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: | | rhyd y cleifion ltd | |
|-------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|----------------------------------------------------|--|
| The provider was registere | ed on: | 26/04/2019 | |
| The following lists the provider conditions: | There are no imposed conditions associated to this provider | | |
| The regulated services delivered by this provider | Rhyd y Cleifion Itd | | |
| were: Service Type Type of Care Approval Date Responsible Individual(s) Manager(s) Maximum number of places | Service Type | Care Home Service | |
| | Type of Care | Adults Without Nursing | |
| | Approval Date | 26/04/2019 | |
| | Responsible Individual(s) | Amanda Jones | |
| | Manager(s) | Amanda Jones | |
| | Maximum number of places | 4 | |
| | 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 | The manager works along side all policies, procedures and stand ard practice guidelines that are in place and stated within the Heal th and Social Care Act 2012 and RISCA. There are checks in plac e such as Good Governance documentation and checks that the manager follows on a monthly basis updating as and when neces sary for quality and professionalism. This includes staff training, c are planning, care plan reviewing and quality of care. |
| Describe the arrangements in place during the last financial year for the recruitment and retention of staff employed by the service provider | The Care Home uses a procedure for recruitment that takes adva ntage of social media. This is due to extortionate costings through out the sector. Staff are thoroughly vetted and inducted inline with Health and Social Care guidance and regulation and employment law. We use a professional company for our HR. Staff are include d in decision making, care planning and the making of active supp ort documents. We provide mental health support and subscribe t o an online health and well being portal. |

Service Profile

Service Details

| Name of Service | Rhyd y Cleifion Itd |
|-----------------|---------------------|
|-----------------|---------------------|

| Telephone Number | 01352755331 |
|--------------------------------------------------------------------------|----------------|
| 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 support to during the last financial year? | 4 |

Fees Charged

| The minimum weekly fee payable during the last financial year? | 1165.38 |
|----------------------------------------------------------------|---------|
| The maximum weekly fee payable during the last financial year? | 1785.72 |

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? | We have a clear open door policy with regards to families contacti ng the house manager. There is an emergency on call at all out o f hours. We provide Quality Assurance Questionnaires to all indivi duals that have dealings or contact with the Care Home every 3 m onths. |

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? | 1 |
| How many bathrooms have assisted bathing facilities? | 0 |
| 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 | As we are on a farm setting, we have the ability to go for walks in and around safe areas of the farm as well as our own front and re ar garden areas. |
| Provide details of any other facilities to which the residents have access | We access the community via a walk through the farm yard. |

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) | 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 <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. | We have a very thorough understanding at the Care Home that all of the individuals here have a right to be heard, they have a right to make their own choices and they have a right to be trea ted with dignity and respect. All of the individual here are provid ed with 1:1 with the manager at points throughout the each wee k. The manager will incorporate the individual wishes, preferenc es and comments into their personal support plan and the Care plan reviews as required and necessary. There are weekly resi dent / individual meetings to ensure that the housemates are all able to remain compatible in their living arrangements together. Activity schedules and menus are updated and amended at reg ular intervals to ensure variety and changes in preferences. |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 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 use an online portal for our recording and staff will docume nt and record the mood and health and well being of the individ ual which is a prompt within the daily recording log in each indiv iduals own portal. Any issues are documented and shared. |
| The extent to which people feel safe and protected from abuse and neglect. | Each individual is supported by an experienced member of staff that understands the individuals needs, wishes and communica tion styles. This enables a good relationship to form to encoura ge settled and content behaviours and atmospheres. |
| The extent to which people live in accommodation that best supports their wellbeing and achievement of their personal outcomes. | Each individual has a 3 monthly care plan review and an annua I personal support plan. This takes into account any and all cha nges in needs. We work closely with each individuals day servic es to ensure that are happy and content in their daily activities. |

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 a 31 March) | t 4 |
|-------------------------------------------------------------------------------|-----|

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 |
| | pecifically to this role type only. Unless otherwise osition 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 releva provided is only a sample of the training that ma can be added to 'Please outline any additional tr not outlined above'. | ant training. The list of training categories |
| Induction | 0 |
| 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 | 1 |
| Food Hygiene | 1 |
| Please outline any additional training undertaken pertinent to this role which is not outlined above. | |
| Contractual Arrangements | |
| No. of permanent staff | 9 |
| No. of Fixed term contracted staff | 0 |
| No. of volunteers | 0 |
| | |
| No. of Agency/Bank staff | 1 |
| No. of Non-guaranteed hours contract (zero hours) staff | 0 |
| 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 |
| No. of Non-guaranteed hours contract (zero hours) staff Outline below the number of permanent and fixe | 0 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) | 0 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) | 0 d term contact staff by hours worked per week. 3 5 |
| 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 d term contact staff by hours worked per week. 3 5 |
| 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 d term contact staff by hours worked per week. 3 5 1 |
| 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 d term contact staff by hours worked per week. 3 5 1 |
| 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 d term contact staff by hours worked per week. 3 5 1 |
| 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) Staff Qualifications 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 type? Important: All questions in this section relate spe stated, the information added should be the pos | 0 d term contact staff by hours worked per week. 3 5 1 2 0 Yes cifically to this role type only. Unless otherwise |
| 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) Staff Qualifications 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 type? Filled and vacant posts Filled and vacant posts | 0 0 d term contact staff by hours worked per week. 3 5 1 2 0 Yes cifically to this role type only. Unless otherwise ition as of the 31st March of the last financial year |
| 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) Staff Qualifications 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 type? Important: All questions in this section relate spe stated, the information added should be the pos | 0 d term contact staff by hours worked per week. 3 5 1 2 0 Yes |

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 | 2 |
| Equality, Diversity & Human Rights | 2 |
| Infection, prevention & control | 2 |
| Manual Handling | 2 |
| Safeguarding | 2 |
| Medicine management | 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. | |
| Contractual Arrangements | |
| No. of permanent staff | 9 |
| No. of Fixed term contracted staff | 0 |
| No. of volunteers | 0 |
| No. of Agency/Bank staff | 1 |
| 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) | 3 |
| No. of part-time staff (17-34 hours per week) | 5 |
| No. of part-time staff (16 hours or under per week) | 1 |
| Staff Qualifications | |
| No. of staff who have the required qualification to be registered with Social Care Wales as a Service Manager | 2 |
| No. of staff working toward required/recommended qualification to be registered with Social Care Wales as a Service Manager | 0 |
| 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 | |
| | |

| Other appled agree workers providing direct agree | |
|------------------------------------------------------------------------------------------------|----|
| Other social care workers providing direct care | |
| Does your service structure include roles of this type? | No |
| 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 |