## 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:		Mental Health Care (Avalon) Limited	
The provider was registered	ed on:	04/04/2019	
The following lists the provider conditions:	e There are no imposed conditions associated to this provider		
The regulated services delivered by this provider	Avalon		
were:	Service Type	Care Home Service	
	Type of Care	Adults Without Nursing	
	Approval Date	04/04/2019	
	Responsible Individual(s)	Gemma O'Malley	
	Manager(s)	Tracey Roscoe	
	Maximum number of places	5	
	Service Conditions	There are no conditions associated to this service	

Training and Workforce Ranning		
Describe the arrangements in place during the last financial year for identifying, planning and meeting the training needs of staff employed by the service provider	There are service level and provider level arrangements in place t o monitor the frequency and availability of training and developme nt opportunities, this is through Responsible Individual Visits, Car e Governance, Senior Management Team Meetings as well as MH C Board Meetings. Ongoing professional development is also inco rporated into staff supervisions, appraisals and staff meetings, wh ere needs are identified and plans are put into place to ensure tra ining provision is made available.	
Describe the arrangements in place during the last financial year for the recruitment and retention of staff employed by the service provider	We have introduced new HR software during the year in relation t o personnel records and recruitment/selection processes. Recruit ment and retention are discussed at a service level and provider I evel to review and plan strategies to ensure adequate resources are available. This is through Responsible Individual Visits, Care Governance, Senior Management Team Meetings as well as MHC Board Meetings. All of these forums regularly review key staffing a nd resource data to inform decision making.	

## Service Profile

 Service Details

 Name of Service
 Avalon

 Telephone Number
 01745356164

 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 second language - where requested.

Se	ervice Provision		
	People Supported		
	How many people in total did the service provide care and support to during the last financial year?	5	

Fees Charged

The minimum weekly fee payable during the last financial year?	2281.74
The maximum weekly fee payable during the last financial year?	5554.84

## 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?	Personal Planning, Keyworker Meetings, Resident Surveys, Stake holder Surveys, Resident Meetings, Activity Planning, Review Mee tings, Responsible Individual Visits, Complaints, Compliments, Inte rview Processes, Daily Records, MHC Newsletter, Social Media, E nvironment Choices.

## Service Environment

How many bedrooms at the service are single rooms?	5
How many bedrooms at the service are shared rooms?	0
How many of the bedrooms have en-suite facilities?	1
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	Garden, patio, shed, seating, plants.
Provide details of any other facilities to which the residents have access	None.

Communicating with people who use the service

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

Statement of Compliance

The Responsible Individual must prepare the statement of compliance.

CIW have published 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.	The service employs a staff matching technique to attempt to m atch residents and staff on interests. This provides the resident with inclusion and ensures their social needs are met. Resident s also have relationship maps within their files which is a spider diagram and details the people important to them within their lif e, this can include family members, friends, staff etc. We tailor our care to meet each person's specific needs. The P
	erson-centred approach focuses on the immediate and the futu re, considering the needs, thoughts, concerns, and opinions of the individual, and consulting their family and friends and other s within their 'personal network'. The plan will describe the pref erences of each resident in relation to their choices, outcomes t hat are specific, measurable, achievable, lifestyle specific supp ort needs and risk assessments. These plans enable us to sho w how we intend to support the health and welfare needs of eac h person living at Avalon. These plans are reviewed regularly ( minimum three monthly) with the resident, their families, and oth er stakeholders. We have a process for asking and recording w hat is working and not working from the resident's perspective.
	Each resident will have a named Keyworker, who will allow them to have choice in how care and support is structured around th em. An activities schedule will be created with the residents' pre ferences central to its functioning. Avalon will use a total comm unication package which allows us to help develop how a reside nt communicates and allows us to demonstrate choices.
	The residents have access to aromatherapy sessions at Avalon . This activity is enjoyed and utilised consistently, whilst being a n important part of meeting the sensory needs of the residents. Individual short breaks and longer holidays are also organised and tailored to the individual.
	A weekly programme of activities is designed around the choice s and interests of the residents. Activities of choice may include music, art, further education, work experience, bowling, holiday s, shopping, cinema, crafts, walking, day trips, social groups, sp orts and many more. One resident is attending higher educatio n and completing English, Maths, and IT for 1 day a week.
	The residents that live at Avalon are involved in the selection of applicants by viewing application forms and CV's and deciding who to short list. Residents have developed their own interview questions based upon what they value the most from staff.

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.	Residents are supported to register with a GP and dental practi ce of their choice where capacity allows, alongside other health care amenities. In addition to this, each resident will be provide d with a hospital passport which contains information required s hould they be admitted to hospital, or should paramedics come to Avalon.
	All residents are fully supported where necessary to attend hea Ith appointments. All health appointments are documented in te rms of outcomes and any follow up action that may be required (a timeline). Each resident has a daily diary which monitors mea Is, fluids, appointments, specific testing (such as blood monitori ng glucose), weekly vital checks, monthly weight monitoring and peak flows. If there are any issues then we are able to contact t he GP or wait for a weekly call with the doctor.
	All individuals receive an Annual Health Check from the GP. Ea ch person has a Health Action Plan in place to support the ong oing monitoring of physical health and wellbeing.
	The support of resident's emotional health has been very impor tant so our close links with the local community mental health te ams and residents' bespoke clinical teams have been very ben eficial, as keeping the lines of communication open has meant t hat any of our residents' mental health needs can be addresse d as and when concerns occur.
	In relation to diet and exercise, most of the residents eat a well- balanced diet. We have a resident that is exceptionally health c onscious and incorporates exercise into the daily routine, either by trying to reach 10,000 steps or by doing something physical like Zumba. Furthermore, this individual makes an extensive ra nge of healthy foods when completing shop and cook. This is p romoting the person's independence, helping with money recog nition, teaching new skills with regards to budgeting and the co st of living and helping to have more knowledge and insight of h ealthy living, including preparing and cooking more independent tly.
	Each resident has an activity planner. These plans are put toge ther by residents with support from the staff. New activities, exp eriences, and work experience provide opportunities for them t o engage in a range of activities that support their overall well-b eing.

The extent to which people feel safe and protected from abuse and neglect.	MHC have a robust recruitment process that ensures all new e mployees are vetted appropriately prior to commencing employ ment with us. These background checks consist of two written e mployment references and an application is made to the Disclo sing and Barring Service to ensure all employees are considere d safe to work in the care sector.
	All residents are made aware of the safeguarding and complain ts process and there are posters on display within the service o n resident information boards that supports residents in the cor rect process to follow should they have any safeguarding and/o r complaints requests. Further to this MHC contracts with an ind ependent advocacy service NWAAA and all residents have acc ess to IMHA and where necessary IMCA services.
	All staff as part of the recruitment and induction process have a full enhanced DBS check and receive training in Safeguarding, Equality and Diveristy and Information Governance, plus a plet hora of other mandatory training sessions.
	We believe that Avalon has a positive culture, which positively i mpacts on the lives of residents, families, and staff. Features of the positive culture are strong leadership, a homely and friendl y environment, skilled staff and teamwork, and positive staff-res ident relationships, who can listen and translate views into actio n are all important in improving choice and retaining control. W e believe culture is key to protecting vulnerable adults from abu se and neglect living in a residential setting. We feel this is refle cted in our 'Team Purpose' poster and feedback from question naires from family/friends and residents and can be evidenced i n questionnaires and the signage of personal documents. Working with residents has improved experiences of care. This includes involving residents in planning care and managing per sonal risks. Choice and control are well embedded in the cultur e of the home and a person-centered approach to risk focuses more on what can be done than what can't. Joint risk assessme nts coproduced with residents and family support this shift.
	All residents are familiar with the RI who visits the home on a re gular basis and have the contact details of this person and kno w that she would be available to access at any time, should the y require her support.
	Staff are aware and encouraged to speak openly and honestly about any concerns they have. In addition, staff supervisions pr ovide another more formal opportunity to discuss concerns.

The extent to which people live in accommodation that best supports their wellbeing and achievement of their personal outcomes.	Achieving a homely feeling care environment is incredibly impor tant to us. We want residents to have a safe, appropriate home which meets their needs, and which delivers positive outcomes. Homely aesthetics can immediately make residents feel more c omfortable, giving a sense of community amongst residents, wh ich is integral to improving quality of care and quality of life.
	During the past year there has been improvements such as red ecoration of a resident's bedroom and an en-suite. The residen ts were encouraged to choose the colour schemes themselves, furthermore, new furnishings were purchased.
	Two communal lounges have been redecorated, new furniture and soft furnishings have been replaced. In one of the lounges a pastel drawing of a resident's artwork is displayed.
	The large wet room locate on the ground floor has been painte d a bold fuchsia and has an oriental theme. Because it was suc h a large room, it looked somewhat clinical and now is eye catc hing and far from dull.
	Outcomes will vary from person to person because there about what matters to the individual acknowledging residents' strengt hs and working with the person to agree a plan to help them do the things that matter most to them. Personal outcomes involve having meaningful conversations with residents, in day-to-day c onversations, meetings and reviews.
	It is also important to establish outcomes that are realistic, achi evable, meaningful, and forever evolving and changing, accepti ng that nothing stays the same.
	Avalon is a community facing home and is served well by local public transport and has its own vehicle. Most residents have th eir own bus passes and can access the community whenever th ey wish. Residents who are not able to access the community in dependently receive support. Activities programmes support re sidents' choices; however, they are not set in stone and are hig hly flexible.
	Each individual has regular reviews with their social worker, whi ch includes a review of the placement and it's suitability to meet the needs of the individual.
	All individuals have a pre-admission assessment, reviewing their existing personal plans and identified needs. This ensures that the Avalon can provide a placement in accordance with people's needs, wishes and in-keeping with their 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 21 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.

Yes

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?

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 releva provided is only a sample of the training that ma can be added to 'Please outline any additional to not outlined above'.	ant training. The list of training categories
Induction	0
Health & Safety	1
Equality, Diversity & Human Rights	1
Infection, prevention & control	0
Manual Handling	1
Safeguarding	1
Medicine management	0
	0
	1
Positive Behaviour Management Food Hygiene	1
Please outline any additional training undertaken pertinent to this role which is not outlined above.	First Aid Mental Health Awareness
	Learning Disability Awareness Outcome Focussed Practice Values Based Practice
Contractual Arrangements	Outcome Focussed Practice
Contractual Arrangements No. of permanent staff	Outcome Focussed Practice
-	Outcome Focussed Practice Values Based Practice
No. of permanent staff	Outcome Focussed Practice Values Based Practice
No. of permanent staff No. of Fixed term contracted staff	Outcome Focussed Practice Values Based Practice
No. of permanent staff No. of Fixed term contracted staff No. of volunteers	Outcome Focussed Practice Values Based Practice
No. of permanent staff No. of Fixed term contracted staff No. of volunteers No. of Agency/Bank staff No. of Non-guaranteed hours contract (zero hours)	Outcome Focussed Practice         Values Based Practice         1         0         0         0         0         0         0         0         0         0         0         0         0         0         0
No. of permanent staff No. of Fixed term contracted staff No. of volunteers No. of Agency/Bank staff No. of Non-guaranteed hours contract (zero hours) staff	Outcome Focussed Practice         Values Based Practice         1         0         0         0         0         0         0         0         0         0         0         0         0         0         0
No. of permanent staff 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	Outcome Focussed Practice         Values Based Practice         1         0
No. of permanent staff 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)	Outcome Focussed Practice         Values Based Practice         1         0         0         0         0         0         0         0         0         0         0         1         1         1
No. of permanent staff 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)	Outcome Focussed Practice         Values Based Practice         1         0         0         0         0         0         0         0         0         0         0         0         1         0         1         0
No. of permanent staff 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)	Outcome Focussed Practice         Values Based Practice         1         0         0         0         0         0         0         0         0         0         0         0         1         0         1         0
No. of permanent staff 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	Outcome Focussed Practice         Values Based Practice         1         0
No. of permanent staff No. of Fixed term contracted staff No. of Volunteers No. of Agency/Bank staff No. of Agency/Bank staff Outine below the number 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	Outcome Focussed Practice         Values Based Practice         1         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         1         1         1         1         1         1         1         1

Other supervisory staff	
Does your service structure include roles of this type?	No
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?	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 sition 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
Induction	0
Induction	
Health & Safety Equality, Diversity & Human Rights	2 2
Infection, prevention & control	2
Manual Handling	2
Safeguarding	2
Medicine management	2
Dementia	0
Positive Behaviour Management	2
Food Hygiene	2
Please outline any additional training undertaken pertinent to this role which is not outlined above.	None.
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	ed term contact staff by hours worked per week.
No. of full-time staff (35 hours or more per week)	2
No. of part-time staff (17-34 hours per week)	0
to. of part and oran (17-0+ nours per week)	·

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.	08:00 - 15:30, 14:30 - 22:00			
Staff Qualifications				
	2			
No. of staff who have the required qualification to be registered with Social Care Wales as a social 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	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	18			
No. of posts vacant	0			
provided is only a sample of the training that ma can be added to 'Please outline any additional to not outlined above'.	y have been undertaken. Any training not listed raining undertaken pertinent for this role which is			
Induction	3			
Health & Safety	18			
Equality, Diversity & Human Rights	17			
Infection, prevention & control	17			
Manual Handling	16			
Safeguarding	15			
Medicine management	7			
Dementia	0			
Positive Behaviour Management	16			
Food Hygiene	18			
Please outline any additional training undertaken pertinent to this role which is not outlined above.	None.			
Contractual Arrangements				
No. of permanent staff	12			
No. of Fixed term contracted staff	0			
No. of volunteers	0			
No. of Agency/Bank staff	6			
No. of Non-guaranteed hours contract (zero hours) staff	6			

No. of full-time staff (35 hours or more per week)	9
No. of part-time staff (17-34 hours per week)	2
No. of part-time staff (16 hours or under per week)	1
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.	Days - 08:00 - 15:00, 14:30 - 22:0 Nights - 22:00 - 08:00
Staff Qualifications	
No. of staff who have the required qualification to be registered with Social Care Wales as a social care worker	13
No. of staff working towards the required/recommended qualification	5
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