

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: | Paul Sartori Foundation Limited | | |
| The provider was registered on: | 09/11/2018 | | |
| The following lists the provider conditions: | There are no imposed conditions associated to this provider | | |
| The regulated services delivered by this provider were: | Paul Sartori Foundation | | |
| | Service Type | Domiciliary Support Service | |
| | Type of Care | None | |
| | Approval Date | 09/11/2018 | |
| | Responsible Individual(s) | Elizabeth Mozdiak | |
| | Manager(s) | Laura Hugman | |
| | Partnership Area | West Wales | |
| | 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 | Regarding identifying, planning and meeting training needs, at Paul Sartori Foundation we have a Clinical Educator. This person ensures all mandatory training needs of the Clinical team are met either on line or face to face. Our educator works with the team to identify learning opportunities. All relate to Palliative and End of life care or staff resilience and well being. Sometimes staff will request training on a particular diagnosis. There is opportunity for reflection too. |
| Describe the arrangements in place during the last financial year for the recruitment and retention of staff employed by the service provider | Recruitment has been challenging post Covid 19, however we have welcomed new team members this year. We have a set number of contracted hours to budget for and advertise when we are not meeting this. In addition we offer as much flexibility as we can regarding staff wanting to reduce their contracted hours or to change to an as needed contract. Work is allocated based on availability and staff preferences for day or night shifts. |

Service Profile

Service Details

| | |
|--|---|
| Name of Service | Paul Sartori Foundation |
| Telephone Number | 01437763223 |
| What is/are the main language(s) through which your service is provided? | English Medium with some bilingual elements |
| Other languages used in the provision of the service | We are able to support Welsh speaking patients as some of our patients speak Welsh first language. If this is identified at our initial assessment or during their care we will try and accommodate them with a Welsh speaking member of staff. |

Service Provision

People Supported

| | |
|--|-----|
| How many people in total did the service provide care and support to during the last financial year? | 558 |
|--|-----|

Fees Charged

| | |
|---|-------|
| The minimum hourly rate payable during the last financial year? | 9.99 |
| The maximum hourly rate payable during the last financial year? | 10.91 |

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? | <p>Every family who uses the service is advised to contact the Care Management Team if they have a concern about any aspect. This is reported to the Clinical Team Manager and they report to the Responsible Individual where necessary and in line with our Complaints policy and procedure.</p> <p>Any concern is treated as a Significant event. These are investigated and reported anonymously on at our quarterly Clinical Governance meetings. Any individual learning or team learning is passed on by our Clinical Educator who sits on the committee. Feedback is given to the team appropriately.</p> |

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) | Yes |
| 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.

| | |
|---|---|
| <p>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.</p> | <p>The team, including myself as the RI, encourage patients and their families to express their wishes at all stages of care planning, intervention and after the events. The opportunities given to patients and their families to express their needs and their opinions of the service begin at the first patient enquiry when the scope of our care is discussed, the immediacy of the need and the timing and arrangements for the assessment and care planning. The patient and their family have a home visit by one of our qualified nurses for the assessment and discussion as soon as possible whether the request is for immediate care, respite care, equipment or for our Standby service. Patients are encouraged to express their needs on every aspect of their care and these needs are planned and met as far as resources and capacity allow, based on the professional judgement of the PSF team and their primary care. This assessment is evidenced in the care plan that is recorded and copies are available for patient and their family. Reassessment and monitoring are continual, as needed, and in response to patients and their needs.</p> <p>Patients are encouraged to contact the team (phone number monitored 24 hours a day 7 days a week by a qualified staff member) or speak to the care assistant at any time to ask for changes or express any concern. If there are any issues that arise that the PSF team are concerned about they can contact me the RI at anytime and I will respond appropriately even talking to the family or patient as required. This is an extremely rare event. There is a more formal way of expressing patient and family opinions although these have changed recently. In June 2021 'I want great care' ceased. No substitute has been established yet. In order to continue capturing data, Paul Sartori drafted their own Quality questionnaire for the Hospice at Home service. We send questionnaires out every 3 months to family members we have supported with our Hospice at Home service, after their loved one has passed away. The majority are positive. All feedback received is valued and can help identify potential areas of improvement in the team or service.</p> <p>Copies of these surveys can be seen on request. Overall I, as RI, remain satisfied that our patients and their families are able to express their views freely and I monitor the situation weekly through contact with the PSF staff.</p> <p>Eg: The team took time to listen to our needs and we had a point of contact at all times.</p> |
| <p>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.</p> | <p>PSF takes considerable trouble to ensure as far as possible that at our patients and their families are happy with all aspects of our hands on care. We do this in several ways. Through our training programmes and updates the clinical staff are encouraged to develop their practice and absorb new techniques for supporting our patients and their families, raising awareness of the holistic needs of our patients in all respects. We undertake regular formal and informal checks on family and patient satisfaction recording these carefully. Any dissatisfaction is investigated by the senior clinical team and reported to the RI for oversight and resolution. This may include the RI contacting the family concerned however this year this has not been necessary. Any incidents of patient or staff concern are reported to the Clinical Governance Committee which meets quarterly. These are referred to as Significant events. If the issue is more urgent then the RI or clinical manager will contact the Chair of Clinical Governance for a response. Any issues raised are fully discussed and action points identified such as staff training, review of systems, documentation and so on. If the concern is related to working with other services then these are contacted and discussions are pursued followed by joint actions points as decided. The importance of joint working with complex care needs is of great importance in meeting patient and family needs. Records of these incidents and their completion are kept and if there are reasons to inform the family concerned this will be done.</p> <p>An example of other ways the RI supports the patients and the team is through informal checks with staff at all levels and with RI visits to families. Examples recently were visits to two families receiving day time care to observe practice and to discuss the service with the patient and family. Each family spoke highly of the service with regard to professionalism and caring attitude of the clinical team providing the hands on care, the assessment by the qualified nurse, the provision of equipment and the overall communication with PSF throughout their period of care. The care involved personal care medication supervision including liaising with the primary care services and other services supporting the family. The families said the care was responsive flexible and very timely from their first enquiry. The use of Welsh language with one family was particularly highly regarded.</p> |

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

This aspect of PSF care which relates to protection and safeguarding, the importance of which is well understood by all PSF staff including our non-clinical team. The key aspect of safeguarding that helps to keep our patients and their families safe is that all our clinical staff are aware of their individual responsibility regarding safeguarding and their personal accountability for this. Openness and high levels of communication are encouraged and patients and their families are made aware that if there are any issues that concern them, these will be treated confidentially and suitable actions will be taken including support as needed.

Safeguarding is promoted in several ways. Each patient or person in need of care that is referred to us has an assessment by a member of the Care management team. The assessment includes an environmental assessment and establishes who is next of kin and who the patient is happy for us to discuss their information with. Any concerns are noted and if there is any other cause for concern which might suggest a safeguarding issue the staff member completing the assessment will report these to the Clinical Team Manager. This is passed on to the Safeguarding team as appropriate.

If during the course of providing our care a safeguarding issue is identified, staff are advised to raise concern as soon as possible. The Clinical Team Manager would raise any concern with the Safeguarding team providing the information known. In the Clinical Team Managers absence the Care management team can contact the RI directly.

Full training is given in the induction process for all our clinical team and staff are given regular updates on safeguarding and other aspects of keeping patients happy and secure. The RI has regular contact with the clinical team and meetings. If a complaint is made this is recorded as a Significant event and investigated by the Registered manager. At this time families are reminded of the contact details for CIW should report it to the regulator. Further detail can be found in our complaints policy. Staff are supported as much as possible with 121 supervision and appraisals. Staff can request a 121 at any time in addition to planned 121's. They are also advised they can access Paul Sartori Counselling services at any time. This supports staff to be open in their approach to care of patients if any concerns are identified.

Safeguarding is a significant issues and is regarded as a priority by the whole PSF team

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) | 17.60 |
|--|-------|

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 | 0 |
| Manual Handling | 1 |
| Safeguarding | 1 |
| Dementia | 0 |
| Positive Behaviour Management | 0 |
| Food Hygiene | 0 |
| Please outline any additional training undertaken pertinent to this role which is not outlined above. | Basic Life suport |

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

| | |
|---|----|
| 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 | 7 |
| 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 | 7 |
| Equality, Diversity & Human Rights | 2 |
| Manual Handling | 7 |
| Safeguarding | 7 |
| Dementia | 1 |
| Positive Behaviour Management | 0 |
| Food Hygiene | 0 |
| Please outline any additional training undertaken pertinent to this role which is not outlined above. | 7 undertook Basic Life support 2 undertook Symptom Management |

Contractual Arrangements

| | |
|---|---|
| No. of permanent staff | 6 |
| 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 | 1 |

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) | 2 |
| No. of part-time staff (17-34 hours per week) | 4 |
| 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 | 7 |
| 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? | 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 | 8 |
| No. of posts vacant | 0 |
| <p>Training undertaken during the last financial year for this role type.</p> <p>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'.</p> | |
| Induction | 0 |
| Health & Safety | 7 |
| Equality, Diversity & Human Rights | 2 |
| Manual Handling | 8 |
| Safeguarding | 8 |
| Dementia | 0 |
| Positive Behaviour Management | 0 |
| Food Hygiene | 0 |
| Please outline any additional training undertaken pertinent to this role which is not outlined above. | Basic life support 6 attended Symptom Management 6 attended |
| Contractual Arrangements | |
| No. of permanent staff | 7 |
| 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 | 1 |
| 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) | 7 |
| 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 | 8 |
| 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 |
| <p>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.</p> | |
| Filled and vacant posts | |
| No. of staff in post | 8 |
| 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 | 2 |
| Health & Safety | 6 |
| Equality, Diversity & Human Rights | 4 |
| Manual Handling | 6 |
| Safeguarding | 7 |
| Dementia | 0 |
| Positive Behaviour Management | 0 |
| Food Hygiene | 0 |
| Please outline any additional training undertaken pertinent to this role which is not outlined above. | Basic Life support 6 attended Symptom Management 4 attended |

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 | 3 |

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) | 4 |
| 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 | 8 |
| No. of staff working towards the required/recommended qualification | 0 |

Other types of staff

| | |
|--|--|
| Does your service structure include any additional role types other than those already listed? | Yes |
| List the role title(s) and a brief description of the role responsibilities. | Registered Nurse's working in the community providing hands on care and specialist symptom control Equipment Technician working along side the equipment assistants |

Filled and vacant posts

| | |
|----------------------|---|
| No. of staff in post | 6 |
| 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 | 6 |
| Equality, Diversity & Human Rights | 4 |
| Manual Handling | 5 |
| Safeguarding | 6 |
| Dementia | 0 |
| Positive Behaviour Management | 0 |
| Food Hygiene | 0 |
| Please outline any additional training undertaken pertinent to this role which is not outlined above. | Basic Life support 5 attended Symptom Management 3 attended |

Contractual Arrangements

| | |
|---|---|
| No. of permanent staff | 3 |
| 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 | 3 |

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) | 1 |
| No. of part-time staff (16 hours or under per week) | 2 |

Staff Qualifications

| | |
|--|---|
| No. of staff who have the required qualification | 5 |
| No. of staff working toward required/recommended qualification | 1 |