does not employ an activities co-ordinator as staff arrange activities. Written records of people's participation within activities were available but we saw they were not being completed on a consistent basis. We discussed this with the manager who we saw were in the process of implementing changes to the way activity information is recorded. We viewed examples of this via a photographic activity record book and new assessment and recording documents they had devised. We saw the service arranged regular visits from external entertainers to encourage mental and physical stimulation and to suit peoples' preferences. Such activities included a weekly, hour long exercise session, a therapeutic reading and poetry group and a craft session. Two people told us they preferred not to participate in activities and stated staff respected their wishes. Staff told us they attempted to encourage as many people to participate as they could but stated this was not always possible. People also told us events such as birthdays and royal weddings were celebrated and that they had participated in an Easter bonnet competition, a clothes party and had enjoyed a visit from the local zoo who had brought a selection of animals for them to view. People are as active as they choose to be and their preferences, interests and abilities are considered.

People living in the home receive a healthy diet. The service was awarded a food hygiene rating of 5 (very good) in January 2019 which is the highest possible rating available. The four week menu offered a variety of healthy and nutritious meal choices. The chef told us the menu changed to coincide with the change in seasons and three people living in the home confirmed this. The chef also told us they spoke with people each morning to inform them of the menu choices and to obtain their meal preferences. Kitchen staff were made aware of any changes to peoples' dietary needs and preferences by staff. We saw people had access to drinks throughout the day and we saw the lunch time meal being prepared with fresh ingredients. We saw people socialising during lunch time and heard them complimenting the taste and quality of the food. Each person we spoke with were happy with the type of food available and stated alternative meals were available upon request. People described meals as "*absolutely gorgeous*", "*hotel standard*" and "*ardderchog*" (excellent). People's dietary preferences are understood and they have access to freshly prepared meals.

People's individual identities and cultures are respected. People living in the home and staff told us Welsh culture was respected and that themed events were arranged to celebrate this. During our visits, five people living in the home spoke Welsh as their first language. The service currently employs five fluent Welsh speaking staff and eight staff with a basic understanding of Welsh. The manager told us they attempted to ensure a Welsh speaking member of staff was available on each shift and acknowledged this was not always

possible. Two people who spoke Welsh told us they had opportunities to speak Welsh with staff but not during each shift. They stated this did not affect their care or happiness and stated they were also happy to converse in English. The manager informed us plans are in place to translate documents such as the Statement of Purpose and policies into Welsh. People have opportunities to express themselves in the language of their choice and the service is working towards providing a consistent service in Welsh.

The service has complaints and safeguarding procedures in place and people living in the home can access independent advocacy services. We viewed the services' whistleblowing, complaints and compliments, and safeguarding policies. We saw elements of the documents needed updating and this was completed during our first visit. The manager told us they had not received a formal verbal or written complaint from people living in the home, staff or from visitors. People could access independent advocacy services if required and each person we spoke with told us they would happily speak to either the manager or a staff member if they were unhappy. Staff stated they were aware of the whistleblowing and safeguarding procedures and told us they would be happy to report any concerns to the manager. Written records received by Care Inspectorate Wales (CIW) showed the service participated in safeguarding procedures but an improvement was required in formally notifying CIW of regulatory incidents via the on-line notification portal. We saw that the registered person had not yet provided the manager with permissions to access the portal since being re-registered under the Regulation and Inspection of Social Care (Wales) Act 2016. This was seen as an area for immediate improvement. We did not see that this had negatively affected the care people received as each incident had been documented. People living in the home, staff and relatives/representatives can be confident that a complaints process is in place.

2. Care and Development

Summary

People living in the home are treated with respect and kindness and receive person centred care from staff who understand their personal preferences. The service is currently in the process of updating people's care files. People have access to various health and social care services. More vigilance is required in relation to the recording of medicines management information.

Our findings

People living in the home are supported by staff who involve them in conversations and understand their needs. Discussions with people living in the home and with visitors highlighted they were happy with the level and quality of care being provided. Discussions with staff highlighted they were aware of people's care needs and their preferences. Each person we spoke with were complimentary of the staff team and described them as *"excellent"*, *"lovely"* and *"very caring"*. They told us staff ensured their dignity was maintained when providing personal care and three people told us staff encouraged them to maintain their independence as much as possible. During our observations we saw staff treating people with respect, empathy and kindness. They were also considerate and displayed a tactile approach to those requiring assistance. We also observed staff involving people in conversations and saw them laughing and joking with people in a respectful and friendly manner. Discussions with visitors also confirmed they were happy with the care being provided and described the staff as *"welcoming"*, *"respectful"*, *"friendly"* and *"so caring"*. People living in the home are treated with respect and have developed positive relationships with staff.

People living in the home receive person centred care and personal plans contain information about their individual care and support needs. We viewed three peoples' care files and saw they contained a personal plan regarding their care and support needs. We saw the service had recently reviewed and made positive changes to their re-admission policy concerning hospital admissions. Risk assessments had also been completed and information within personal plans were focused upon peoples' needs and how care should be delivered. Despite this, we saw improvements were required in recording and dating information within personal plans and risk assessments. We saw two examples within two separate files when the written information did not correspond with the care being provided at the time. We discussed this with the manager who informed us they were in the process of changing the plans' format. We saw examples of this within files as plans had been reviewed and contained consistent information. An improvement is required in obtaining people's signatures, whenever possible, within their personal plans to show they are involved in their care planning. An improvement is also required in documenting when peoples' representatives, with the agreement of the person, are involved in the reviewing process. We did not see that these issues had negatively affected peoples' well-being or the care and support they received. Overall, people receive care in the way they want it, however further improvements are required in the recording of information to ensure it is up to date and current.

People living in the home receive a service from professional services. Written information within people's care files showed when they had contact with various health and social care services. Staff stated they shared information with each other on a daily basis and whenever people's care needs changed. We saw this was recorded within the daily notes. The information documented the visits' outcomes and six people living in the home told us staff were available to support them during appointments. Staff stated they had developed positive relationships with services and we saw them liaising with a health care professional in a professional manner. The health care professional described the staff team as "*willing to learn*" and stated "*they always carry out any recommendations made*". We saw examples where referrals had been made to services and that Deprivation of Liberty Safeguards (DoLS) applications had been completed to safeguard people's vulnerability when required. People's individual health needs are understood and anticipated as they have access to professional services for advice, care and support.

Overall, safe practices are adhered to in relation to the management and administration of medication. We saw improvements were required in the recording of information within Medication Administration Record (MAR) charts. The medication file did not contain photographs of seven people and there were six instances where people's allergies had not been documented. We discussed this with the manager who made the necessary changes before the completion of this report. We also saw four instances when staff had not signed to show medication had been administered, and 14 instances when two staff countersignatures had not been recorded when prescriptions were hand written within MAR charts. The manager informed us they would increase the frequency of auditing MAR charts and would address the matter with staff. We did not see any of these issues had negatively impacted upon people's well-being. Further vigilance is required when completing MAR charts to ensure correct procedures are followed.

3. Environment

Summary

People live in a home which is clean, well-maintained which benefits from regular changes made to the internal and external areas. People have access to their own space and their rooms are personalised. Relevant health and safety checks have been completed and the home is safe from unauthorised access. A non-compliance notice has been issued in regard to shared rooms.

Our findings

People live in a clean and secure environment which meets their individual needs. The home was safe from unauthorised entry upon our arrival. Staff checked our identification and we were asked to sign the visitor's book in line with fire safety procedures. We toured the building and saw it contained sufficient space to meet peoples' needs. Each area we viewed was clean, tidy and well-maintained. Each visitor praised the "*homely*" atmosphere and stated the home was consistently clean during their visits. The lounge and orangery areas were warm and provided areas where people could socialise with each other and visitors. We saw people moving freely between the lounges and their rooms throughout our visit. We also saw that written information regarding people's personal care was not kept within public view and was safely stored in accordance with data protection guidelines.

People's rooms contained personal belongings such as photographs, memorabilia and ornaments. Each person we spoke with told us they were happy with the décor and heating in their rooms. One person told us they would like to have a larger room and the manager discussed this with them during our visit. Bedroom furniture within peoples' rooms were well-maintained and contained a lockable cupboard where people could securely store personal items. Radiators within each room we viewed had been covered with a suitable guard to minimise the potential risk of scalding. We saw wardrobes were not securely attached to walls and no risk assessment had been completed in regard to this matter. We discussed the potential risks this posed to people with the manager and they told us they would discuss the matter with the registered person. This was seen as an area for improvement. We saw additional tamper proof window restrictors were not fitted within all upper floor bedrooms and saw two windows where the current restrictors in place could be overridden, We discussed the potential risks involved with the manager and they informed us this would be addressed. This was seen as an area for improvement.

During our visits, we saw that the registered person was not meeting the regulation requirements in regard to shared rooms. Three double rooms are currently being used and accommodate six people. The current number of people accommodated in shared rooms exceeds 15% of the total number of adults accommodated by the service. This means only two rooms can be used for sharing. A non-compliance notice has been issued and the registered person needs to address the matter.

The dining room was spacious and tables were nicely presented. We spoke to two people who preferred to dine in their rooms and they stated their wishes were respected by staff. We observed people socialising while eating their lunch and heard them complimenting the food. The large kitchen area was clean and well-maintained. We saw that fridge, freezer

and food temperature checks were being completed and recorded. We saw two instances when the kitchen cleaning record had not been completed and the chef stated they would discuss this with the staff member. All other checks had been recorded. The chef told us the kitchen equipment was in good working order and the registered person ensured items were fixed or replaced as soon as possible.

The laundry, sluice, bathrooms and toilet areas were clean and hazardous substances could not be accessed by people living in the home. We also checked a sample of health and safety records relating to fire safety and people's personal emergency evacuation plans (PEEPs), legionella, electrical goods testing and the servicing of hoisting equipment and the lift. We saw they had been completed within the required timescales. The manager informed us of numerous positive changes made to the internal and external areas of the home. These included tarmacking the driveway, installing two new boilers, installing CCTV to improve the external security, replacing a fire alarm panel, replacing the flooring in a hallway and re-decorating three bedrooms. They also told of future plans to further improve people's bedrooms. Despite the positive changes, a maintenance plan was not being used to formally document the completed work to be completed. As a result, it was difficult to see when the work had been identified, reported and addressed. We saw work being completed during our visits by the maintenance person and they told us they were aware of the work needed to be carried out. We discussed the benefits of having a maintenance plan to inform the services' auditing and quality assurance process with the manager. They informed us they would devise a plan and keep it updated. This was seen as an area for improvement.

The outdoor areas were well-maintained and the manager told us of further plans to improve the rear garden area to make it more accessible for people to use. We saw preparatory work had begun and were told the area would consist of raised planters, a water feature and seating areas. We did not see people accessing the outdoor area during our visits but two people living in the home and each staff member stated people went for short walks around the grounds in warmer weather. People live in a home which meets their needs and supports them to maximise their independence and achieve a sense of well-being, but the registered person needs to address regulation issue regarding shared rooms.

4. Leadership and Management

Summary

Pre-employment checks have been completed, staff are securely vetted and complete a formal induction. Staff feel supported, receive formal supervision and have access to various training opportunities pertinent to their roles. The registered person needs to demonstrate how they monitor, audit and determine staffing levels within their quality assurance process.

Our findings

Staff are securely vetted and complete a formal induction. We viewed three staff files and looked at the staff employment and induction process. Each staff file consisted of an application form, employment history and references from previous employers. Dates and reasons why staff had left previous employment were recorded and we saw that Enhanced Disclosure Barring Service (DBS) checks had been completed and were up to date. Newly appointed staff completed a formal induction which involved shadow shifts with experienced staff and the completion of a relevant induction programme required by Social Care Wales. Each staff stated they had enjoyed their induction with one staff describing it as *“detailed”* and *“thorough”*. Pre-employment checks are completed and people living in the home are supported by staff who complete a formal induction and are made aware of their role and responsibilities.

Staff feel supported and have regular contact with the manager. Each staff member spoke positively about the support they received from their manager. They stated the manager adopted a *“hands on”* approach, was *“always there to help”* and told us they felt listened to. Staff described the manager as *“approachable”*, *“da iawn”* (very good) and stated they were able to approach them at any time to discuss personal or work related issues. We also saw regular staff meetings were being held and staff told us the manager listened to their views. The staff supervision and appraisal records showed staff received regular formal and informal supervision but this was not consistently provided on a quarterly basis. We also saw that staff had not completed their annual appraisal. These were seen as areas for improvement. People living in the home benefit from a service where staff receive regular support but improvements are required in the frequency of formal staff supervision and an annual appraisal.

Staff access various training pertinent to their role. The staff training records showed staff completed regular training opportunities. We saw that medication training needed to be completed and saw the manager had arranged for its' completion in November 2018 but the session had to be cancelled. The manager had arranged another session for March 2019 along with six other training topic sessions to be completed during the year. Each member of staff told us they received regular training and enjoyed the sessions. They described the training quality as *“very good”* and stated the sessions assisted them within their role. Over half of the staff team had either attained qualifications in care at level two or above, or were working towards obtaining the qualification. People living in the home are supported by staff that have access to varied and regular training which is informed by best practice.

The service has an updated Statement of Purpose and quality monitoring processes in place. We viewed the services' quality assurance report dated March 2018 and saw it contained the views of people living in the home, staff, representatives and commissioning services. The report also included future plans regarding how the service intended to address matters raised. The registered person regularly visited the service and we viewed four of their three monthly quality monitoring reports. The reports covered issues relating to people's happiness, the environment and staffing. Despite this, we did not see how the registered person reviewed staffing levels as this was not clearly documented within their quality assurance process. This made it difficult to see how they determined if a sufficient amount of staff were on duty to safely meet peoples' needs. Each person we spoke with and each visitor stated it appeared to them that enough staff were on duty but this view was not shared with each staff member we spoke with. Staff told us that five people living in the home required two to one support to meet their individual health needs and two people needed two to one support with their mobility. We saw that the staff rota was consistent with information contained within the services' Statement of Purpose. It showed staffing levels consisted of two care staff with either the manager or the senior team leader being on-call between 5pm to 8am to provide support for up to 26 people. This meant staff could not attend to the needs of more than one person at a time if assisting a person requiring two to one support. There were 24 people living in the home on the day of inspection. Two care staff members and the manager told us the staffing levels had been at the current level for a number of months. They also told us it occasionally increased to three staff which we saw during the inspection and within the staff rota record. We saw that the registered person was not fully meeting the regulation requirements in regard to the monitoring of staffing levels. A non-compliance notice has not been issued on this occasion, as we did not see the issue had negatively affected peoples' well-being or the care and support they received. We expect the registered person to take action to rectify this matter. The registered person needs to demonstrate how they monitor, audit and determine staffing levels in relation to peoples' care and support needs within their quality assurance process.

5. Improvements required and recommended following this inspection

5.1 Areas of non compliance from previous inspections

This is the first inspection following re-registration with Care Inspectorate Wales under the Regulation and Inspection of Social Care (Wales) Act 2016.

5.2 Recommendations for improvement

The following are areas where the service person is not meeting legal requirements in relation to the Regulation and Inspection of Social Care (Wales) Act 2016.

- Regulation 45 (1) and (2) (c) and (d) in relation to shared rooms.

We have also advised the registered person that improvements are needed in relation to the following in order to fully meet the legal requirements:

- Regulation 34 (1) (b) in relation to staffing.

A non-compliance notice has not been issued on this occasion, as we did not see the issue had negatively affected peoples' well-being or the care and support they received. We expect the registered person to take action to rectify the matter.

The following are recommended areas of improvement to promote further positive outcomes for people:

- The registered person needs to immediately provide the manager with permissions to access the CIW on-line notification portal to ensure notifications are shared.
- The recording and dating of information within personal plans and risk assessments needs to correspond with the current care being provided.
- Peoples' care files should formally document that they are involved in their care planning and personal plans should contain their signatures whenever possible. The care files should also document when reviews are undertaken involving the person and, where appropriate and with their agreement, their representative.
- More vigilance is required by staff when signing MAR charts to ensure each entry is correctly completed. The MAR charts also need to include two staff countersignatures when prescriptions are hand written.
- Securing wardrobes to walls would minimise the potential risk of them being pulled over and people receiving serious or minor injuries. The registered person needs to risk assess and document their findings and decision.
- Fitting additional tamper proof window restrictors within people's rooms as identified during the inspection. The registered person should seek advice from the Health and Safety Executive regarding their guidance upon the matter.
- A maintenance book should be kept to record identified work needing to be completed within the home. The maintenance book should contain dates of when work is identified and completed to inform the auditing process.

- All staff should receive formal supervision on a quarterly basis and complete an annual appraisal which provides feedback on their performance and identifies areas for training and development in order to support them in their role.

6. How we undertook this inspection

We, Care Inspectorate Wales (CIW) carried out an unannounced, routine inspection at the home on 12 February 2019 between the hours of 09:15 am and 18:05 pm and on 13 February 2019 between the hours of 09:00 am and 13:05 pm. The following methods were used:

- We spoke with 12 people living at the home, the manager, non-executive director, four care staff, the chef, the person responsible for maintenance, one domestic staff, two visitors and a visiting health care professional.
- We used the Short Observational Framework for Inspection (SOFI2). The SOFI 2 tool enables inspectors to observe and record care to help us understand the experience of people who cannot communicate with us.
- We viewed 13 bedrooms, a lounge and orangery, dining area, kitchen, two bathrooms, two toilets, the laundry room, sluice room and the outdoor area.
- We looked at a wide range of records. We focused upon three people's care records, three staff files, the Statement of Purpose, the Quality Assurance report, two staff meeting minutes, medication records, staff training, staff supervision and appraisal, the complaints, whistleblowing, safeguarding, referral and admissions policies and a selection of health and safety records regarding fire safety, legionella and electrical items.
- The recommendations were discussed with the manager on the days of inspection.

Further information about what we do can be found on our website:

www.careinspectorate.wales

About the service

Type of care provided	Care Home Service
Service Provider	Bryn Eithin Residential Care Ltd
Manager	The person appointed to manage the service is registered with Social Care Wales
Registered maximum number of places	26
Date of previous Care Inspectorate Wales inspection	This is the first inspection following re-registration with Care Inspectorate Wales under the Regulation and Inspection of Social Care (Wales) Act 2016
Dates of this Inspection visit(s)	12 February 2019 and 13 February 2019
Operating Language of the service	Welsh and English
Does this service provide the Welsh Language active offer?	This is a service that is working towards providing an 'Active Offer' of the Welsh language and intends to become a bilingual service
Additional Information:	



Care Inspectorate Wales

Regulation and Inspection of Social Care (Wales) Act 2016

Non Compliance Notice

Care Home Service

This notice sets out where your service is not compliant with the regulations. You, as the registered person, are required to take action to ensure compliance is achieved in the timescales specified.

The issuing of this notice is a serious matter. Failure to achieve compliance will result in Care Inspectorate Wales taking action in line with its enforcement policy.

Further advice and information is available on CSSIW's website
www.careinspectorate.wales

Bryn Eithin Residential Care Ltd

BRYN EITHIN HALL RETIREMENT HOME
30 LLANRWST ROAD
COLWYN BAY
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Environment	Our Ref: NONCO-00007374-XMSC
Non-compliance identified at this inspection	
Timescale for completion	26/04/19
Evidence	
Description of non-compliance/Action to be taken	Regulation number
The registered person does not meet the regulation requirements in regard to shared rooms within the home.	45(1) 45(2)(c) 45(2)(d)
<p>- The registered person is not compliant with regulation 45 (1) and (2) (c) and (d) of the Regulation and Inspection Social Care (Wales) Act 2016.</p> <p>- This is because the number of adults currently accommodated in shared rooms exceeds 15% of the total number of adults accommodated by the service. This means only two rooms can be used for sharing and not three as was being used during the inspection.</p> <p>- The evidence: The service was re-registered under the Regulation and Inspection Social Care (Wales) Act 2016 on the 22 November 2018 and the services' application stated that the service had two shared rooms while the services' Statement of Purpose highlighted there were three rooms. The registered person was notified by CIW via e-mail on the 05 November 2018 that under the new regulations (Regulation 45) 'the number of adults who are accommodated in shared rooms does not exceed 15% of the total number of adults accommodated by the service.' They were informed that this meant they could only have two rooms shared at any one time. It was also highlighted that If more than two rooms were being shared at the time and the number accommodated changed, this should be reduced. The registered person was also informed this would be monitored during future inspections. A further e-mail sent by CIW to the registered person on the 06 November 2018 requested clarity regarding shared rooms and requested confirmation was provided in regard to how many rooms were in use. The CIW Registration Officer discussed the issue in relation to shared rooms with the homes' manager during a telephone conversation on 13 November 2018 and was told the service were currently using three shared rooms, all with consent.</p> <p>The 'accommodation' section contained within page 8 of the services' Statement of Purpose states Bryn Eithin is a three-storey former manor house with 23 bedrooms, 3 of which may be used as double rooms for those wishing to share'. This information does not provide accurate information in regard to the amount of shared rooms the service should have. It also clearly highlights that three double rooms are available for use for people wishing to share.</p> <p>We saw during the inspection dated the 12 February 2019 and 13 February 2019 that the number of adults accommodated in shared rooms at the time exceeded 15% of the total number of adults accommodated by the service. This was discussed with the homes' manager</p>	

who acknowledged they were aware of the issue. We saw that two people had moved into a shared room which was empty at the time on the 08 January 2019 and another person moved into a shared room which was already accommodating one person on the 24 January 2019. This shows three people were accommodated within shared rooms following the services' re-registration under the Regulation and Inspection Social Care (Wales) Act 2016. The registered person had also been made aware of the issue regarding shared rooms within an e-mail sent by the CIW Regulation Officer dated the 05 November 2018.

We also saw that none of the peoples' files contained a formal written agreement showing they had agreed to share a room and that the information had not been considered or had been reviewed within their personal plans. The manager checked this information while in our presence during the inspection; the services' non-executive director was also present at the time. We also saw that three other peoples' files did not contain a formal written agreement showing they had agreed to share a room with another person and that the information had not been considered or had been reviewed within their personal plans. All three individuals were residing within the shared rooms prior to re-registration on the 22 November 2018.

The evidence collated during the inspection suggests that the service was compliant with regulation 45 (1) and (2) (d) of the Regulation and Inspection Social Care (Wales) Act 2016 prior to the person being admitted into the home and being accommodated within the shared room on the 24 January 2019. This was because the room was only accommodated by one person. Despite this, the full requirement of paragraph (c) would not have been fulfilled as the personal plans of both adults had not been reviewed and revised as necessary. In addition and despite being previously being made aware of the regulation pertaining to shared rooms, the registered person accommodated another person which put them in breach of the regulation.

- The impact on people using the service is that there is a failure to formally document their views, opinions and choices when making decisions regarding sharing a room with another person. The lack of a formal written agreement suggests people are not fully engaged within the process. It also does not show how the registered person considers and addresses issues regarding compatibility and how peoples' privacy and dignity will be preserved and respected. The Statement of Purpose also contains incorrect information which means people living in the home, representatives and stakeholders are provided with misleading information regarding the amount of shared rooms available. CIW fully expects the registered person to change the Statement of Purpose so it accurately reflects the amount of shared rooms the service can provide and to review and revise peoples' personal plans to document that their consent to share a room has been obtained. In addition, the registered person should notify CIW when one of the current shared rooms becomes singular and must ensure the room is not used as a double room thereafter.