## 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:                                    |   | Empower Support Limited |  |
|---|---|-------------------------|--|
| The provider was registered on:                   |   | 29/05/2020              |  |
| The following lists the provider conditions:      | There are no imposed conditions associated to this provider |                         |  |
| The regulated services delivered by this provider | Hiraeth House   |                         |  |
| were:   | Service Type  |                         | Care Home Service                                  |
|   | Type of Care  |                         | Adults Without Nursing                             |
|   | Approval Date   |                         | 18/01/2022   |
|   | Responsible Individual(s)                                   |                         | Catherine McAndrew                                 |
|   | Manager(s)  |                         |  |
|   | Maximum number of places                                    |                         | 6  |
|   | Service Conditions  |                         | There are no conditions associated to this service |
|   | Empower Support   |                         |  |
|   | Service Type  |                         | Domiciliary Support Service                        |
|   | Type of Care  |                         | None   |
|   | Approval Date   |                         | 29/05/2020   |
|   | Responsible Individual(s)                                   |                         | Catherine McAndrew                                 |
|   | Manager(s)  |                         | Emily Fender                                       |
|   | Partnership Area  |                         | West Glamorgan                                     |
|   | 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 | We follow the mandatory training as recommended by SCW and CIW. Additional to this, we offer mental health-specific courses that tare relevant to the people we support. If any of our service users have physical health issues that our staff need to be aware of, fur ther training on this is sourced. Training needs/wishes are discus sed at our monthly team meetings, where we offer in-house training and case discussions. Further individual training needs are iden tified in supervision. |
|--|--|
| Describe the arrangements in place during the last financial year for the recruitment and retention of staff employed by the service provider                        | We have recruited as and when needed by various means - staff referrals, Indeed, approaching the local University, social media. Staff retention has fortunately not been a problem. We place great emphasis on supporting staff to have a good work/life balance and a rate of pay that is above the national living wage, inlcuding enhancements. Management are always contactable so that our staff feel supported, and we discuss new referrals as a team before accepting.                       |

## Service Profile

## Service Details

| Name of Service  | Empower Support  |
|--|--|
|  |  |
| Telephone Number   | 07534246891  |
| What is/are the main language(s) through which your service is provided? | English Medium   |
| Other languages used in the provision of the service                     | None at this time.   |
|  | Information can be provided in other languages on request. |

## Service Provision

## People Supported

| How many people in total did the service provide care and support to during the last financial year? | 30 |
|--|----|

## Fees Charged

| The minimum hourly rate payable during the last financial year? | 21.20 |
|---|-------|
| The maximum hourly rate payable during the last financial year? | 42.40 |

## 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? | The RI has picked up some support visits herself in order to build a relationship with some of the individuals who use our service (thi s has been beneficial for when she has been on call). Any comme nts/suggestions made are explored during the formal visits. As part of the Quality of Care Review, surveys are sent out every 6 months. The surveys contain closed questions/statements that can be scored, as quantitative information is easier to analyse on a large scale. They also contain space for any comments of any description that people would like to make. The offer is left for people to leave their contact details if they would like a response to the ans wers in their survey (but is not mandatory as most people like to remain anonymous). |

## Communicating with people who use the service

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

#### 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.

- Within the support planning and review documentation, it is evident that the individual's opinion is a key component. Each support plan is person centred, their goals noted, and the support is constructed around these.
- The Quality of Care survey shows that people largely feel invo lved in the decisions around their care, and are an integral part in the care planning process. Support plan reviews are held fre quently and the people we support are actively involved in this process- it measures their satisfaction with the service and their progress and recovery across the last quarter in a few different ways. Clients have the opportunity to answer freely but also giv e 1-5 score ratings also if verbally expressing their opinions is d ifficult for them.
- Outcomes from the Councils' Contract Monitoring Visits aroun d individual choice echo what was found in the Quality of Care Review
- Advocacy referrals are made where appropriate to support pe ople when faced with decisions.
- Clients feel that they are able to contact the senior managem ent team and do so via the on-call phone. This can be for vario us reasons such as to let us know about upcoming appointment s, to change their call times to facilitate social activities or to giv e verbal feedback or gain information such as which carer they are seeing that day. We have established open lines of commu nication with service users and they feel comfortable communic ating with the team in this way.
- During review we ask clients about their preferences with regards to carers they wish to see more or less frequently and facilit ate this to the best of our ability.
- We encourage clients to be honest about their support needs and how these are best met to their wider care and support tea m and highlight any unmet needs they feel that they to their car e managers. We have found that whilst basic needs are met in most packages of care a lot of clients feel their social and emotional needs are not. This has led to clients requesting additional 'flexi time' to access the community with staff greatly boosting their social and emotional wellbeing.

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 request medical and other reviews as necessary, and sup port our clients to attend these appointments. Following on fro m any appointments, we adjust support plans where needed
- · Working within the financial constraints of the service purchas ers, we still try to allocate as many hours as possible to meanin gful occupation as opposed to just basic care tasks
- Health promotion by way of encouraging smoking reduction a nd cessation and support to do this if wanted.
- · Staff support clients to access other primary care professional s such as chiropodists, podiatrists, physios and the GP as and
- · Clients are supported by staff to book and attend regular scre ening tests such as cervical, breast and bowel screenings. Clie nts have fed back that without staff reassurance and support th ey would not have attended these screenings.
- · Clients are supported to attend depot clinic and physical healt h monitoring clinics in the CMHTS.
- · Shopping support can be provided to purchase and plan healt hy meals if shopping time is within the care plan. Clients in supp ort plan reviews have reported improvements in their diet and I oss of additional weight as a result of this support.
- · Food and fluid offered and encouraged at every call and cont act.
- · Staff pass on information about local groups and projects to e ncourage people we support to access them and boost their so cial network.
- · When utilising 'flexi time' staff promote this time to be utilised f or positive experiences that have a beneficial impact on their ov erall health and wellbeing such as beach walks, accessing gree n spaces, social interactions such as attending coffee shop and groups and other activities of individual preference.
- Staff provide support to remain abstinent or cut down on alco hol consumption and encourage the purchase of healthier alter natives such as 0% alcohol free drinks- same applies to 'energ y drinks'.

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

- The results from the Quality of Care survey show that people I argely feel safe with their support workers, and are confident th at they will advocate for them as necessary
- · Information voiced during formal visits shows that people feel ' looked after" by their support workers and that they feel free to ask for help
- Safeguarding referrals are made by Empower on a relatively r egular basis
- Evidenced by police involvement where we have felt a client h as been at immediate risk
- · Clients have built trusting therapeutic relationships with staff w here they feel safe to make disclosures of abuse and know that that it will be treated with the gravity and due care and respect needed.
- · Staff had made referrals to MARRAC and domestic violence li aison officers within the local authority to protect clients from th eir partners, relatives and other individuals.
- Staff attend AAR meetings regarding clients to formulate plan s to keep people safe and pass this information back to the clie nts involved to ensure that they feel part of the plan and safe a s a result of the plan.
- Clients feel that they can phone the manager on call to discus s and report incidents or for follow-up emotional support post s afeguarding meetings or discussions with their care manager.

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 | 8 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 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 most outlined above'. | ant training. The list of training categories y have been undertaken. Any training not listed                                  |  |
| Induction   | 1  |  |
| Health & Safety   | 1  |  |
| Equality, Diversity & Human Rights  | 1  |  |
| Manual Handling   | 1  |  |
| Safeguarding  | 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.   | Our Service Manager is an RMN, and is currently going through the higher levels of QCF to attain her management qualification. |  |
| 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<br>be registered with Social Care Wales as a Service<br>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?  | No   |
| Senior social care workers providing direct care   |  |
| Does your service structure include roles of this type?  | Yes  |
| Important: All questions in this section relate spe<br>stated, the information added should be the pos | ecifically to this role type only. Unless otherwise iition as of the 31st March of the last financial year.  |
| Filled and vacant posts  |  |
| No. of staff in post   | 2  |
| No. of posts vacant  | 0  |
| not outlined above'.   | y have been undertaken. Any training not listed raining undertaken pertinent for this role which is  |
| Induction  | 2  |
| Health & Safety  | 2  |
| Equality, Diversity & Human Rights   | 2  |
| Manual Handling  | 2  |
| Safeguarding   | 2  |
| Dementia   | 2  |
| Positive Behaviour Management  | 2  |
| Food Hygiene   | 2  |
| Please outline any additional training undertaken pertinent to this role which is not outlined above.  | The two seniors have completed additional training around a variety mental illnesses.  One has a particular interest in training, and is curr ently going through a train-the-trainer programme. |
| Contractual Arrangements   |  |
| No. of permanent staff   | 2  |
| 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)   | 0  |
| No. of part-time staff (17-34 hours per week)  | 2  |
| No. of part-time staff (16 hours or under per week)  | 0  |
| Staff Qualifications   |  |

|  | <u></u>   |  |
|--|---|--|
| No. of staff who have the required qualification to<br>be registered with Social Care Wales as a social<br>care worker   | 2   |  |
| No. of staff working towards the required/recommended qualification  | 0   |  |
|  |   |  |
| Other social care workers providing direct care  |   |  |
| 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   | 13  |  |
| 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  | 13  |  |
| Health & Safety  | 13  |  |
| Equality, Diversity & Human Rights   | 13  |  |
| Manual Handling  | 13  |  |
| Safeguarding   | 13  |  |
| Dementia   | 13  |  |
| Positive Behaviour Management  | 13  |  |
| Food Hygiene   | 13  |  |
| Please outline any additional training undertaken pertinent to this role which is not outlined above.  | Mental Health Self-Harm Depression Eating Disorders Anxiety Lone Working COSHH Substance Misuse Behaviours that Challenge Substance Misuse  |  |
|  | Staff are also given additional training depending u pon the needs of the people they visit, such as Epil epsy Awareness, Catheter Care, Diabetes Awareness and Learning Disabilities |  |
| Contractual Arrangements   |   |  |
| No. of permanent staff   | 5   |  |
| 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  | 8   |  |
| 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)   | 5   |  |
| 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<br>be registered with Social Care Wales as a social<br>care worker | 9  |  |
| No. of staff working towards the required/recommended qualification  | 4  |  |
| Other types of staff   |    |  |
| Does your service structure include any additional role types other than those already listed?                         | No |  |
|  | 1  |  |

## Service Profile

# Service Details

| Name of Service  | Hiraeth House  |
|--|--|
|  |  |
| Telephone Number   | 07534246891  |
| What is/are the main language(s) through which your service is provided? | English Medium   |
| Other languages used in the provision of the service                     | None used routinely. Interpreting services will be employed as required. |

# Service Provision

## People Supported

| Ī | How many people in total did the service provide care and | 2 |
|---|---|---|
|   | support to during the last financial year?                |   |

# Fees Charged

| The minimum weekly fee payable during the last financial year? | 2056.67 |
|--|---------|
| The maximum weekly fee payable during the last financial year? | 2181.67 |

# 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? | The first Quality of Care review has just begun as this service has only been open a few months.  The RI visits at least monthly and chats to the residents about their experiences. Their wishes/requests are incorporated as far as possible, taking into account any individual legal restrictions. |

#### Service Environment

|  | · ·  |
|--|--|
| How many bedrooms at the service are single rooms?                         | 6  |
| How many bedrooms at the service are shared rooms?                         | 0  |
| How many of the bedrooms have en-suite facilities?                         | 6  |
| How many bathrooms have assisted bathing facilities?                       | 0  |
| How many communal lounges at the service?                                  | 2  |
| How many dining rooms at the service?                                      | 1  |
| Provide details of any outside space to which the residents have access    | There is a paved patio area at the rear of the house. Due to our c ity centre location, we always encourage our residents to go out i nto the community as much as possible.   |
| Provide details of any other facilities to which the residents have access | All bedrooms have a queen sized bed with ensuite shower room. There is a shared, but large kitchen with breakfast bar that essent ially has two kitchens in one (two sinks, two ovens etc). There is a n adjoining utility room which house washing machines and dryers for our residents to do their own laundry. There is one communal I ouge with a wide-screen TV, and another with a Playstation 5 for t hose who enjoy computer games. The latter also contains a dinin g table. |

#### Communicating with people who use the service

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

#### Statement of Compliance

The Responsible Individual must prepare the statement of compliance.

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

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

The extent to which people feel their voices are heard, they have choice about their care and support, and opportunities are made available to them.

- Within the support planning and review documentation, it is ev ident that the individual's opinion is a key component. Each sup port plan is person centred, their goals noted, and the support is s constructed around these.
- Support plan reviews are held frequently and the people we s upport are actively involved in this process- it measures their s atisfaction with the service and their progress and recovery acr oss the last quarter in a few different ways. Clients have the op portunity to answer freely but also give 1-5 score ratings also if verbally expressing their opinions is difficult for them.
- Reports from the Councils' Contract Monitoring Visits commented on the collaborative working.
- Advocacy referrals are made where appropriate to support pe ople when faced with decisions.
- Allocating key workers is done in collaboration with the reside nts as we feel it is beneficial for people to have a staff member who they have a positive relationship with.
- Every Friday, staff construct a weekly planner of activity with e ach resident for the following week. Residents choose whatever activities they'd like to do, and any additional staffing is arrange d around their choices.
- Once a month we hold a residents' meeting, giving them a cha nce to voice anything they'd like. We then hold a staff meeting I ater the same day, where any requests made from the resident s are discussed so that we can incorporate their suggestions a s far as possible.

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 request medical and other reviews as necessary, and sup port our clients to attend these appointments. Following on fro m any appointments, we adjust support plans where needed.
- Meaningful occupation is a large part of our ethos, however we recognise that individuals with mental illness can lack day-to-day motivation. We try to counter this by offering a variety of activities that we think might appeal to each person.
- Health promotion by way of encouraging smoking reduction a nd cessation and support to do this if wanted.
- Staff support clients to access other primary care professional s such as chiropodists, podiatrists, physios and the GP as and when required.
- Clients are supported by staff to book and attend regular screening tests such as cervical, breast and bowel screenings. Clients have fed back that without staff reassurance and support they would not have attended these screenings.
- Clients are supported to attend depot clinic and physical healt h monitoring clinics in the CMHTS.
- Shopping support can be provided to purchase and plan healt hy meals if shopping time is within the care plan.
- Staff pass on information about local groups and projects to e neourage people we support to access them and boost their so cial network.
- Staff encourage 1:1 time to be utilised for positive experience s that have a beneficial impact on their overall health and wellb eing such as beach walks, accessing green spaces, social inter actions such as attending coffee shops and groups and other a ctivities of individual preference.
- Staff provide support to remain abstinent or cut down on alco hol consumption and encourage the purchase of healthier alter natives such as 0% alcohol free drinks- same applies to 'energy drinks'.
- As it is a new service, our first Quality of Care Review has not been completed, however during the monthly formal visits, the r esidents have spoken to the RI about their time at Hiraeth Hous e. They are forthcoming in asking for whatever they'd like (e.g. Netflix subscription, Playstation games etc).

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

- Information voiced during formal visits shows that people feel "looked after" by the support workers and that they feel free to a sk for help
- · Safeguarding referrals are made as required.
- We maintain close links with the Care Managers, where we ha ndover any concerns, and discuss any new relationships the re sidents may have made with people in the community.
- Clients have built trusting therapeutic relationships with staff w here they feel safe to make disclosures of abuse and know that that it will be treated with the gravity and due care and respect needed.
- Clients feel that they can speak to the manager and the supp ort staff to discuss and report incidents or for follow-up emotion al support post safeguarding meetings or discussions with their care manager.

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

Our accommodation is geared towards quite a specific group of people, i.e. those with mental health problems who currently re quire 24-hour residential care, but are on their way towards mo re independent living. Their short-term goals vary and are muc h more person-centred, however the long-term and overall goal is always the same - to gain the skills required to move on.

We have a high staff to resident ratio with a skilled and enthusi astic team who are keen to facilitate whatever the residents wo uld like to achieve. They each have their own bedroom with ens uite shower room that they are supported to keep clean. They are similarly supported to do their own laundry and participate i n some household chores over the week to demonstrate that th ey have some of the skills required to maintain a future tenancy

The home is in central Swansea which, although such a central location isn't for everyone, those who choose to live here appre ciate what the location has to offer. We are within short walking distance of the train station and the main bus station, as well as a 30 second walk from the bus stop of a central route. We are li kewise around the corner from the local CMHT, depot clinic and Clozapine clinic. This allows our residents some independence as they can easily access local services. The cinema, shops an d restaurants are also extremely close to the property which en courages our residents to pop out regularly and engage in the community.

Hiraeth House was only recently renovated, so the property itse If remains in "like new" condition. The residents are welcome to change the wall colours and move in their own furniture. We ha ve broadband with boosters on each floor, so that the residents have constant access to the internet for both leisure and educa tional purposes. We have two lounges so that one can be used as a more private space for visitors, however our residents ten d to prefer meeting their relatives in the local cafes.

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 | 5 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 spe<br>stated, the information added should be the pos | ecifically to this role type only. Unless otherwise sition 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   |

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 Health & Safety 1 Equality, Diversity & Human Rights 1 Infection, prevention & control 1 Manual Handling 1 1 Safeguarding 1 Medicine management 1 Dementia Positive Behaviour Management 1 Food Hygiene Please outline any additional training undertaken Our manager is a Registered Mental Health Nurse, pertinent to this role which is not outlined above. so the training has been focussed around manage ment and leadership skills (Level 5 QCF). Contractual Arrangements No. of permanent staff 0 No. of Fixed term contracted staff 0 No. of volunteers 0 No. of Agency/Bank staff 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) 0 No. of part-time staff (17-34 hours per week) 0 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 Deputy service manager Does your service structure include roles of this No type? Other supervisory staff Does your service structure include roles of this No type? Nursing care staff No Does your service structure include roles of this type?

Registered nurses

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

| 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<br>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   | 0   |
|   | 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 transformation outlined above'. |   |
| Induction   | 8   |
| Health & Safety   | 8   |
| Equality, Diversity & Human Rights  | 8   |
| Infection, prevention & control   | 8   |
| Manual Handling   | 8   |
| Safeguarding  | 8   |
| Medicine management   | 8   |
| Dementia  | 8   |
| Positive Behaviour Management   | 8   |
| Food Hygiene  Please outline any additional training undertaken pertinent to this role which is not outlined above.   | Mental Health Self-Harm Depression  |
|   | Eating Disorders Anxiety Lone Working Behaviours That Challenge COSHH Substance Misuse Learning Disabilities Epilepsy Awareness |
| Contractual Arrangements  |   |
| No. of permanent staff  | 4   |
| No. of Fixed term contracted staff  | 0   |
| No. of volunteers   | 0   |
| No. of Agency/Bank staff  | 4   |
| 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)  | 2   |
| (Stricted in More per Mook)   | İ   |

| 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. | We have one permanent night worker as this suits her personal life. The rest of the team do a mixture of early shifts (07:00 - 14:30) and late shifts (14:30 - 21:00), with a turn on nights (20:30 - 07:30) every few weeks. We do not have a set/rolling rota, as our current team prefer a more flexible approach so that their outside commitments can be met.  Our staff:resident ratio is 1:2 by day, and 1:3 by night. |
| Staff Qualifications  |   |
| No. of staff who have the required qualification to be registered with Social Care Wales as a social care worker  | 4   |
| No. of staff working towards the required/recommended qualification   | 4   |
| 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  |   |
| Cirici types of starr   |   |