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: | | Community Lives Consortium |
|--|---|----------------------------|
| The provider was registered on: | | 20/05/2019 |
| The following lists the provider conditions: | There are no imposed conditions associated to this provider | |

The regulated services delivered by this provider were:

| Community Lives Consortium | |
|----------------------------|--|
| Service Type | Domiciliary Support Service |
| Type of Care | None |
| Approval Date | 20/05/2019 |
| Responsible Individual(s) | Lynda Rosselli |
| Manager(s) | Lynda Rosselli, Gillian Nichols, Julie Thomas, Mich ael Connolly, Lynne Stainsby, Catherine Williams, Diane Jones, Jonathan Thomas |
| Partnership Area | West Glamorgan |
| Service Conditions | There are no conditions associated to this service |

| 22 Tal y Wern | | |
|---------------------------|--|--|
| Service Type | Care Home Service | |
| Type of Care | Adults Without Nursing | |
| Approval Date | 20/05/2019 | |
| Responsible Individual(s) | Lynda Rosselli | |
| Manager(s) | Lisa Davies | |
| Maximum number of places | 4 | |
| Service Conditions | There are no conditions associated to this service | |

| 57 Tir Morfa | |
|---------------------------|--|
| Service Type | Care Home Service |
| Type of Care | Adults Without Nursing |
| Approval Date | 20/05/2019 |
| Responsible Individual(s) | Lynda Rosselli |
| Manager(s) | Michelle Griffiths |
| Maximum number of places | 4 |
| Service Conditions | There are no conditions associated to this service |

| Lower Lodge | | |
|---------------------------|--|--|
| Service Type | Care Home Service | |
| Type of Care | Adults Without Nursing | |
| Approval Date | 20/05/2019 | |
| Responsible Individual(s) | Lynda Rosselli | |
| Manager(s) | Ellen Lewis | |
| Maximum number of places | 3 | |
| Service Conditions | There are no conditions associated to this service | |

Training and Workforce Planning

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

A provider assessment conducted before providing support & 3-m onth personal plan identify skills & knowledge needed to meet a p erson's needs. Monthly service development plan review staff skill s & training to meet needs. Learner & tutor feedback is used to re vise training content and methods. A training compliance matrix is maintained & reviewed quarterly. From this, a training programme is developed a quarter in advance. The RI uses this evidence as part of Quality of care and Board reports.

Describe the arrangements in place during the last financial year for the recruitment and retention of staff employed by the service provider

Our provider assessment is conducted before we provide support and a 3-month personal plan identifies staffing needed to meet the person's needs. Monthly service development plan & recruitment analysis target and revise activity. Using staff survey & exit interview data, our staff forum explores recruitment methods & revises a recruitment development plan. This has led to improvements in our conditions of service & job roles to address the cost of living i ssues & improve recruitment levels.

Service Profile

Service Details

| Name of Service | 22 Tal y Wern |
|--|----------------|
| | |
| Telephone Number | 01639 887366 |
| What is/are the main language(s) through which your service is provided? | English Medium |
| Other languages used in the provision of the service | |

Service Provision

People Supported

| How many people in total did the service provide care and | 3 |
|---|---|
| support to during the last financial year? | |

Fees Charged

| The minimum weekly fee payable during the last financial year? | 299.70 |
|--|--------|
| The maximum weekly fee payable during the last financial year? | 333.66 |

Complaints

| What was the total number of formal complaints made during the ast 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? | Conducting a provider assessment to explore how we can meet th eir needs Our personal plan is built around engagement with the person, & t hose close to them, & employs 16 person centered tools so we kn ow what outcomes matter to them & thus how we provide them the best support. A personal plan review focuses on what is working & not working f or them. It records how they have been involved in changing their plan. A 'What we think' survey pulls together what people think across o ur organisation & informs all our tenants forums. People supported in each area meet monthly in our Change Tea ms to discuss what is working & not working about their support & to organise things to improve their lives. Representatives of Change Teams form a quarterly Tenants Live s Group which is a formal part of our Board, they meet with our RI & agree our Quality of Care review. People supported can join our organisation, can attend our AGM, & can elect & become members of our |

Service Environment

| How many bedrooms at the service are single rooms? | 4 |
|--|---|
| How many bedrooms at the service are shared rooms? | 0 |
| How many of the bedrooms have en-suite facilities? | 0 |
| How many bathrooms have assisted bathing facilities? | 2 |
| How many communal lounges at the service? | 1 |
| How many dining rooms at the service? | 1 |
| Provide details of any outside space to which the residents have access | There is a garden to the front and side of the property, surrounde d by a wall. There is a large parking area where there is a parking facility for 6 vehicles. There is an enclosed back garden , there is a patio area to the re ar and side of the property , that can be accessed direct from the kitchen are via patio doors where there is a table and chairs for s ervice users use, weather permitting. There is also a grassed area , with potted plants |
| Provide details of any other facilities to which the residents have access | Tal Y Wern is a 4 bedroom property situated within a housing dev elopment of similar properties Some of the people we support attend local authority day centres for part the week and are also supported by staff to access the community, activities are documented within individuals personal plan and reviewed as part of the personal plan review. |

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 | Yes |
| British Sign Language (BSL) | No |
| Other | Yes |
| List 'Other' forms of non-verbal communication used | Personal plans incl the following Communication passports About Me plans identify personal, signs, gestures symbols & reference o bjects Pictorial rotas & staff boards |

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.

Individuals and their representatives are involved in the product ion of their care plans and reviews, the care plans are person-c entered and include photographs of the people we support eng aging in meaningful activities of their choice.

The Registered Care Home manager has attended Outcome training with Helen Sanderson's associates.

There is evidence of Outcomes that matter 'to' and 'for' the per son recorded in their personal plans.

Outcomes for the person supported contained in local authority care plans or Care and treatment plans are reviewed quarterly and discussed as part of their 3-month personal plan review. There is evidence of engagement in outcome setting with the individual supported, their relatives and external partners.

The registered Care Home manager has supported individuals to access the Independent Mental Capacity Advocacy service where there is no relative involvement.

There is a consistent staff team who have worked in the service for many years and know the people they support very well and are very familiar with the individuals care plans

During periods of staff absence and ongoing recruitment agenc y staff have worked alongside experienced staff members Some of the people we support at Tal Y Wern have Positive Be haviour Support plans in place, these clearly evidence primary prevention which includes low arousal /and distraction techniques used.

People we support and their representatives are included in the design of their Activity Support Plan which documents their pref erred routines, activities and community participation.

The Registered Care Home manager and Locality Manager mo nitor the daily recordings and cross reference individuals partici pation in line with their Activity support plans

The below section has been taken from the recent CIW Inspection

People can do the things that matter to them when they want to do them. We saw there are

a range of activities available which are meaningful to people. There was good

photographic evidence and written documentation as well as observations of people

undertaking activities that matter to them. During our visit, we observed activities taking

place facilitated by care staff such as going out to the local café for a drink and one person

attended a local day service. People indicated to us they enjoy taking part in a variety of

activities. Relatives told us their family member is encouraged to stay active and to do as

much as they can. This is reflected in people's records

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.

We have received good feedback from Health professionals tha t the staff team are providing detailed and positive support that meets people's health needs

People we support have a person-centered package which reflects their preferences and identified health needs.

The people we support have a Personal Plan which is reviewed every 3 months, the 3 month review evidences a clear breakdo wn in regard to individual heath needs and appointments, there are comprehensive Health Profiles, Personal and Intimate Care plans, Positive Behaviour Support plans, and where required E pilepsy profiles and Speech and Language guidance.

There are health recordings and electronic behavioural observ ation recordings. There is evidence that this information is disc ussed as part of the 3-month reviews for the individuals support ed

The Registered Care home Manager liaises with the relevant h ealth professionals and relatives in relation to any health conce rns.

The people we support have received annual health reviews wit h their GP..

All staff are trained to administer medication and are compliant with CLC medication policy, there is evidence of good manage ment of the administration of medication and a weekly check an d a monthly medication audit are completed by the Registered Care Home Manager and a quarterly audit completed by the Lo cality Manager.

The below section is taken form the most recent CIW Inspection

. Records show referrals are made to a variety of healthcare professionals such as psychiatrists and community nurses. This is confirmed by

comments from visiting professionals who told us they are satisfied with the care at Tal y

Wern. Recording of monitoring of care activities is in place including the achievement of

personal outcomes for people. People are supported to do the things that matter to them

which are identified in their personal plans with clear measurable outcomes

The extent to which people feel safe and protected from abuse and neglect.

CLC provides an On-call system which is available for out-of-off ice hours for support and guidance.

Under our procedures, we recruit all staff, apprentices and volu nteers using appropriate procedures, safeguards and checks. We determine which roles are; in regulated activity and so subject to a barring list check, which roles are eligible for enhanced DBS checks only, and take up references for all posts and volu nteer roles.

All staff have received Safeguarding training and have access t o CLC safeguarding policy via the CLC intranet, there is also a hard copy of the Safeguarding policy at Tal Y Wern

Staff are aware of their duty if a safeguarding issue is suspecte d, firstly ensuring the people who attend Tal Y Wern are safe a nd any required medical attention is sought.

To enable effective monitoring of our Safeguarding Practice, our safeguarding officer has an online register of safeguarding al erts that are kept updated in real time so that she can monitor the progress of all safeguarding alerts across the company. Measures for assessing the effectiveness of our Safeguarding practice are as follows:

Are alerts made within 24 hours?

The accuracy, transparency and quality of the alert

Levels and frequency of staff training

The number, distribution and types of abuse reported and responses

Consequences for the people we support and implications for p ractice

Recommendations and learning from Safeguarding concerns The people we support at Tal Y Wern have individual risk asse ssments and positive behaviour support plans.

There is evidence of the provider highlighting concerns regarding safe evacuation of individuals in the event of a fire at night time to the commissioners, local authorities and RSL there is still open communication between all parties as the concerns have been escalated to senior management within the local authority

Fire Risk assessments and Personal Emergency Evacuation Pl ans have been reviewed and are person-centered The below section is taken form our recent CIW Inspection

People are protected from abuse and harm. Tal y Wern Care H ome has a safeguarding

policy in place and staff receive training in the safeguarding of adults at risk of abuse. The

Service Manager has a good understanding of the legal require ments and understands

when a safeguarding referral needs to be made to the Local Au thority

The extent to which people live in accommodation that best supports their wellbeing and achievement of their personal outcomes.

The Registered Care Home manager follows the procedure set out in the Admission and Commencement policy for any new ref errals from the local authority or health team.

The people who live at Tal Y Wern have a provider assessment s and there is evidence that these have been reviewed and up dated as individuals needs change

Personal plans are very person-centred and the quarterly revie ws evidence engagement with the person, relatives and external partners.

Outcomes are recorded and evidenced via photographs, video and documentation.

There is an established and experienced staff team who know the people we support well. I have observed staff interaction when they are supporting the people who live at Tal Y Wern, this is always done with dignity, respect and compassion.

The people we support at Tal Y Wern are allocated a key work er.

The personal plans of people supported are very informative a nd up-to-date, and evidence engagement with the person, their relatives and external partners.

Staff have received the appropriate training to support the people who live at Tal Y Wern

All health and safety checks are completed and evidenced in the managerial monitoring audit.

The Property is well maintained and decorated to standard, the furnishings take into consideration the people's required needs

The Registered Care Home Manager ensures that DOLS are in place and reviewed yearly.

The people who live at Tal Y Wern have a personal emergency evacuation plan, the plans are person-centred and take into consideration the needs of the people we support.

The below section is taken from the most recent CIW Inspection

The accommodation is comfortable and benefits from sufficient quality decor and

furnishings. However, the lounge carpet requires replacing to e nsure it is safe as it had

come away from its carpet grip at the entrance to the hallway creating a hazard. When this

was brought to the attention of the manager, she immediately \boldsymbol{t} ook action to address it

temporarily until the carpet was replaced. The home is calm, informal, and relaxed. We saw

people sitting in the lounge and the kitchen/dining room, sitting in the comfort of their

bedrooms and relaxing. The environment supports people to ac hieve their personal outcomes.

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)

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

Service Manager

| Does your service structure include roles of this type? | Yes | |
|--|---|--|
| 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 | 1 | |
| No. of posts vacant | 0 | |
| 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 | |
| Infection, prevention & control | 1 | |
| Manual Handling | 1 | |
| Safeguarding | 0 | |
| Medicine management | 1 | |
| Dementia | 0 | |
| Positive Behaviour Management | 1 | |
| Food Hygiene | 1 | |
| Please outline any additional training undertaken pertinent to this role which is not outlined above. | Active lives, Autism, Bowel awareness, complaints, Dols, Emergency first aid, Fire safety, GDPR, Ment al capacity,PBS awareness, skin bundle, sensory i mpairment, nutrition/diet | |
| Contractual Arrangements | | |
| No. of permanent staff | 1 | |
| 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 | |
| Outline below the number of permanent and fixed term contact staff by hours worked per week. | | |
| No. of full-time staff (35 hours or more per week) | | |
| No. of part-time staff (17-34 hours per week) | 0 | |
| No. of part-time staff (16 hours or under per week) | 0 | |
| Staff Qualifications | | |
| No. of staff who have the required qualification to be registered with Social Care Wales as a Service Manager | 1 | |
| No. of staff working toward required/recommended qualification to be registered with Social Care Wales as a Service Manager | | |
| Denuity service manager | | |
| Deputy service manager Does your service structure include roles of this | Yes | |
| type? | | |

| 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 | | |
| 1 med and vacant people | | |
| No. of staff in post | 1 | |
| No. of posts vacant | 0 | |
| 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 | 1 | |
| Health & Safety | 1 | |
| Equality, Diversity & Human Rights | 0 | |
| Infection, prevention & control | 1 | |
| Manual Handling | 1 | |
| Safeguarding | 1 | |
| Medicine management | 1 | |
| Dementia | 1 | |
| Positive Behaviour Management | 1 | |
| Food Hygiene | 1 | |
| Please outline any additional training undertaken pertinent to this role which is not outlined above. | Active Support , Autism, Bowel awareness, complaints, Dementia, assisted eating and drinking , Emergency first aid, Fire safety awareness, mental capacity, PBS awareness, skin bundle | |
| Contractual Arrangements | | |
| No. of permanent staff | 1 | |
| 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) | 0 | |
| staff | | |
| Outline below the number of permanent and fixed term contact staff by hours worked per week. | | |
| No. of full-time staff (35 hours or more per week) | 1 | |
| No. of part-time staff (17-34 hours per week) | 0 | |
| No. of part-time staff (16 hours or under per week) | 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 | 1 | |
| Other supervisory staff | | |
| Does your service structure include roles of this type? | Yes | |

| 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 | 1 | | |
| No. of posts vacant | 0 | | |
| 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 | | |
| Infection, prevention & control | 0 | | |
| Manual Handling | 1 | | |
| Safeguarding | 0 | | |
| Medicine management | 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. | Manual Handling Edge trainer , Risca training, Pers onal plan training, Disciplinary training, Epilepsy training and Mental Capacity | | |
| Contractual Arrangements | | | |
| No. of permanent staff | 1 | | |
| 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 | | |
| Outline below the number of permanent and fixed | Outline below the number of permanent and fixed term contact staff by hours worked per week. | | |
| No. of full-time staff (35 hours or more per week) | 1 | | |
| No. of part-time staff (17-34 hours per week) | 0 | | |
| No. of part-time staff (16 hours or under per week) | 0 | | |
| Staff Qualifications | | | |
| No. of staff who have the required qualification to be registered with Social Care Wales as a social care worker | 1 | | |
| No. of staff working towards the required/recommended qualification | 0 | | |
| Nursing care staff | | | |
| Does your service structure include roles of this type? | No | | |
| Registered nurses | | | |

| | T., |
|--|---|
| 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 | No |
| type? | |
| Other social care workers providing direct care | |
| Does your service structure include roles of this type? | Yes |
| Important: All questions in this section relate spe | ecifically to this role type only. Unless otherwise ition as of the 31st March of the last financial year. |
| Filled and vacant posts | |
| No. of staff in post | 6 |
| No. of posts vacant | 1 |
| Set out the number of staff who undertook relev provided is only a sample of the training that ma can be added to 'Please outline any additional to not outlined above'. | |
| Induction | 1 |
| Health & Safety | 3 |
| Equality, Diversity & Human Rights | 1 |
| Infection, prevention & control | 5 |
| Manual Handling | 5 |
| Safeguarding | 3 |
| Medicine management | 6 |
| Dementia | 5 |
| Positive Behaviour Management | 5 |
| Food Hygiene | 5 |
| Please outline any additional training undertaken pertinent to this role which is not outlined above. | Staff have training in Active Support, complaints, I mergency First Aid, Fire safety awareness, inclusi e communication, PBS awareness, skin bundle, posonal care and record-keeping, depending on the ndividuals they support they may receive addition training such as Epilepsy, Autism, mental capacity Dols, sensory impairment /loss and sexuality and lationships. |
| Contractual Arrangements | |
| No. of permanent staff | 6 |
| No. of Fixed term contracted staff | 0 |
| No. of volunteers | 0 |
| No. of Agency/Bank staff | 14 |
| No. of Non-guaranteed hours contract (zero hours) staff | 0 |
| Outline below the number of permanent and fixe | d term contact staff by hours worked per week. |
| No. of full-time staff (35 hours or more per week) | 1 |
| No. of part-time staff (17-34 hours per week) | 3 |
| No. of part-time staff (16 hours or under per week) | 2 |

| Typical shift patterns in operation for employed staff | | |
|---|--|--|
| Set out the typical shift patterns of staff employed at the service in this role type. You should also include the average number of staff working in each shift. | 7.30 - 1500 1500- 2200 1 sleep-in at night 2200-0700 hours | |
| Staff Qualifications | | |
| No. of staff who have the required qualification to be registered with Social Care Wales as a social care worker | 6 | |
| No. of staff working towards the required/recommended qualification | 3 | |
| Domestic staff | | |
| Does your service structure include roles of this type? | No | |
| Catering staff | | |
| 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 | |
| | | |

Service Profile

Service Details

Name of Service

| Telephone Number | 01639881928 |
|--|--|
| What is/are the main language(s) through which your service is provided? | English Medium |
| Other languages used in the provision of the service | Welsh language is offered within the Service , Staff and people we support participate in a Welsh word/sign a week. One Individual has access to Welsh language programmes |

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Service Provision

People Supported

| How many people in total did the service provide care and | 4 |
|---|---|
| support to during the last financial year? | |

Fees Charged

| The minimum weekly fee payable during the last financial year? | 299.70 |
|--|--------|
| The maximum weekly fee payable during the last financial year? | 333.66 |

Complaints

| What was the total number of formal complaints made during the last financial year? | 1 |
|--|--|
| Number of active complaints outstanding | 0 |
| Number of complaints upheld | 1 |
| 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? | Conducting a provider assessment to explore how we can meet th eir needs Our personal plan is built around engagement with the person, & t hose close to them, & employs 16 person centered tools so we kn ow what outcomes matter to them & thus how we provide them the best support. A personal plan review focuses on what is working & not working f or them. It records how they have been involved in changing their plan. A 'What we think' survey pulls together what people think across o ur organisation & informs all our tenants forums. People supported in each area meet monthly in our Change Tea ms to discuss what is working & not working about their support & to organise things to improve their lives. Representatives of Change Teams form a quarterly Tenants Live s Group which is a formal part of our Board, they meet with our RI & agree our Quality of Care review. People supported can join our organisation, can attend our AGM, & can elect & become members of our Board |

Service Environment

| How many bedrooms at the service are single rooms? | 4 |
|--|---|
| How many bedrooms at the service are shared rooms? | 0 |
| How many of the bedrooms have en-suite facilities? | 0 |
| How many bathrooms have assisted bathing facilities? | 2 |
| How many communal lounges at the service? | 1 |
| How many dining rooms at the service? | 1 |
| Provide details of any outside space to which the residents have access | At the front of the property it has been landscaped for minimal maintenance and it is surrounded by a wall. There is a large accessible back garden with a grassed area and flower beds. In the middle of the garden, there is a patio area where there is a table and chairs covered by a large gazebo. It also has a seating area on the side. There is a large parking area where there is a parking facility for 4 vehicles. |
| Provide details of any other facilities to which the residents have access | Tir Morfa is a 4 bedroom property situated at the bottom of a culde-sac Some of the people we support attend local authority day centres for part the week and are also supported by staff to access the community, activities are documented within individuals personal plan and reviewed as part of the personal plan review |

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 | Yes |
| British Sign Language (BSL) | No |
| Other | Yes |
| List 'Other' forms of non-verbal communication used | We use communication passports, individual photo booklets. A communication staff board. We have word of the week in Welsh whe re we say a Welsh word, then in English and do the makaton sign for the wor |

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.

Individuals and their representatives are involved in the product ion of their care plans and reviews, the care plans are person-c entered and include photographs of the people we support eng aging in meaningful activities of their choice.

In respect to Regulation 16, improvements are required to ensure that the people we support at Tir Morfa have sufficient 3 monthly reviews there is a new Registered Care Home Manager at the Care home and there is noted improvement, personal plan reviews have taken place and are planned in advance going forward

The Registered Care Home manager has attended Outcome tr aining with Helen Sanderson's associates.

There is evidence of Outcomes that matter 'to' and 'for' the per son recorded in their personal plans.

Outcomes for the person supported contained in local authority care plans or Care and treatment plans are reviewed

There is evidence of engagement in outcome setting with the in dividual supported, their relatives and external partners.

There are tenants meetings held within the Care Home where p eople we support also have the opportunity to make choices in how they wish to receive their support individually as as a share d community of people

There is a mixture of new and established and new staff who ha ve worked in the service for many years and know the people t hey support very well and are very familiar with the individual care plans

Staffing levels have been difficult to maintain during the last ye ar this has been a mixture of recruitment and staff absence, reg ular agency staff have been working alongside contracted staff Some of the people we support at Tir Morfa have Positive Beha viour Support plans in place, these clearly evidence primary pr evention which includes low arousal and distraction techniques used.

People we support and their representatives are included in the design of their Activity Support Plan which documents their pref erred routines, activities and community participation.

The Registered Care Home manager and Locality Manager monitor the daily recordings and cross reference individuals' participation in line with their Activity support plans

Monitoring of individuals' recordings evidenced a lack of consist ency in the implementation of individuals community participatio n, this was exasperated during a period of time when staff were supporting an individual who was receiving end-of-life care There has been a noted improvement in consistency and participation in the community.

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.

We have received good feedback from Health professionals an d Care managers in regard to the end of Life Care provided by support staff"

"My many thanks and condolences to you all there who have ca red for him and given him the stability, continuity, and dignity th at we all hope to have."

People we support have a person-centred package which refle cts their preferences and identified health needs.

Improvements have been made since the new Registered Care home manager has been in post there are comprehensive; Hea Ith Profiles, Personal and Intimate Care plans, Positive Behavio ur Support plans, and where required Epilepsy profiles and Spe ech and Language guidance.

There are health recordings which may include, Marr sheets, e pilepsy, diabetes, pressure care, fluid charts, water low assess ments and electronic behavioural observation recordings

There is evidence that this information is discussed as part of the 3-month reviews for the individuals supported.

The Registered Care Home Manager liaises with the relevant h ealth professionals and relatives in relation to any health concerns

The people we support have received annual health reviews wit h their GP.

All staff are trained to administer medication and are compliant with CLC medication policy, there is evidence of good manage ment of the administration of medication and a weekly check an d a monthly medication audit are completed by the Registered Care Home Manager and a quarterly audit completed by the Lo cality Manager.

The section below is taken from the recent CIW Inspection People get the right care and support. Records show referrals are made to a variety of

healthcare professionals such as psychiatrists and community nurses. This is confirmed by

comments from visiting professionals who told us they are satisfied with the care at Tir

Morfa. Recording of monitoring of care activities is in place but requires strengthening to

include the achievement of personal outcomes for people.

The extent to which people feel safe and protected from abuse and neglect.

CLC provides an On-call system which is available for out-of-off ice hours for support and guidance.

Under our procedures, we recruit all staff, apprentices and volu nteers using appropriate procedures, safeguards and checks. We determine which roles are; in regulated activity and so subject to a barring list check, which roles are eligible for enhanced DBS checks only, and take up references for all posts and volu nteer roles.

All staff have received Safeguarding training and have access t o CLC safeguarding policy via the CLC intranet, there is also a hard copy of the Safeguarding policy at Tir Morfa.

Staff are aware of their duty if a safeguarding issue is suspecte d, firstly ensuring the people who reside in Tir Morfa are safe a nd any required medical attention is sought.

To enable effective monitoring of our Safeguarding Practice, our safeguarding officer has an online register of safeguarding allerts that are kept updated in real-time so that she can monitor the progress of all safeguarding alerts across the company. Measures for assessing the effectiveness of our Safeguarding practice are as follows:

Are alerts made within 24 hours?

The accuracy, transparency and quality of the alert

Levels and frequency of staff training

The number, distribution and types of abuse reported and responses

Consequences for the people we support and implications for p ractice

Recommendations and learning from Safeguarding concerns

There is evidence that the provider was responsive regarding a safeguarding concern, a service improvement plan was implem ented, and a management structure to support the improvement in the absence of the Registered Care Home Manager as part of the learning from the safeguarding concerns, monitoring aud it tools were redesigned.

The people we support at Tir Morfa have individual risk assess ments

Fire Risk assessments and Personal Emergency Evacuation Pl ans have been reviewed and are person-centred The section below is taken from the recent CIW Inspection

People are protected from abuse and harm. Tir Morfa Care Ho me has a safeguarding

policy in place which reflects the Wales safeguarding procedur es and staff receive training

in the safeguarding of adults at risk of abuse. The RI has a goo d understanding of the legal

requirements and understands when a safeguarding referral ne eds to be made to the Local Authority.

The extent to which people live in accommodation that best supports their wellbeing and achievement of their personal outcomes.

The Registered Care Home manager follows the procedure set out in the Admission and Commencement policy for any new ref errals from the local authority or health team.

The people who live at Tir Morfa have a provider assessment a nd there is evidence that these have been reviewed and updat

Personal plans are very person-centred and the quarterly revie ws evidence engagement with the person, relatives and externa I partners.

Outcomes are recorded and evidenced via photographs, video and documentation.

There has been a turnover of staff in the last financial year, whi ch has been managed by ensuring experienced staff have bee n working alongside new staff members, there has also been a need to rely on agency staff during difficult periods, this has be en managed by using regular agency staff.

There has been a significant improvement in recruitment and th e use of agency staff has reduced significantly

I have observed staff interaction when they are supporting the people who live at Tir Morfa, this is done with dignity, respect a

The personal plans of people supported are very informative a nd up-to-date, and evidence engagement with the person, their relatives and external partners.

Staff have received the appropriate training to support the peo ple who live at Tir Morfa

All health and safety checks are completed and evidenced in th e managerial monitoring audit.

The property was highlighted as requiring a new kitchen and ba throoms, there is evidence of the Registered Care Home mana ger liaising with the RSL, and with an agreement with the local a uthority and the RSL, the refit of the proposed work was delaye d due to End of life care.

The work on the kitchen and one bathroom have been complet ed, there is still some outstanding work, which has been planne

The people who live at Tir Morfa have a personal emergency e vacuation plan, the plans are person-centred and take into con sideration the needs of the people we support.

The people who live at Tir Morfa have structured daycare plans which allow the individuals to participate in activities of their cho ice, there has been feedback that people are happy and achiev ing their outcomes.

The below section is taken from the recent CIW Inspection The home is calm, informal, and relaxed. We saw people sitting in the lounge and the

dining room, sitting in the comfort of their bedrooms, relaxing or asleep in bed. The

environment supports people to achieve their personal outcom

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 | 9

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

Service Manager

| Does your service structure include roles of this type? | Yes | |
|--|--|--|
| 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 | 1 | |
| No. of posts vacant | 0 | |
| 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 | 1 | |
| Equality, Diversity & Human Rights | 1 | |
| Infection, prevention & control | 1 | |
| Manual Handling | 1 | |
| Safeguarding | 1 | |
| Medicine management | 1 | |
| Dementia | 0 | |
| Positive Behaviour Management | 0 | |
| Food Hygiene | 1 | |
| Please outline any additional training undertaken pertinent to this role which is not outlined above. | Staff have training in Active Support, complaints, D ols, Emergency First Aid, Fire Safety for managers, Food safety level 3, GDPR, Mental capacity and sa feguarding level 3 for managers, Helen Sanderson Outcome training | |
| Contractual Arrangements | | |
| No. of permanent staff | 1 | |
| 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 | |
| Outline below the number of permanent and fixed term contact staff by hours worked per week. | | |
| No. of full-time staff (35 hours or more per week) | 1 | |
| No. of part-time staff (17-34 hours per week) | 0 | |
| No. of part-time staff (16 hours or under per week) | 0 | |
| Staff Qualifications | | |
| No. of staff who have the required qualification to be registered with Social Care Wales as a Service Manager | 1 | |
| No. of staff working toward required/recommended qualification to be registered with Social Care Wales as a Service Manager | 0 | |
| Deputy service manager | | |

L

| Does your service structure include roles of this type? | Yes |
|--|---|
| Important: All questions in this section relate spe stated, the information added should be the pos | ecifically to this role type only. Unless otherwise ition as of the 31st March of the last financial year. |
| Filled and vacant posts | |
| No. of staff in post | 1 |
| No. of posts vacant | 0 |
| Training undertaken during the last financial year Set out the number of staff who undertook relevative provided is only a sample of the training that mat can be added to 'Please outline any additional training that mot outlined above'. | ant training. The list of training categories |
| Induction | 1 |
| Health & Safety | 1 |
| Equality, Diversity & Human Rights | 1 |
| Infection, prevention & control | 1 |
| Manual Handling | 1 |
| Safeguarding | 1 |
| Medicine management | 1 |
| Dementia | 1 |
| Positive Behaviour Management | 0 |
| Food Hygiene | 1 |
| Please outline any additional training undertaken pertinent to this role which is not outlined above. | Complaints, Emergency First aid, GDPR, Inclusive Communication, Mental Capacity, Nutrition and diet , PBS, Skin bundle, |
| Contractual Arrangements | |
| No. of permanent staff | 1 |
| 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 |
| Outline below the number of permanent and fixe | d term contact staff by hours worked per week. |
| No. of full-time staff (35 hours or more per week) | 1 |
| No. of part-time staff (17-34 hours per week) | 0 |
| No. of part-time staff (16 hours or under per week) | 0 |
| Staff Qualifications | |
| No. of staff who have the required qualification to be registered with Social Care Wales as a Service Manager | 1 |
| No. of staff working toward required/recommended qualification to be registered with Social Care Wales as a Service Manager | 1 |
| Other supervisory staff | |
| Does your service structure include roles of this type? | Yes |

| 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 | 1 | |
| No. of posts vacant | 0 | |
| 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 | |
| Infection, prevention & control | 0 | |
| Manual Handling | 1 | |
| Safeguarding | 0 | |
| Medicine management | 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. | Disciplinary training, Risca training, Personal plan training, Helen Sanderson Outcome training, Ment al Capacity and Epilepsy training Manual handling Edge trainer | |
| Contractual Arrangements | | |
| | | |
| No. of permanent staff | 1 | |
| No. of permanent staff No. of Fixed term contracted staff | 0 | |
| | | |
| No. of Fixed term contracted staff | 0 | |
| No. of Fixed term contracted staff No. of volunteers | 0 | |
| No. of Fixed term contracted staff No. of volunteers No. of Agency/Bank staff No. of Non-guaranteed hours contract (zero hours) | 0 0 0 0 | |
| No. of Fixed term contracted staff No. of volunteers No. of Agency/Bank staff No. of Non-guaranteed hours contract (zero hours) staff | 0 0 0 0 | |
| No. of Fixed term contracted staff No. of volunteers No. of Agency/Bank staff No. of Non-guaranteed hours contract (zero hours) staff Outline below the number of permanent and fixe | 0 0 0 0 term contact staff by hours worked per week. | |
| No. of Fixed term contracted staff No. of volunteers No. of Agency/Bank staff No. of Non-guaranteed hours contract (zero hours) staff Outline below the number of permanent and fixe No. of full-time staff (35 hours or more per week) | 0 0 0 0 term contact staff by hours worked per week. | |
| No. of Fixed term contracted staff No. of volunteers No. of Agency/Bank staff No. of Non-guaranteed hours contract (zero hours) staff Outline below the number of permanent and fixe No. of full-time staff (35 hours or more per week) No. of part-time staff (17-34 hours per week) | 0 0 0 0 term contact staff by hours worked per week. | |
| No. of Fixed term contracted staff No. of volunteers No. of Agency/Bank staff No. of Non-guaranteed hours contract (zero hours) staff Outline below the number of permanent and fixe No. of full-time staff (35 hours or more per week) No. of part-time staff (17-34 hours per week) No. of part-time staff (16 hours or under per week) | 0 0 0 0 term contact staff by hours worked per week. | |
| No. of Fixed term contracted staff No. of volunteers No. of Agency/Bank staff No. of Non-guaranteed hours contract (zero hours) staff Outline below the number of permanent and fixe No. of full-time staff (35 hours or more per week) No. of part-time staff (17-34 hours per week) No. of part-time staff (16 hours or under per week) Staff Qualifications No. of staff who have the required qualification to be registered with Social Care Wales as a social | 0 0 0 0 term contact staff by hours worked per week. 1 0 0 | |
| No. of Fixed term contracted staff No. of volunteers No. of Agency/Bank staff No. of Non-guaranteed hours contract (zero hours) staff Outline below the number of permanent and fixe No. of full-time staff (35 hours or more per week) No. of part-time staff (17-34 hours per week) No. of part-time staff (16 hours or under per week) Staff Qualifications No. of staff who have the required qualification to be registered with Social Care Wales as a social care worker No. of staff working towards the | 0 0 0 0 term contact staff by hours worked per week. 1 0 0 | |
| No. of Fixed term contracted staff No. of volunteers No. of Agency/Bank staff No. of Non-guaranteed hours contract (zero hours) staff Outline below the number of permanent and fixe No. of full-time staff (35 hours or more per week) No. of part-time staff (17-34 hours per week) No. of part-time staff (16 hours or under per week) Staff Qualifications No. of staff who have the required qualification to be registered with Social Care Wales as a social care worker No. of staff working towards the required/recommended qualification | 0 0 0 0 term contact staff by hours worked per week. 1 0 0 | |

| 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 | Yes |
| type? | |
| Important: All questions in this section relate spe stated, the information added should be the pos | cifically to this role type only. Unless otherwise ition as of the 31st March of the last financial year. |
| Filled and vacant posts | |
| No. of staff in post | 8 |
| No. of posts vacant | 2 |
| | 1 |
| Set out the number of staff who undertook relevation provided is only a sample of the training that make can be added to 'Please outline any additional transfer outlined above'. | |
| Induction | 2 |
| Health & Safety | 2 |
| Equality, Diversity & Human Rights | 1 |
| Infection, prevention & control | 7 |
| Manual Handling | 6 |
| Safeguarding | 2 |
| Medicine management | 6 |
| Dementia | 3 |
| Positive Behaviour Management | 5 |
| Food Hygiene | 3 |
| Please outline any additional training undertaken pertinent to this role which is not outlined above. | Staff have training in Active Support, complaints, mergency First Aid, Fire safety awareness, inclus e communication, PBS awareness, skin bundle, I mentia personal care and record-keeping, depening on the individuals they support they may rece additional training such as Epilepsy, Diabetes, Ausm, sensory impairment /loss and sexuality and retionships. |
| Contractual Arrangements | |
| No. of permanent staff | 8 |
| No. of Fixed term contracted staff | 0 |
| No. of volunteers | 0 |
| No. of Agency/Bank staff | 16 |
| No. of Non-guaranteed hours contract (zero hours) staff | 0 |
| Outline below the number of permanent and fixe | d term contact staff by hours worked per week. |
| | |
| No. of full-time staff (35 hours or more per week) | 6 |
| No. of full-time staff (35 hours or more per week) No. of part-time staff (17-34 hours per week) | 6 2 |

| Typical shift patterns in operation for employed | staff |
|---|---|
| Set out the typical shift patterns of staff employed at the service in this role type. You should also include the average number of staff working in each shift. | 7-3, 3-10, 8-9 9PM-7AM Depending on the commissioned hours for each sh ft there may be 4 staff in the AM and 3 staff on the PM shift 1 wakeful 2200-0700 hours 1 sleep-in 2200-0700 hours |
| Staff Qualifications | |
| No. of staff who have the required qualification to be registered with Social Care Wales as a social care worker | 6 |
| No. of staff working towards the required/recommended qualification | 2 |
| Domestic staff | |
| Does your service structure include roles of this type? | No |
| Catering staff | |
| 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 |

Community Lives Consortium

Service Profile

Service Details

Name of Service

| Telephone Number | 01792646640 |
|--|---|
| What is/are the main language(s) through which your service is provided? | English Medium |
| Other languages used in the provision of the service | There is the offer of the Welsh Language within the homes, Indi viduals language preference is discussed within their initial prov ider assessment and documented within their Personal Plan an d their about me workbook Individuals are supported to communicate via sign language, thi s may be an approved sign language or sign language specific to the individual. |

Service Provision

People Supported

| How many people in total did the service provide care and support to during the last financial year? | 154 |
|--|-----|
|--|-----|

Fees Charged

| The minimum hourly rate payable during the last financial year? | 17.34 |
|---|-------|
| The maximum hourly rate payable during the last financial year? | 17.75 |

Complaints

| What was the total number of formal complaints made during the last financial year? Number of active complaints outstanding Number of complaints upheld | 12 1 4 |
|---|---|
| Number of complaints partially upheld | 1 |
| Number of complaints not upheld | 6 |
| What arrangements were made for consulting people who use the service about the operation of the service during the last financial year? | Conducting a provider assessment to explore how we can meet th eir needs Our personal plan is built around engagement with the person, & t hose close to them, & employs 16 person-centered tools so we kn ow what outcomes matter to them & thus how we provide them wit h the best support. A personal plan review focuses on what is working & not working f or them. It records how they have been involved in changing their plan. A 'What we think' survey pulls together what people think across o ur organisation & informs all our tenant's forums. People supported in each area meet monthly in our Change Teams to discuss what is working & not working about their support & to organise things to improve their lives. Representatives of Change Teams form a quarterly Tenants Live s Group which is a formal part of our Board, they meet with our RI & agree on our Quality of Care review. People supported can join our organisation, can attend our AGM, & can elect & become members of our board |

Communicating with people who use the service

| Identify any non-verbal communication methods used in the provision of the service | |
|---|---|
| identity 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 | Yes |
| British Sign Language (BSL) | Yes |
| Other | Yes |
| List 'Other' forms of non-verbal communication used | Communication passports About Me plans identify personal, signs , gestures symbols & reference objects Pictorial rotas & staff boar ds Eye gaze tools Picture & flash cards, widget |

Statement of Compliance

The Responsible Individual must prepare the statement of compliance.

CIW have published $\underline{\text{guidance}}$ 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.

Individuals and their representatives are involved in the product ion of their care plans and reviews, the care plans are person-c entred and include photographs of the people we support enga ging in meaningful activities of their choice.

Managers of the supported living services have attended Outoc me training with Helen Sanderson associates.

There is evidence of Outcomes that matter 'to' and 'for' the per son recorded in their personal plans.

Outcomes for the person supported contained in local authority care plans or Care and treatment plans are reviewed quarterly and discussed as part of their 3-month personal plan review. Locality Change meetings are held monthly where the people w e support, staff, the Chief Executive and the Responsible indivi dual along with our guests, discuss " what has been good abou t the last month", "what was not good last month" and "what could we do better " the information gathered is then discussed and the people we support will agree on actions "Outcomes" for the next month.

The people we support post photographs on workplace of their participation within their homes a few of the activities are baking , gardening, cleaning their cars, and relaxing in their gardens wi th friends

Community engagement includes visits to Folly Farm, Abercrav e Monkey Sanctuary, local swimming baths, tennis centre, bikeability,surf ability, country and coastal walks,

Below section taken from the recent CIW Inspection

People can do the things that matter to them when they want to do them. We saw there are

a range of activities available which are meaningful to people, a nd which are identified in

their personal plans. There is good photographic evidence and written documentation as

well as observations of people undertaking activities that matter to them. Throughout our

visits on both days, we observed activities taking place facilitate d by staff at each service.

People indicated to us they enjoy taking part in a variety of activities such as going out for a

coffee, shopping and attending local clubs. Relatives told us th eir family members are

encouraged to stay active and to do as much as they can for th emselves. This is reflected in people's records.

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.

We have received good feedback from Health professionals that the staff teams are providing detailed and positive support that meets people's health needs, in particular where individuals' health needs have changed and there has been a requirement for staff to gain additional skills in relation to peg feeding, cathet er care and end of life care.

The people we support have a Personal Plan and personal plan reviews, there are comprehensive Health Profiles, Personal and Intimate Care plans, Positive Behaviour Support plans, and where required Epilepsy profiles, and Speech and Language guidance.

There are health recordings which may include, Marr sheets, e pilepsy, diabetes, skin bundle, fluid charts and electronic behav ioural observation recordings.

There is evidence that this information is discussed as part of the 3-month reviews for the individuals supported.

Recordings within the service's evidence the Personal Support Managers liaise with the relevant health professionals and relatives in relation to any health concerns in a timely manner

The people we support are given the opportunity to exercise with staff support via, country and coastal walks, golf, tennis, swimming and cycling.

There has been positive feedback from Psychiatrists at Llwyner yr Hospital in regard to the management of individuals' behavio urs, which has resulted in improvement in individuals' mental an d physical well-being.

Managers have gained accreditation to deliver the following training courses Epilepsy, Manual handling and Positive Behaviour Management

Provider assessments are completed and identify any additiona I health requirements the people we support may have and spe cific training for staff in relation to health needs is provided this may include, Dementia, Pica, Polydipsia, Autism, Bowel awaren ess, mental health and learning disability dual diagnosis

All staff are trained to administer medication and are compliant with CLC medication policy, there is evidence of good manage ment of the administration of medication and a weekly check an d a monthly medication audit are completed by the Personal Su pport Manager and a quarterly audit is completed by the Localit y Manager.

Below section taken from a recent CIW Inspection Records reflect referrals are made to a variety of healthcare pr ofessionals such as social workers and nurses. This is also mo stly confirmed by comments from visiting healthcare profession als who told us they are satisfied with the care of the service The extent to which people feel safe and protected from abuse CLC provides an On-call system which is available for out-of-off and neglect. ice hours for support and guidance. Under our procedures, we recruit all staff, apprentices and volu nteers using appropriate procedures, safeguards and checks. We determine which roles are; in regulated activity and so subj ect to a barring list check, which roles are eligible for enhanced DBS checks only, and take up references for all posts and volu nteer roles. Staff have received Safeguarding training and have access to CLC safeguarding policy via the CLC intranet, there is also a h ard copy of the Safeguarding policy within people's home Staff are aware of their duty if a safeguarding issue is suspecte d, firstly ensuring the people they support are safe and any req uired medical attention is sought. The alert must be raised by completing an Adult Protection Ref erral Form VA1 (within 24 hours) To enable effective monitoring of our Safeguarding Practice, ou r safeguarding officer has an online register of safeguarding al erts that are kept updated in real-time so that she can monitor t he progress of all safeguarding alerts across the company. Measures for assessing the effectiveness of our Safeguarding practice are as follows: Are alerts made within 24 hours? The accuracy, transparency and quality of the alert Levels and frequency of staff training The number, distribution and types of abuse reported and resp onses Consequences for the people we support and implications for p ractice Recommendations and learning from Safeguarding concerns The section below is taken from our recent CIW Inspection People are safe and protected from abuse and neglect. The se rvice provider has safeguarding policies and procedures, which are aligned to cur rent legislation and national guidance. Staff demonstrate a sufficient understanding of their role and responsibilities. People are familiar with the care workers supporting them and v

alue the relationships they

have developed. Care workers are recruited in a safe way and have a good understanding

of safeguarding and whistleblowing procedures. The manager r egularly monitors care

workers' practice to ensure they are providing safe, appropriate care. People supported by

the service indicated to us they feel safe and secure.

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)

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 | Service Manager | |
|------------|---|-----|
| | Does your service structure include roles of this type? | Yes |

| 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 | 35 | |
| No. of posts vacant | 0 | |
| 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 | 5 | |
| Health & Safety | 5 | |
| Equality, Diversity & Human Rights | 2 | |
| Manual Handling | 11 | |
| Safeguarding | 21 | |
| Dementia | 2 | |
| Positive Behaviour Management | 31 | |
| Food Hygiene | 15 | |
| Please outline any additional training undertaken pertinent to this role which is not outlined above. | helen sanderson outcome training, Active Lives, Au tism, bowel awareness, complaints, dementia, diab etes, Epilepsy, fire safety for managers, GDPR, ma naging for the first time, mental capacity, mental he alth dual diagnosis, PBS awareness, skin bundle, ri sk assessment, record keeping, rota management, supervision, stress management , | |
| Contractual Arrangements | | |
| | | |
| No. of permanent staff | 35 | |
| No. of permanent staff No. of Fixed term contracted staff | 0 | |
| · · | | |
| No. of Fixed term contracted staff | 0 | |
| No. of Fixed term contracted staff No. of volunteers | 0 | |
| No. of Fixed term contracted staff No. of volunteers No. of Agency/Bank staff No. of Non-guaranteed hours contract (zero hours) | 0 0 0 0 | |
| No. of Fixed term contracted staff No. of volunteers No. of Agency/Bank staff No. of Non-guaranteed hours contract (zero hours) staff | 0 0 0 0 | |
| No. of Fixed term contracted staff No. of volunteers No. of Agency/Bank staff No. of Non-guaranteed hours contract (zero hours) staff Outline below the number of permanent and fixe | 0 0 0 0 term contact staff by hours worked per week. | |
| No. of Fixed term contracted staff No. of volunteers No. of Agency/Bank staff No. of Non-guaranteed hours contract (zero hours) staff Outline below the number of permanent and fixe No. of full-time staff (35 hours or more per week) No. of part-time staff (17-34 hours per week) | 0 0 0 0 d term contact staff by hours worked per week. | |
| No. of Fixed term contracted staff No. of volunteers No. of Agency/Bank staff No. of Non-guaranteed hours contract (zero hours) staff Outline below the number of permanent and fixe No. of full-time staff (35 hours or more per week) | 0 0 0 0 term contact staff by hours worked per week. | |
| No. of Fixed term contracted staff No. of volunteers No. of Agency/Bank staff No. of Non-guaranteed hours contract (zero hours) staff Outline below the number of permanent and fixe No. of full-time staff (35 hours or more per week) No. of part-time staff (17-34 hours per week) No. of part-time staff (16 hours or under per week) | 0 0 0 0 term contact staff by hours worked per week. | |
| No. of Fixed term contracted staff No. of volunteers No. of Agency/Bank staff No. of Non-guaranteed hours contract (zero hours) staff Outline below the number of permanent and fixe No. of full-time staff (35 hours or more per week) No. of part-time staff (17-34 hours per week) No. of part-time staff (16 hours or under per week) Staff Qualifications No. of staff who have the required qualification to be registered with Social Care Wales as a Service | 0 0 0 0 d term contact staff by hours worked per week. 34 1 0 | |
| No. of Fixed term contracted staff No. of volunteers No. of Agency/Bank staff No. of Non-guaranteed hours contract (zero hours) staff Outline below the number of permanent and fixe No. of full-time staff (35 hours or more per week) No. of part-time staff (17-34 hours per week) No. of part-time staff (16 hours or under per week) Staff Qualifications No. of staff who have the required qualification to be registered with Social Care Wales as a Service Manager No. of staff working toward required/recommended qualification to be registered with Social Care | 0 0 0 0 term contact staff by hours worked per week. 34 1 0 | |
| No. of Fixed term contracted staff No. of volunteers No. of Agency/Bank staff No. of Non-guaranteed hours contract (zero hours) staff Outline below the number of permanent and fixe No. of full-time staff (35 hours or more per week) No. of part-time staff (17-34 hours per week) No. of part-time staff (16 hours or under per week) Staff Qualifications No. of staff who have the required qualification to be registered with Social Care Wales as a Service Manager No. of staff working toward required/recommended qualification to be registered with Social Care Wales as a Service Manager | 0 0 0 0 term contact staff by hours worked per week. 34 1 0 | |

| Does your service structure include roles of this type? | Yes |
|--|--|
| Important: All questions in this section relate spe stated, the information added should be the pos | cifically to this role type only. Unless otherwise ition as of the 31st March of the last financial year. |
| Filled and vacant posts | |
| No. of staff in post | 11 |
| No. of posts vacant | 0 |
| 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 | 2 |
| Safeguarding | 1 |
| Dementia | 0 |
| Positive Behaviour Management | 11 |
| Food Hygiene | 2 |
| Please outline any additional training undertaken pertinent to this role which is not outlined above. | Helen Sanderson Outcome training, Mental capacit y training, Dols Training, Edge Manual handling trai ner training, PBM and PBS re-accreditation trainin g, Fire Risk assessment training |
| Contractual Arrangements | |
| No. of permanent staff | 11 |
| 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 |
| Outline below the number of permanent and fixed | d term contact staff by hours worked per week. |
| No. of full-time staff (35 hours or more per week) | 11 |
| No. of part-time staff (17-34 hours per week) | 0 |
| No. of part-time staff (16 hours or under per week) | 0 |
| Staff Qualifications | |
| No. of staff who have the required qualification to be registered with Social Care Wales as a social care worker | 11 |
| No. of staff working towards the required/recommended qualification | 0 |
| 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? | Yes |
|---|--|
| Important: All questions in this section relate spe stated, the information added should be the pos | ecifically to this role type only. Unless otherwise ition as of the 31st March of the last financial year. |
| Filled and vacant posts | |
| No. of staff in post | 293 |
| No. of posts vacant | 14 |
| Training undertaken during the last financial year Set out the number of staff who undertook releve provided is only a sample of the training that may can be added to 'Please outline any additional to not outlined above'. | ant training. The list of training categories |
| Induction | 85 |
| Health & Safety | 110 |
| Equality, Diversity & Human Rights | 47 |
| Manual Handling | 69 |
| Safeguarding | 98 |
| Dementia | 55 |
| Positive Behaviour Management | 158 |
| Food Hygiene | 79 |
| Please outline any additional training undertaken pertinent to this role which is not outlined above. | Staff have training in Active Support, complaints, E mergency First Aid, Fire safety awareness, inclusive communication, PBS awareness, skin bundle, personal care and record-keeping, depending on the individuals they support they may receive additional training such as Epilepsy, Diabetes, Peg feeding, Catheter Care, Autism, Poly Dipsia, pica, sensory impairment /loss and sexuality and relationships. |
| Contractual Arrangements | |
| No. of permanent staff | 293 |
| No. of Fixed term contracted staff | 0 |
| No. of volunteers | 0 |
| No. of Agonov/Ponk stoff | 102 |
| No. of Agency/bank stan | |
| No. of Agency/Bank staff No. of Non-guaranteed hours contract (zero hours) staff | 19 |
| No. of Non-guaranteed hours contract (zero hours) | |
| No. of Non-guaranteed hours contract (zero hours) staff Outline below the number of permanent and fixe | |
| No. of Non-guaranteed hours contract (zero hours) staff Outline below the number of permanent and fixe No. of full-time staff (35 hours or more per week) | d term contact staff by hours worked per week. |
| No. of Non-guaranteed hours contract (zero hours) staff Outline below the number of permanent and fixe No. of full-time staff (35 hours or more per week) No. of part-time staff (17-34 hours per week) | d term contact staff by hours worked per week. |
| No. of Non-guaranteed hours contract (zero hours) staff Outline below the number of permanent and fixe No. of full-time staff (35 hours or more per week) No. of part-time staff (17-34 hours per week) | d term contact staff by hours worked per week. 152 84 |
| No. of Non-guaranteed hours contract (zero hours) staff Outline below the number of permanent and fixe No. of full-time staff (35 hours or more per week) No. of part-time staff (17-34 hours per week) No. of part-time staff (16 hours or under per week) | d term contact staff by hours worked per week. 152 84 |
| No. of Non-guaranteed hours contract (zero hours) staff Outline below the number of permanent and fixe No. of full-time staff (35 hours or more per week) No. of part-time staff (17-34 hours per week) No. of part-time staff (16 hours or under per week) Staff Qualifications No. of staff who have the required qualification to be registered with Social Care Wales as a social | d term contact staff by hours worked per week. 152 84 57 |
| No. of Non-guaranteed hours contract (zero hours) staff Outline below the number of permanent and fixe No. of full-time staff (35 hours or more per week) No. of part-time staff (17-34 hours per week) No. of part-time staff (16 hours or under per week) Staff Qualifications No. of staff who have the required qualification to be registered with Social Care Wales as a social care worker No. of staff working towards the | d term contact staff by hours worked per week. 152 84 57 |

Service Profile

Service Details

| Name of Service | Lower Lodge |
|--|----------------|
| | - |
| Telephone Number | 01792584007 |
| What is/are the main language(s) through which your service is provided? | English Medium |
| Other languages used in the provision of the service | |

Service Provision

People Supported

| How many people in total did the service provide care and | 9 |
|---|---|
| support to during the last financial year? | |

Fees Charged

| The minimum weekly fee payable during the last financial year? | 299.70 |
|--|--------|
| The maximum weekly fee payable during the last financial year? | 333.66 |

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? | Conducting a provider assessment to explore how we can meet th eir needs Our personal plan is built around engagement with the person, & t hose close to them, & employs 16 person centered tools so we kn ow what outcomes matter to them & thus how we provide them the best support. A personal plan review focuses on what is working & not working f or them. It records how they have been involved in changing their plan. A 'What we think' survey pulls together what people think across o ur organisation & informs all our tenants forums. People supported in each area meet monthly in our Change Tea ms to discuss what is working & not working about their support & to organise things to improve their lives. Representatives of Change Teams form a quarterly Tenants Live s Group which is a formal part of our Board, they meet with our RI & agree our Quality of Care review. People supported can join our organisation, can attend our AGM, & can elect & become members of our Board. |

Service Environment

| How many bedrooms at the service are single rooms? | 3 |
|--|---|
| How many bedrooms at the service are shared rooms? | 0 |

| How many of the bedrooms have en-suite facilities? | 0 |
|--|--|
| How many bathrooms have assisted bathing facilities? | 1 |
| How many communal lounges at the service? | 1 |
| How many dining rooms at the service? | 1 |
| Provide details of any outside space to which the residents have access | At the front of the property, there is a tarmac driveway and parkin g facilities for ten vehicles. The front and side of the property hav e a wooden gazebo with several seating areas along with a patio. There are numerous bedding plants, hanging baskets and a vege table plot to the front side of the property along with a water featu re. There is a small sensory garden under development. |
| Provide details of any other facilities to which the residents have access | On the same site is Woodlands day service, this is a fully adapted building used by a range of individuals as a base from which peop le enjoy individually organised packages of daycare The people we support who access Lower Lodge are able to utilis e the facilities at Woodlands, this includes a quiet area to watch TV, arts and crafts section, dining area, a wet room and a small k itchen |

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 | Yes |
| British Sign Language (BSL) | Yes |
| Other | Yes |
| List 'Other' forms of non-verbal communication used | Picture rota, symbols, photos, about me workbooks, people we su pport use IPAD for communicating |

Statement of Compliance

The Responsible Individual must prepare the statement of compliance.

CIW have published $\underline{\text{guidance}}$ 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.

Individuals and their representatives are involved in the product ion of their care plans and reviews, the care plans are person-c entred and include photographs of the people we support enga ging in meaningful activities of their choice.

The Registered Care Home manager has attended Outcome training with Helen Sanderson's associates.

There is evidence of Outcomes that matter 'to' and 'for' the per son recorded in their personal plans.

Outcomes for the person supported contained in local authority care plans or Care and treatment plans are reviewed quarterly and discussed as part of their 3-month personal plan review. There is evidence of engagement in outcome setting with the individual supported, their relatives and external partners.

There is an established staff team who have worked in the service for many years and know the people they support very well and are very familiar with the individuals 'about me workbooks', this evidences the individuals preferred communication style.

The People we support at Lower Lodge have comprehensive P ositive Behaviour Support plans in place, these clearly evidenc e primary prevention which includes low arousal /and distraction techniques used.

When the people we support attend Lower Lodge they are supported by staff to go to the supermarket to purchase foods and drinks of their preferred choice.

People we support and their representatives who attend Lower Lodge are included in the design of their Activity Support Plan which documents their preferred routines, activities and community participation.

The below section has been taken from the recent CIW Inspection

They (individuals supported) benefit from a wide range of activit ies both in the service and in the wider community.

These include walking, going to the beach, pub lunches, cyclin g, gardening, games

consoles and gardening. Great importance is placed on everyd ay skills such as preparing meals, cooking, making drinks, gard ening and personal care.

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.

We have received good feedback from Health professionals that the staff team are providing detailed and positive support that meets people's health needs when they attend the respite service.

Individuals who attend the Lower Lodge have a person-centere d package which reflects their preferences and identified health needs.

The people who access Lower Lodge have a Personal Plan whi ch is reviewed every 3 months, there are comprehensive Health Profiles, Personal and Intimate Care plans, Positive Behaviour Support plans, and where required Epilepsy profiles and Speech and Language guidance.

There are health recordings and electronic behavioural observ ation recordings. There is evidence that this information is disc ussed as part of the 3-month reviews for the individuals support ed.

The Registered Care home Manager liaises with the relevant h ealth professionals and relatives in relation to any health concerns

The people we support at Lower Lodge are given the opportuni ty to exercise with staff support in the local woods, and beaches and participate in the maintenance of the gardens.

All staff are trained to administer medication and are compliant with CLC medication policy, there is evidence of good manage ment of the administration of medication and a weekly check an d a monthly medication audit are completed by the Registered Care Home Manager and a quarterly audit completed by the Lo cality Manager.

The below section has been taken from the recent CIW Inspection

People are supported to remain healthy as they can be during t heir respite stay. We saw care workers monitor the health and wellbeing of people on a daily basis. Areas such as the dietary and fluid intake of people when needed was being closely monit ored.

The emotional and physical health of people is promoted throu gh regular exercise in the grounds and surrounding countrysid e. People enjoy maintaining the garden area providing them with sensory stimulation. People have good access to health and social care professionals when needed.

The extent to which people feel safe and protected from abuse and neglect.

CLC provides an On-call system which is available for out-of-off ice hours for support and guidance.

Under our procedures, we recruit all staff, apprentices and volu nteers using appropriate procedures, safeguards and checks. We determine which roles are; in regulated activity and so subject to a barring list check, which roles are eligible for enhanced DBS checks only, and take up references for all posts and volu nteer roles.

All staff have received Safeguarding training and have access t o CLC safeguarding policy via the CLC intranet, there is also a hard copy of the Safeguarding policy at Lower Lodge.

Staff are aware of their duty if a safeguarding issue is suspecte d, firstly ensuring the people who attend Lower Lodge are safe and any required medical attention is sought.

The alert must be raised by completing an Adult Protection Ref erral Form VA1 (within 24 hours) and ensuring it is scanned to; the local authority safeguarding team, the CLC Safeguarding O fficer and Contract and monitoring officers.

To enable effective monitoring of our Safeguarding Practice, our safeguarding officer has an online register of safeguarding al erts that are kept updated in real time so that she can monitor the progress of all safeguarding alerts across the company. Measures for assessing the effectiveness of our Safeguarding practice are as follows:

Are alerts made within 24 hours?

ng to agitation and behaviour.

The accuracy, transparency and quality of the alert Levels and frequency of staff training

The number, distribution and types of abuse reported and responses

Consequences for the people we support and implications for p ractice

Recommendations and learning from Safeguarding concerns The people we support at Lower Lodge have individual risk ass essments and positive behaviour support plans.

The section below is taken from the recent CIW Inspection repo

Risks to people have been identified and as far as possible eli minated. We noted personal emergency evacuation plans (PEE Ps) in place. Fire drills are undertaken routinely, and staff have on-going fire safety training. Care workers are well-trained and know people well. There are clear risk management plans relati

The extent to which people live in accommodation that best supports their wellbeing and achievement of their personal outcomes.

Lower Lodge is a respite service, the staff ensure that the peop le we support are comfortable and familiar with their surroundin gs, compatibility assessments are in place and these are taken into consideration by the Registered Care Home manager when planning an individual's respite allocation.

The Registered Care Home manager follows the procedure set out in the Admission and Commencement policy for any new ref errals from the local authority or health team.

Personal plans are very person-centred and the quarterly revie ws evidence engagement with the person, relatives and externa

Outcomes are recorded and evidenced via photographs, video and documentation.

There is an established and experienced staff team who know t he people we support very well. I have observed staff interactio n when they are supporting the people who use Lower Lodge, t his is always done with dignity, respect and compassion.

The people we support at Lower Lodge are allocated a key wor ker.

The personal plans of people supported are very informative a nd up-to-date, and evidence engagement with the person, their relatives and external partners.

Staff have received the appropriate training to support the peo ple who access Lower Lodge.

All health and safety checks are completed and evidenced in th e managerial monitoring audit.

The Property is well maintained and decorated to a high standa rd, the furnishings take into consideration the people's required needs.

The Registered Care Home Manager ensures that DOLS are in place and reviewed yearly.

The people who access Lower Lodge have a personal emerge ncy evacuation plan, the plans are person-centered and take in to consideration the needs of the people we support.

This quote is taken from the recent CIW Inspection:

Care and support is provided in an environment which promote s the achievement of people's personal outcomes. People live i n a clean and comfortable environment. People have access to pleasant and interesting communal areas, both internally and e xternally. We saw the home was clean, fresh and well-maintaine d. Fire procedures and checks are routinely completed. A strin gent, well-organised health and safety audit system is in place maintaining safe systems of work.

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 | 11 31 March)

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

Service Manager Does your service structure include roles of this Yes type?

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 | 1 | |
| No. of posts vacant | 0 | |
| | | |
| Training undertaken during the last financial yea Set out the number of staff who undertook releva provided is only a sample of the training that may can be added to 'Please outline any additional tra not outlined above'. | ant training. The list of training categories y have been undertaken. Any training not listed | |
| Induction | 0 | |
| Health & Safety | 0 | |
| Equality, Diversity & Human Rights | 0 | |
| Infection, prevention & control | 1 | |
| Manual Handling | 1 | |
| Safeguarding | 1 | |
| Medicine management | 1 | |
| Dementia | 0 | |
| | 1 | |
| Positive Behaviour Management | 0 | |
| Food Hygiene Please outline any additional training undertaken pertinent to this role which is not outlined above. | Emergency First Aid, GDPR, Mental capacity, Hele n Sanderson Outcome training, Personal plan and personal plan review training, Pica, polydipsia,end of life care | |
| Contractual Arrangements | | |
| No. of permanent staff | 1 | |
| 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 | |
| Outline below the number of permanent and fixed | d term contact staff by hours worked per week. | |
| No. of full-time staff (35 hours or more per week) | 1 | |
| No. of part-time staff (17-34 hours per week) | 0 | |
| No. of part-time staff (16 hours or under per week) | 0 | |
| Staff Qualifications | | |
| No. of staff who have the required qualification to be registered with Social Care Wales as a Service Manager | 1 | |
| No. of staff working toward required/recommended qualification to be registered with Social Care Wales as a Service Manager | 0 | |
| Deputy service manager | | |
| Does your service structure include roles of this type? | No | |
| Other supervisory staff | | |
| Does your service structure include roles of this type? | Yes | |

| 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 | 1 |
| No. of posts vacant | 0 |
| | |
| Training undertaken during the last financial year Set out the number of staff who undertook relevation provided is only a sample of the training that may can be added to 'Please outline any additional training that may can be added to 'Please outline any additional training that may be added to 'Please outline any additional training that may be added to 'Please outline any additional training that the same provided in the s | ant training. The list of training categories y have been undertaken. Any training not listed |
| Induction | 0 |
| Health & Safety | 0 |
| Equality, Diversity & Human Rights | 1 |
| Infection, prevention & control | 0 |
| Manual Handling | 0 |
| Safeguarding | 0 |
| Medicine management | 0 |
| Dementia | 1 |
| Positive Behaviour Management | 1 |
| Food Hygiene | 0 |
| Please outline any additional training undertaken pertinent to this role which is not outlined above. | Positive behaviour Management trainer, End of Life trainer, Mental Capacity training, Helen Sanders on Outcome training, Mental Health duel Diagnosis Currently working towards Btec level 4 PBS |
| Contractual Arrangements | |
| No. of permanent staff | 1 |
| 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 |
| Outline below the number of permanent and fixed | d term contact staff by hours worked per week. |
| No. of full-time staff (35 hours or more per week) | 1 |
| No. of part-time staff (17-34 hours per week) | 0 |
| No. of part-time staff (16 hours or under per week) | 0 |
| Staff Qualifications | |
| No. of staff who have the required qualification to be registered with Social Care Wales as a social care worker | 1 |
| No. of staff working towards the required/recommended qualification | 0 |
| | |
| Nursing care staff | |
| Does your service structure include roles of this type? | No |
| Registered nurses | |

| 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? | Yes |
| Important: All questions in this section relate spe stated, the information added should be the pos | ecifically to this role type only. Unless otherwise ition as of the 31st March of the last financial year. |
| Filled and vacant posts | |
| No. of staff in post | 10 |
| No. of posts vacant | 3 |
| | 1 |
| Set out the number of staff who undertook relevant provided is only a sample of the training that make can be added to 'Please outline any additional transfer outlined above'. | |
| Induction | 2 |
| Health & Safety | 2 |
| Equality, Diversity & Human Rights | 1 |
| Infection, prevention & control | 8 |
| Manual Handling | 6 |
| Safeguarding | 3 |
| Medicine management | 8 |
| Dementia | 0 |
| Positive Behaviour Management | 8 |
| Food Hygiene | 8 |
| Please outline any additional training undertaken pertinent to this role which is not outlined above. | Autism, Active lives, complaints, dols, emergency st aid, epilepsy, fire safety awareness, GDPR, lon working, mental capacity, mental health introduction, pica/polydipsia, record keeping, the role of a suport worker, sensory impairment |
| Contractual Arrangements | |
| No. of permanent staff | 1 |
| 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 |
| Outline below the number of permanent and fixe | d term contact staff by hours worked per week. |
| No. of full-time staff (35 hours or more per week) | 1 |
| No. of part-time staff (17-34 hours per week) | 0 |
| No. of part-time staff (16 hours or under per week) | 0 |
| Typical shift patterns in operation for employed | staff |
| | |

| Set out the typical shift patterns of staff employed at the service in this role type. You should also include the average number of staff working in each shift. | 0700 - 1500 hours 1500 - 2200 hours Wakeful 2200-0700 sleep in 2200- 0700 Depending on the allocation of the people we supp ort at Lower Lodge Respite it can be between 4 sta ff AM and 4 staff PM with 2 wakeful staff and 1 slee p- in The minimum staff on shift would be 2 staff AM and 2 staff PM with 1 wakeful and 1 sleep -in |
|---|---|
| Staff Qualifications | |
| | |
| No. of staff who have the required qualification to be registered with Social Care Wales as a social care worker | 9 |
| No. of staff working towards the required/recommended qualification | 1 |
| Domestic staff | |
| Does your service structure include roles of this type? | No |
| Catering staff | |
| 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 |