Annual Return 2022/2023

Provider Information to be published

The following information relates to information CIW held about this provider and its associated services on the 31st March 2023.

This section has been completed for you. There are no actions to complete. This information displayed will be included in the published Annual Return.

| Provider name: | | Comfort Care Recruitment and Training Limited | |
|--|---------------------------|--|--|
| The provider was registered on: The following lists the provider conditions: | | 07/03/2023 ssociated to this provider | |
| | | | |
| were: | Service Type | Domiciliary Support Service | |
| | Type of Care | None | |
| | Approval Date | 07/03/2023 | |
| | Responsible Individual(s) | Stacy Vallis | |
| | Manager(s) | | |
| | Partnership Area | Cardiff and Vale | |
| | Service Conditions | There are no conditions associated to this service | |

Training and Workforce Ranning

| Describe the arrangements in place during the last financial year for identifying, planning and meeting the training needs of staff employed by the service provider | NA | |
|--|----|--|
| Describe the arrangements in place during the last financial year for the recruitment and retention of staff employed by the service provider | NA | |

Service Profile

Service Details

| Name of Service | Comfort Care Recruitment and Training Limited |
|-----------------|---|

| Telephone Number | 02922676695 |
|--|----------------|
| What is/are the main language(s) through which your service is provided? | English Medium |
| Other languages used in the provision of the service | N⁄A |

Service Provision

People Supported

| How many people in total did the service provide care and support to during the last financial year? | 0 |
|--|---|
| | |

| Fees | Charged |
|------|---------|
|------|---------|

| The minimum hourly rate payable during the last financial year? | 0 |
|---|---|
| The maximum hourly rate payable during the last financial year? | 0 |

Complaints

| What was the total number of formal complaints made during the last financial year? | 0 |
|--|----|
| Number of active complaints outstanding | 0 |
| Number of complaints upheld | 0 |
| Number of complaints partially upheld | 0 |
| Number of complaints not upheld | 0 |
| What arrangements were made for consulting people who use the service about the operation of the service during the last financial year? | NA |

Communicating with people who use the service

| Identify any non-verbal communication methods used in the provision of the service | |
|---|----|
| Picture Exchange Communication System (PECS) | No |
| Treatment and Education of Autistic and related Communication- handicapped CHildren (TEACCH) | No |
| Makaton | No |
| British Sign Language (BSL) | No |
| Other | No |

Statement of Compliance

The Responsible Individual must prepare the statement of compliance.

CIW have published <u>guidance</u> on completing the quality of care review which provides advice on what could be contained within the statement of compliance.

Set out your statement of compliance in respect to the four well-being areas below.

| The extent to which people feel their voices are heard, they have choice about their care and support, and opportunities are made available to them. | NA |
|--|----|
| The extent to which people are happy and supported to maintain their ongoing health, development and overall wellbeing. For children, this will also include intellectual, social and behavioural development. | NA |
| The extent to which people feel safe and protected from abuse and neglect. | NA |

The following section requires you to answer questions about the staff and volunteers working at the service.

| Number of posts and staff turnover | |
|--|---|
| The total number of full time equivalent posts at the service (as at 31 March) | 2 |

The following section requires you to answer questions about each staff type including information about the number of filled and vacant posts, the training undertaken, the contractual arrangements in place and the qualifications of those staff.

The information entered should relate to the period during which the staff member has been working for the provider only.

Staff Type

Does your service structure include roles of this type? Yes

Service Manager

Important: All questions in this section relate specifically to this role type only. Unless otherwise stated, the information added should be the position as of the 31st March of the last financial year.

| Filled and vacant posts | |
|-------------------------|----|
| No. of staff in post | 0 |
| No. of posts vacant | 10 |

Training undertaken during the last financial year for this role type.

Set out the number of staff who undertook relevant training. The list of training categories provided is only a sample of the training that may have been undertaken. Any training not listed can be added to 'Please outline any additional training undertaken pertinent for this role which is not outlined above'.

| Induction | 0 |
|---|-----------------|
| Health & Safety | 0 |
| Equality, Diversity & Human Rights | 0 |
| Manual Handling | 0 |
| Safeguarding | 0 |
| Dementia | 0 |
| Positive Behaviour Management | 0 |
| Food Hygiene | 0 |
| Please outline any additional training undertaken pertinent to this role which is not outlined above. | To be confirmed |
| Contractual Arrangements | |
| No. of permanent staff | 0 |
| No. of Fixed term contracted staff | 0 |
| No. of volunteers | 0 |
| No. of Agency/Bank staff | 0 |
| No. of Non-guaranteed hours contract (zero hours) staff | 0 |
| Staff Qualifications | |
| No. of staff who have the required qualification to be registered with Social Care Wales as a Service Manager | 0 |
| No. of staff working toward required/recommended qualification to be registered with Social Care Wales as a Service Manager | 0 |

| Does your service structure include roles of this type? | No |
|--|----|
| Other supervisory staff | |
| Does your service structure include roles of this type? | No |
| Senior social care workers providing direct care | |
| Does your service structure include roles of this type? | No |
| Other social care workers providing direct care | |
| Does your service structure include roles of this type? | No |
| Other types of staff | |
| Does your service structure include any additional role types other than those already listed? | No |