

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: | Tan Yr Allt Lodge Ltd | |
| The provider was registered on: | 23/04/2019 | |
| The following lists the provider conditions: | There are no imposed conditions associated to this provider | |
| The regulated services delivered by this provider were: | Tan Yr Allt Lodge Ltd | |
| | Service Type | Care Home Service |
| | Type of Care | Adults With Nursing |
| | Approval Date | 23/04/2019 |
| | Responsible Individual(s) | Aldo Picek |
| | Manager(s) | Victoria Hawkins |
| | Maximum number of places | 26 |
| | Service Conditions | There are no conditions associated to this service |
| | Mll Row | |
| | Service Type | Care Home Service |
| | Type of Care | Adults Without Nursing |
| | Approval Date | 23/04/2019 |
| | Responsible Individual(s) | Angela Singh |
| | Manager(s) | Rhian Jones |
| | Maximum number of places | 4 |
| Service Conditions | There are no conditions associated to this service | |

Training and Workforce Planning

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| 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 | TANL has dedicated L+D Team (Manager and trainers)- one supports TANL. All new staff get a 5-day induction prior to starting. Manual Handling (MH) and Positive Behavioural Support/Positive Behavioural Management (PBS/PBM) is also included in induction, refresher and follow up in TANL. An e-learning suite is complete on induction and refreshed annually. The L+D Manager contributes to the weekly Senior Manager Team (SMT) and monthly training meeting (including RIs) discuss TANL's training needs. |
| Describe the arrangements in place during the last financial year for the recruitment and retention of staff employed by the service provider | TANL has a dedicated People and Culture (P+C) team one of whom is dedicated to TANL. All new TANL staff are interviewed and do a trial shift. This is followed by a 5-day induction and a 24-week induction period with an 'induction' booklet of learning outcomes and supervisions. There is a weekly review of staffing in TANL with Their Managers the P+C team. The weekly SMT includes P+C. P+C have their own weekly review meeting. TANL's RI attends a monthly business review which includes P+C issues. |

Service Profile

Service Details

| | |
|--|---|
| Name of Service | Mill Row |
| Telephone Number | 01792832307 |
| 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 | none |

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? | 1514.70 |
| The maximum weekly fee payable during the last financial year? | 2061.90 |

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 Manager of 7 Mill row (MR) hold service user meetings to find the views of the people who live with us. Where the person has an advocate, their views will be sought. Where the person lacks the capacity to tell us their views we will seek the advice of their family to find what the service user would have felt/thought. The Named Nurses will seek their views about their satisfaction with care in monthly support plan reviews. Views of their external MDT including best interests assessors in the DoLS process will also be sought regarding the persons satisfaction with their care. Care staff in MR will on an ad-hoc basis work to find their satisfaction with the service we provide through daily interactions/activities/excursions from MR. The RI visits MR regularly on an informal basis, and will talk with people living in MR about their satisfaction with the care/support they receive. Where the person lacks the capacity to do so, they seek other sources for this information. |

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? | 4 |
| 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 | MR has access to one outside area. A dedicated vehicle can be used by MR staff and take individuals anywhere. This includes several outside areas such as parks available locally. On the same site is Tan-y-Allt Lodge and Tan-yr-Allt House and individuals in MR can access these as well. One regular activity individual's in MR can take part in is 'bushcraft' classes in the extensive local woodlands. |
| Provide details of any other facilities to which the residents have access | All individuals in Mill Row (MR) have access to a range of facilities. Dedicated vehicles and drivers can take them anywhere supported by activities and therapies staff. On the same site is Tan-yr-Allt House and Tan-yr-allt Lodge and individuals will use their facilities as well. In Ty Cwmgwendraeth where there is a separate building consisting of a sports and social club, hydrotherapy pool and gym which individuals in MR use facilitated by a sports/hydrotherapist and activities staff. This facility in TCG has a weekly timetable of events that are advertised in MR. Other Fieldbay Homes hold regular activities which individuals in MR can go to, e.g. Yr Ysgol has a music festival planned for July 2023. |

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 [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.

As the Responsible Individual, I prioritize regular visits to the home, visiting at least once a month. During these visits I ensure that I engage with each individual we support, I make it a point to know each person by name and actively inquire about their lived experiences. This personal connection allows me to gain valuable insights into their needs, preferences, and overall well-being and whether they are actively encouraged to engage in decisions about their support and the way they live their life. I also review the electronic care plans on a regular basis so that I can make sure there is a strong sense of the persons "voice" running through them and that they are demonstrating people's active participation in their care planning.

Furthermore, the Manager serves as a strong advocate for the individuals we support, ensuring their voices are heard and their rights are upheld during "my meetings" which are held on a monthly basis and house meetings which are held at least quarterly. These meetings give individuals the opportunity to express their wishes around their care and support and events and activities that they would like to engage in.

Whenever a particular need is identified, we proactively make referrals to our own Multi-Disciplinary Team. This includes accessing specialized support such as Positive Behaviour Support, Physiotherapy, and Occupational Therapy to address individual requirements comprehensively.

External professionals are contacted on a regular basis to ensure they too are involved in care planning and are playing an active role in advocating for the people we support where necessary.

During the last financial year an external company conducted a survey which again gave the people we support the opportunity to express opinions about the care and support they receive. 100% of people stated the home met their needs, with 79% stating they are asked questions about how they like to be supported.

Where individuals are unable to contribute, as a result of their illness or disability, relatives are actively encouraged to do so by informing staff of their relatives past likes and dislikes. Interest and hobbies and every effort is made to meet these needs and wants.

Through staff efforts and collaboration with the people we support and relevant others we strive to ensure that the support plans remain person-centered, responsive, and reflective of the unique requirements and aspirations of each individual we support.

| | |
|---|---|
| <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>We maintain electronic care records that are accessible to all in house staff who are supporting individuals. These records give information regarding the care and support provided. In the event of accidents/ incidents, each occurrence is assessed for severity, and an email notification is dispatched to the manager of the service and myself as the RI. Action is taken to respond immediately to the needs of the individual whether it's a call out to external professionals or our "in house" specialist team i.e. clinical nurses, occupational therapists, physiotherapist, manual handlers, to ensure that whatever ongoing support is needed is delivered in a timely way and the situation is monitored and reviewed regularly.</p> <p>To ensure accurate and up-to-date documentation, our dedicated staff use tablet devices to record care in real-time. This approach enables efficient monitoring and facilitates effective communication amongst the care team.</p> <p>We ensure all the individuals we support are registered with a General Practitioner and dentist and we request annual checkups.</p> <p>We communicate with the NHS and social services to ensure the ongoing effectiveness of care and support plans. We work to ensure plans are regularly updated, aligning with any changing needs. When necessary, we make referrals to our own Multi-Disciplinary Team (MDT), drawing upon specialised services.</p> <p>In the event that an individual we support requires hospitalization, we take proactive measures to ensure continuity of care. We provide a Hospital Passport, which contains important information about the person's support needs. Whenever feasible, we strive to maintain the presence of our staff to provide continued assistance and support during the hospital stay.</p> <p>The people we support are encouraged to engage in healthy activities whenever possible e.g. they can access an in house hydrotherapy pool and gym once a week and are encouraged to exercise within their abilities on a regular basis.</p> <p>By implementing these various measures and collaborating with healthcare professionals and relevant services, we aim to provide comprehensive, person-centered care and support that addresses the diverse needs of the people we support</p> |
| <p>The extent to which people feel safe and protected from abuse and neglect.</p> | <p>People in Mill Row (MR) can feel safe from abuse and neglect. 100% of those surveyed in our recent user satisfaction survey stated ' I feel safe in my Home.'</p> <p>All MR staff receive training in Safeguarding Adults in induction as a face-to-face session and e-learning in their first six months probation. After this they refresh the e-learning annually.</p> <p>In MR we pride ourselves in being open about when things don't go as well as we have planned. In every staff member's supervision there is a question that asks if they have any safeguarding concerns. Any incident that may relate to a concern around safeguarding will trigger a conversation with the local adult safeguarding group (NPT for the MR site) who will threshold the event over the phone or ask for the relevant completed referral form and threshold on the contents of the form.</p> <p>Any incident that may relate to concerns around safeguarding are also recorded on a Notification of Events form, or 'NoE.' If the NoE form is graded 'Major' (according to a set of criteria designed to highlight potential concerns) all members of the Senior Management Team receive an email notification of the event. All others are reviewed every Monday in the SMT meeting for follow up. Any ongoing safeguarding issues are discussed by the relevant Responsible individual in the SMT meeting. Safeguarding concerns are responded to by different members of the MR team, including clinical staff, People and Culture and Management. This ensures a proportionate response to the concern.</p> <p>Certain events like medication events and fractures are reviewed factually by a member of the SMT, including the Health and Safety Team and a written report is produced. This is, of course, subject to any safeguarding process from the local adult safeguarding team being concluded. Any VA1s, MARFS or Duty to Inform are recorded, including their outcomes, and reviewed as part of the Responsible Individual's Regulation 73 process. Any areas of risk are discussed by the RI in Fieldbay's 8-weekly quality meeting.</p> |

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

Care is person centred and each person is treated as an individual with unique needs and wants. Staff have active support and professional boundaries/institutionalised practice training to equip them to practice in a way that keeps the people they support at the heart of everything they do.

Care plans are updated on a monthly basis or more frequently if necessary to ensure that any changes in need are reflected and acted upon. People have as much choice as possible in terms of the recreational pursuits they engage in and the hobbies and interests they pursue. Staff ensure that people engage in meaningful activities and access the community on a daily basis where appropriate. The people we support decide on the events and activities they want to participate in during monthly "my meetings" and quarterly "house" meetings.

The people we support have access to a wide range of specialist staff who support their physical, emotional and psychological wellbeing as necessary, including clinical nurse practitioners, manual handlers, occupational therapists, physiotherapists, SALT practitioners and a PBS practitioner.

People are encouraged to maintain relationships with family and friends who are important to them and there is an "open door" policy for visitors. External professionals are encouraged to visit and review their clients on a regular basis and multidisciplinary meetings are arranged when support needs change.

People are supported by well-trained staff who receive regular refresher mandatory training and any necessary specialist training to meet the needs of the people who live in the service e.g. epilepsy awareness and autism training. There is a Learning and Development partner assigned to the home who visits the service regularly to ensure staff have the necessary skills and abilities to meet the care and support needs of the people who live in the service. Staffing to service user ratio is high ensuring that people have the individual attention they require.

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) | 12 |
|--|----|

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 | 1 |
| Health & Safety | 1 |
| Equality, Diversity & Human Rights | 1 |
| Infection, prevention & control | 1 |
| Manual Handling | 1 |
| Safeguarding | 1 |
| Medicine management | 1 |
| Dementia | 1 |
| Positive Behaviour Management | 1 |
| Food Hygiene | 1 |
| Please outline any additional training undertaken pertinent to this role which is not outlined above. | <p>All staff before commencing work in MR attend a full week of paid, supernumerary face-to-face induction. This induction includes:</p> <p>Day 1- Key people in the organisation, Codes of practice, The people who live with us, The role of the carer, Confidentiality, safeguarding, Professional relationships and equality and diversity.</p> <p>Day 2- Manual handling theory and practice</p> <p>Day 3- Positive Behavioural Support / Positive Behavioural Management theory and practice</p> <p>Day 4- Health and safety, First aid, Infection control and handwashing practical</p> <p>Day 5- Medicines management (Medicines administrators in domiciliary and residential care and Health Care Practitioners in Nursing Homes.)</p> <p>Once staff commence work in MR they undergo a six month period of induction. This is accompanied by an induction booklet that not only sets out the mandatory e-learning courses above but a series of learning outcomes that must be completed in this time frame. There are different versions of this booklet for different roles in MR, including:</p> <ul style="list-style-type: none"> • Nursing home carer • Domiciliary / Residential carer • Nurse • Domestic • Maintenance • Kitchen Assistant • Chef • Manager • HCP • Senior carer • Unit Lead (Nurse) <p>All MR staff do the following extra mandatory e-learning courses on induction and annually thereafter- GDPR, Prevent (safeguarding), Professional Boundaries, Medication administration awareness, Oral health, cyber security, basic life support, COSHH, Documentation and record keeping, Equality and Diversity, Food and Fluids, Fire awareness, food safety level 1 and 2, Health and safety, IPC, Learning Disabilities, MCA DoLS, Mental Health, Moving and Handling (Theory), PBS (Theory), PPE, Pressure Ulcer Risk Assessment, and Safeguarding/Protection of Adults.</p> <p>As an annual refresher all staff in MR receive a half day paid supernumerary on Manual Handling theory and practice and a full day of paid supernumerary training on- Positive Behavioural Support / Positive Behavioural Management theory and practice. For these two subjects the training team who have all received 'train the trainer' training. They both deliver the induction and refresher training in dedicated training facilities and also support staff in MR to deliver what they are taught in practice. This includes helping to formulate specialist support plans for individuals in MR to training staff to deliver these support plans.</p> |

In addition to the mandatory e-learning courses that are available the following optional courses are available: wound care management, allergy awareness, ABL, Appraisals, Autism, Display screen equipment, duty of candour, bed rails, chaperoning, Asbestos, cleaning, clinical governance, communication, customer service, dementia, end of life care, Falls, GDPR advanced, Immunisation and vaccines, legionella awareness, patient consent, person centred practice, personality disorder, safeguarding children, safer recruitment, SEPSIS, sexual harassment, sexuality in learning disability, Urinary incontinence- introduction, Urinary incontinence- types and causes, venepuncture, dignity and respect, lone worker, child sexual exploitation, sharps awareness, substance misuse, diabetes awareness, epilepsy, topical medication and self-harm.

There is a series of one day workshops aimed at ensuring that anyone who leads a shift, be it a nurse, shift leader or Health Care Practitioner, can run a shift to the same standard no matter where they work. These are called shift leader study days, and include:

- Day 1- Incident management
- Day 2- Sudden physical illness
- Day 3- Record keeping
- Day 4- Difficult communication
- Day 5- Managing meetings
- Day 6- Health care law and ethics
- Day 7- Admission, discharge, and death

Other regular training in MR includes:

- Each person that administers medication in MR will also have their competence to give medication assessed through a structured observation at least 4 times per year.
- All staff take part in fire awareness training with a member of the Health and Safety Team every six months.
- Night staff receive this training every three months.
- There are also regular fire drills.
- Supervision Training.
- Epilepsy awareness and the administration of midazolam
- PEG feeding (external trainer)
- Representatives from MR attend the local wound interest group.

| 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? | 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 |
| <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> | |
| <p>Filled and vacant posts</p> | |
| No. of staff in post | 7 |
| 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 | 7 |
| Health & Safety | 7 |
| Equality, Diversity & Human Rights | 7 |
| Infection, prevention & control | 7 |
| Manual Handling | 7 |
| Safeguarding | 7 |
| Medicine management | 7 |
| Dementia | 7 |
| Positive Behaviour Management | 7 |
| Food Hygiene | 7 |
| Please outline any additional training undertaken pertinent to this role which is not outlined above. | <p>All staff before commencing work in MR attend a full week of paid, supernumerary face-to-face induction. This induction includes:</p> <p>Day 1- Key people in the organisation, Codes of practice, The people who live with us, The role of the carer, Confidentiality, safeguarding, Professional relationships and equality and diversity.</p> <p>Day 2- Manual handling theory and practice</p> <p>Day 3- Positive Behavioural Support / Positive Behavioural Management theory and practice</p> <p>Day 4- Health and safety, First aid, Infection control and handwashing practical</p> <p>Day 5- Medicines management (Medicines administrators in domiciliary and residential care and Health Care Practitioners in Nursing Homes.)</p> <p>Once staff commence work in MR they undergo a six month period of induction. This is accompanied by an induction booklet that not only sets out the ma</p> |

y an induction booklet that not only sets out the mandatory e-learning courses above but a series of learning outcomes that must be completed in this time frame. There are different versions of this booklet for different roles in MR, including:

- Nursing home carer
- Domiciliary / Residential carer
- Nurse
- Domestic
- Maintenance
- Kitchen Assistant
- Chef
- Manager
- HCP
- Senior carer
- Unit Lead (Nurse)

All MR staff do the following extra mandatory e-learning courses on induction and annually thereafter- GDPR, Prevent (safeguarding), Professional Boundaries, Medication administration awareness, Oral health, cyber security, basic life support, COSHH, Documentation and record keeping, Equality and Diversity, Food and Fluids, Fire awareness, food safety level 1 and 2, Health and safety, IPC, Learning Disabilities, MCA DoLS, Mental Health, Moving and Handling (Theory), PBS (Theory), PPE, Pressure Ulcer Risk Assessment, and Safeguarding/Protection of Adults.

As an annual refresher all staff in MR receive a half day paid supernumerary on Manual Handling theory and practice and a full day of paid supernumerary training on- Positive Behavioural Support / Positive Behavioural Management theory and practice. For these two subjects the training team who have all received 'train the trainer' training. They both deliver the induction and refresher training in dedicated training facilities and also support staff in MR to deliver what they are taught in practice. This includes helping to formulate specialist support plans for individuals in MR to training staff to deliver these support plans.

In addition to the mandatory e-learning courses that are available the following optional courses are available: wound care management, allergy awareness, ABL, Appraisals, Autism, Display screen equipment, duty of candour, bed rails, chaperoning, Asbestos, cleaning, clinical governance, communication, customer service, dementia, end of life care, Falls, GDPR advanced, Immunisation and vaccines, legionella awareness, patient consent, person centred practice, personality disorder, safeguarding children, safer recruitment, SEPSIS, sexual harassment, sexuality in learning disability, Urinary incontinence- introduction, Urinary incontinence- types and causes, venepuncture, dignity and respect, lone worker, child sexual exploitation, sharps awareness, substance misuse, diabetes awareness, epilepsy, topical medication and self-harm.

There is a series of one day workshops aimed at ensuring that anyone who leads a shift, be it a nurse, shift leader or Health Care Practitioner, can run a shift to the same standard no matter where they work. These are called shift leader study days, and include:

- Day 1- Incident management
- Day 2- Sudden physical illness
- Day 3- Record keeping
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- Day 7- Admission, discharge, and death

Other regular training in MR includes:

- Each person that administers medication in MR will also have their competence to give medication assessed through a structured observation at least 4 times per year.
- All staff take part in fire awareness training with a member of the Health and Safety Team every six months.
- Night staff receive this training every three months.
- There are also regular fire drills.
- Supervision Training.

- Epilepsy awareness and the administration of midazolam
- PEG feeding (external trainer)
- Representatives from MR attend the local wound interest group.

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 | 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) | 3 |
| No. of part-time staff (17-34 hours per week) | 3 |
| 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. | <p>Typical shift patterns include an 'early' shift- 0800 to 1500 or a 'late' shift- 1500 to 2100. A 'long day' includes both of these. A 'night' shift bridges these- 2100 to 0800.</p> <p>Staff to Service user ratio is one staff member (nurse or carer) to two service users. Typically, for MR there will be two staff on duty. No usual lone working.</p> <p>Typically this is supplemented by the following on a typical day who can be called upon:</p> <p>One Manager. A Senior Manager or RI. A registered physiotherapist or occupational therapist. An Advanced Practitioner Care Assistant supporting the registered physiotherapists or occupational therapists. Activities staff supporting the registered physiotherapists or occupational therapists. A carer driver. At least one member of the maintenance team. A member of the HR / P+C team. When required a member of the manual handling or PBS/PBM team.</p> |
|---|---|

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 |

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 | 2 |
| No. of posts vacant | 1 |

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 | 0 |
| Dementia | 2 |
| Positive Behaviour Management | 2 |
| Food Hygiene | 2 |
| Please outline any additional training undertaken pertinent to this role which is not outlined above. | <p>All staff before commencing work in MR attend a full week of paid, supernumerary face-to-face induction. This induction includes:</p> <p>Day 1- Key people in the organisation, Codes of practice, The people who live with us, The role of the carer, Confidentiality, safeguarding, Professional relationships and equality and diversity.</p> <p>Day 2- Manual handling theory and practice</p> <p>Day 3- Positive Behavioural Support / Positive Behavioural Management theory and practice</p> <p>Day 4- Health and safety, First aid, Infection control and handwashing practical</p> <p>Day 5- Medicines management (Medicines administrators in domiciliary and residential care and Health Care Practitioners in Nursing Homes.)</p> <p>Once staff commence work in MR they undergo a six month period of induction. This is accompanied by an induction booklet that not only sets out the mandatory e-learning courses above but a series of learning outcomes that must be completed in this time frame. There are different versions of this booklet for different roles in MR, including:</p> <ul style="list-style-type: none"> • Nursing home carer • Domiciliary / Residential carer • Nurse • Domestic • Maintenance • Kitchen Assistant • Chef • Manager • HCP • Senior carer • Unit Lead (Nurse) <p>All MR staff do the following extra mandatory e-learning courses on induction and annually thereafter- GDPR, Prevent (safeguarding), Professional Boundaries, Medication administration awareness, Oral health, cyber security, basic life support, COSHH, Documentation and record keeping, Equality and Diversity, Food and Fluids, Fire awareness, food safety level 1 and 2, Health and safety, IPC, Learning Disabilities, MCA DoLS, Mental Health, Moving and Handling (Theory), PBS (Theory), PPE, Pressure Ulcer Risk Assessment, and Safeguarding/Protection of Adults.</p> <p>As an annual refresher all staff in MR receive a half day paid supernumerary on Manual Handling theory and practice and a full day of paid supernumerary training on- Positive Behavioural Support / Positive Behavioural Management theory and practice. For these two subjects the training team who have all received 'train the trainer' training. They both deliver the induction and refresher training in dedicated training facilities and also support staff in MR to deliver what they are taught in practice. This includes helping to formulate specialist support plans for individuals in MR to training staff to deliver these support plans.</p> |

In addition to the mandatory e-learning courses that are available the following optional courses are available: wound care management, allergy awareness, ABI, Appraisals, Autism, Display screen equipment, duty of candour, bed rails, chaperoning, Asbestos, cleaning, clinical governance, communication, customer service, dementia, end of life care, Falls, GDPR advanced, Immunisation and vaccines, legionella awareness, patient consent, person centred practice, personality disorder, safeguarding children, safer recruitment, SEPSIS, sexual harassment, sexuality in learning disability, Urinary incontinence- introduction, Urinary incontinence- types and causes, venepuncture, dignity and respect, lone worker, child sexual exploitation, sharps awareness, substance misuse, diabetes awareness, epilepsy, topical medication and self-harm.

There is a series of one day workshops aimed at ensuring that anyone who leads a shift, be it a nurse, shift leader or Health Care Practitioner, can run a shift to the same standard no matter where they work. These are called shift leader study days, and include:

- Day 1- Incident management
- Day 2- Sudden physical illness
- Day 3- Record keeping
- Day 4- Difficult communication
- Day 5- Managing meetings
- Day 6- Health care law and ethics
- Day 7- Admission, discharge, and death

Other regular training in MR includes:

- Each person that administers medication in MR will also have their competence to give medication assessed through a structured observation at least 4 times per year.
- All staff take part in fire awareness training with a member of the Health and Safety Team every six months.
- Night staff receive this training every three months.
- There are also regular fire drills.
- Supervision Training.
- Epilepsy awareness and the administration of midazolam
- PEG feeding (external trainer)
- Representatives from MR attend the local wound interest group.

| Contractual Arrangements | |
|--|---|
| No. of permanent staff | 1 |
| 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 term contact staff by hours worked per week. | |
| No. of full-time staff (35 hours or more per week) | 1 |
| No. of part-time staff (17-34 hours per week) | 0 |
| No. of part-time staff (16 hours or under per week) | 0 |
| Typical shift patterns in operation for employed staff | |

| | |
|--|---|
| <p>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.</p> | <p>Typical shift patterns include an 'early' shift- 0800 to 1500 or a 'late' shift- 1500 to 2100. A 'long day' includes both of these. A 'night' shift bridges these- 2100 to 0800.</p> <p>Staff to Service user ratio is one staff member (nurse or carer) to two service users. Typically, for MR there will be two staff on duty. No usual lone working.</p> <p>Typically this is supplemented by the following on a typical day who can be called upon:</p> <p>One Manager. A Senior Manager or RI. A registered physiotherapist or occupational therapist. An Advanced Practitioner Care Assistant supporting the registered physiotherapists or occupational therapists. Activities staff supporting the registered physiotherapists or occupational therapists. A carer driver. At least one member of the maintenance team. A member of the HR / P+C team. When required a member of the manual handling or PBS/PBM team.</p> |
|--|---|

| |
|-----------------------------|
| Staff Qualifications |
|-----------------------------|

| | |
|--|---|
| No. of staff who have the required qualification to be registered with Social Care Wales as a social care worker | 1 |
| No. of staff working towards the required/recommended qualification | 0 |

| | |
|---|----|
| Domestic staff | |
| Does your service structure include roles of this type? | No |

| | |
|---|----|
| Catering staff | |
| Does your service structure include roles of this type? | No |

| | |
|--|----|
| Other types of staff | |
| Does your service structure include any additional role types other than those already listed? | No |

Service Profile

Service Details

| | |
|--|---|
| Name of Service | Tan Yr Allt Lodge Ltd |
| Telephone Number | 01792869374 |
| 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 | none |

Service Provision

People Supported

| | |
|--|----|
| How many people in total did the service provide care and support to during the last financial year? | 34 |
|--|----|

Fees Charged

| | |
|--|---------|
| The minimum weekly fee payable during the last financial year? | 2038.17 |
| The maximum weekly fee payable during the last financial year? | 2927.66 |

Complaints

| | |
|--|--|
| What was the total number of formal complaints made during the last financial year? | 1 |
| Number of active complaints outstanding | 0 |
| Number of complaints upheld | 0 |
| Number of complaints partially upheld | 0 |
| Number of complaints not upheld | 1 |
| What arrangements were made for consulting people who use the service about the operation of the service during the last financial year? | The Managers of Tan-yr-Allt Lodge (TANL) hold service user meetings to find the views of the people who live with us. Where the person has an advocate, their views will be sought. Where the person lacks capacity to tell us their views we will seek the advice of their family to find what the service user would have felt/thought. The Named Nurses will seek their views about their satisfaction with care in monthly support plan reviews. Views of their external MDT including best interests assessors in the DoLS process will also be sought regarding the person's satisfaction with their care. Care staff in TANL will on an ad-hoc basis work to find their satisfaction with the service we provide through daily interactions/activities/excursions from TANL. The RI visits TANL regularly on an informal basis, and will talk with people living in TANL about their satisfaction with the care/support they receive. Where the person lacks the capacity to do so, they seek other sources for this information. |

Service Environment

| | |
|--|---|
| How many bedrooms at the service are single rooms? | 26 |
| How many bedrooms at the service are shared rooms? | 0 |
| How many of the bedrooms have en-suite facilities? | 26 |
| How many bathrooms have assisted bathing facilities? | 0 |
| How many communal lounges at the service? | 5 |
| How many dining rooms at the service? | 3 |
| Provide details of any outside space to which the residents have access | All individuals in Tan-yr-Allt Lodge (TANL) have access to three outside areas. Maple (bottom floor) has a large outside garden area with a summer house and decking, and a second smaller paved garden. Beech (top floor) has immediate access to the large, paved area between TANL and Tan-yr-Allt House where robust garden furniture is provided for individuals to use. Dedicated vehicles and drivers can take them anywhere supported by activities and therapies staff. There are many local areas close to Tan-yr-Allt Lodge within very easy reach if an individual from the local areas wants to go to a place they are familiar with. |
| Provide details of any other facilities to which the residents have access | All individuals in Tan-yr-Allt Lodge (TANL) have access to a range of facilities. In TANL there is a therapies room for activities staff to use with individuals, and a hairdressing room on the middle floor. TANL can access to all of the facilities on the Ty Cwmgwendraeth site including sports and social club, hydrotherapy pool and gym which individuals in CG use facilitated by a sports/hydrotherapist and activities staff. This facility in TCG has a weekly timetable of events that individuals can go to which are advertised in TANL. Individuals are booked onto the activities and Dedicated vehicles and drivers can take them anywhere supported by activities and therapies staff. Activities include chess club, karaoke, sporting events and a coronation party. There is also has a woodworking facility with a qualified carpenter which individuals in CG use. Other activities in other Homes e.g. Yr Ysgol which has a music festival planned for July 2023. |

Identify any non-verbal communication methods used in the provision of the service

| | |
|---|-----|
| Picture Exchange Communication System (PECS) | No |
| Treatment and Education of Autistic and related Communication-handicapped CHildren (TEACCH) | No |
| Makaton | Yes |
| British Sign Language (BSL) | Yes |
| Other | 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.

People in TANL can feel their voices are Heard. Named Nurses will seek their views about their satisfaction with care in monthly support plan reviews. Where the person lacks the capacity to tell us their views we will seek the advice of their family to find what the service user would have felt/thought. Advocates are welcome in TANL as they provide a valuable way of hearing people's voices who cannot speak for themselves.

The people who live with us are offered the chance to take part in regular service user meetings. Also, individual's activities are reviewed with them. The people in TANL are offered the chance to take part in an annual user satisfaction survey, and the results of this survey are available for anyone to see. For example 86% of people stated 'I am supported to take part in hobbies and pastimes I enjoy' and 100% stated 'I have a say in what my home looks like.'

There are, of course, areas for improvement, and the satisfaction survey identifies these. The Managers in TANL undertake to respond to these views. To this end the Managers have come up with a range of 'I will' statements to improve the level of people's satisfaction. For example 60% of respondents have said that 'I am involved in Menu planning.' The manager have stated:

- We will continue to provide the people who live with us in Tan-yr-Allt Lodge at least two main meal choices, and provide a range of alternatives such as sandwiches, omelettes etc.
- Our Chef will get regular, individual feedback from service users about their satisfaction with the food we provide.
- Our staff will continue to provide feedback about likes and dislikes including new diets they now enjoy.

Another example is 40% of people stated 'I am supported to exercise.' The Managers have stated:

'We will use our weekly timeslot in Fieldbay's Hydrotherapy pool, as well as the gym and the weekly programme of events and clubs in Fieldbay's own sports and social club. Tan-yr-Allt Lodge's own activities staff will run an in-house exercise class tailored to the people who live in Tan-yr-Allt Lodge.'

TANL's activities staff work with the people who live with us to personalise activity plans that are stimulating and meaningful to the person.

| | |
|---|---|
| <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>People in TANL can feel they are supported to maintain their ongoing physical and mental health and overall well-being. The Nurses in TANL are a mix of Adult and Mental Health nurses. They are supported by a team of Physiotherapists, Occupational Therapists, Speech and language therapists, sports therapists and a hydrotherapist. An activities team in TCG support individuals to improve their wellbeing. TANL's activities staff work with the people who live with us to personalise activity plans that are stimulating and meaningful to the person.</p> <p>Where the person lacks the capacity to tell us their preferences, we will seek the advice of their family to find what the service user would have felt/thought about their health and well-being. The people in TANL are offered the chance to take part in an annual user satisfaction survey, and the results of this survey are available for anyone to see. For example, 100% of respondents stated- 'I am supported to exercise.' 80% stated 'I am supported to maintain relationships with family and friends.'</p> <p>There are, again, areas for improvement, and the satisfaction survey identifies these. The Managers in TANL undertake to respond to these views. To this end the Managers have come up with a range of 'I will' statements to improve the level of people's satisfaction. For example, 13% of respondents stated 'I contribute to the planning of events in my home.' The managers have stated:</p> <ul style="list-style-type: none"> • The Key Nurses for the people who live with us in Tan-yr-Allt Lodge will have a monthly 'my meeting' to review and plan events in the home. • We will also review individual's care and support plans to ensure that activities are meaningful and interesting as well as the whole Home. <p>80% of Relatives and friends stated 'where appropriate I am involved in the review of care and support. The Managers have said:</p> <ul style="list-style-type: none"> • The Key Nurse for each person that lives in Tan-yr-Allt Lodge will invite their next of kin to take part in a quarterly review of their care and support plans. • We will also do this if there is a significant change in an individual's care and support needs. |
| <p>The extent to which people feel safe and protected from abuse and neglect.</p> | <p>People in TANL can feel safe from abuse and neglect. 87% of those surveyed in our recent user satisfaction survey stated 'I feel safe in my Home.'</p> <p>All TANL staff receive training in Safeguarding Adults in induction as a face-to-face session and e-learning in their first six months probation. After this they refresh the e-learning annually. The CG Managers have received higher levels of safeguarding training through external training providers.</p> <p>In TANL we pride ourselves in being open about when things don't go as well as we have planned. In every staff member's supervision there is a question that asks if they have any safeguarding concerns. Any incident that may relate to a concern around safeguarding will trigger a conversation with the local adult safeguarding group (Neath Port Talbot TANL site) who will threshold the event over the phone or ask for the relevant completed referral form and threshold on the contents of the form.</p> <p>Any incident in TANL that may relate to concerns around safeguarding are also recorded on a Notification of Events form, or 'NoE.' If the NoE form is graded 'Major' (according to a set of criteria designed to highlight potential concerns) all members of the Senior Management Team receive an email notification of the event. All others are reviewed every Monday in the SMT meeting for follow up. Any ongoing safeguarding issues are discussed by the relevant Responsible individual in the SMT meeting. Safeguarding concerns are responded to by different members of the TANL team, including clinical staff, People and Culture and Management. This ensures a proportionate response to the concern.</p> <p>Certain events like medication events and fractures are reviewed factually by a member of the SMT, including the Health and Safety Team and a written report is produced. This is, of course, subject to any safeguarding process from the local adult safeguarding team being concluded. Any VA1s, MARFS or Duty to Inform are recorded, including their outcomes, and reviewed as part of the Responsible Individual's Regulation 73 process. Any areas of risk are discussed by the RI in Fieldbay's 8-weekly quality meeting.</p> |

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

TANL considers that one cornerstone of supporting someone with their well-being and personal outcomes is the quality of their accommodation. TANL's Responsible Individual (RI) visits the site at least monthly, and formally to do a quality visit walk around once each quarter in the form of a 'walk around.' The RI walks around each unit, the outside of each unit and the grounds of TANL themselves. In these visits the RI will talk to staff and listen to their views and suggestions. The inside walk around looks at things like cleanliness, tidiness, odour, light, wear and tear, safety, standard of decoration, evidence of co-production and evidence of personalisation.

Each unit in TANL has access to an outside area. The RI will again look at things like cleanliness, tidiness, wear and tear, safety, standard of decoration, evidence of co-production and evidence of personalisation. These areas permit individuals to go outside but if necessary retain some degree of safety and security. Like any individual's garden the garden itself can develop its own identity and they are encouraged to do this.

Every individual who lives in TANL has the right to personalise their own private space. Named nurses and key workers will liaise with individuals as part of the therapeutic work encourage and assist them to decorate their own personal spaces. At an individual level the satisfaction with a person's accommodation can be discussed in reviews of support plans with key workers. At the level of the individual units in TANL the staff hold service user meetings where satisfaction with their accommodation can be discussed. If the person lacks capacity to do this we work with their family and friends to personalise spaces.

There is a quarterly health and safety meeting in TANL chaired by a member of the H+S team and representatives from TANL who will discuss any H+S issues and make sure they are dealt with effectively. The H+S Team also conduct a detailed H+S audit each quarter. This audit results in an action plan which is completed within the Reg 73 quarter the RI is working to.

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) | 106 |
|--|-----|

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 | 1 |
| Health & Safety | 1 |
| Equality, Diversity & Human Rights | 1 |
| Infection, prevention & control | 1 |
| Manual Handling | 1 |
| Safeguarding | 1 |
| Medicine management | 1 |
| Dementia | 1 |
| Positive Behaviour Management | 1 |
| Food Hygiene | 1 |

| | |
|--|--|
| <p>Please outline any additional training undertaken pertinent to this role which is not outlined above.</p> | <p>All staff before commencing work in TANL attend a full week of paid, supernumerary face-to-face induction. This induction includes: Day 1- Key people in the organisation, Codes of practice, The people who live with us, The role of the carer, Confidentiality, safeguarding, Professional relationships and equality and diversity. Day 2- Manual handling theory and practice Day 3- Positive Behavioural Support / Positive Behavioural Management theory and practice Day 4- Health and safety, First aid, Infection control and handwashing practical Day 5- Medicines management (Medicines administrators in domiciliary and residential care and Health Care Practitioners in Nursing Homes.) Once staff commence work in TANL they undergo a six month period of induction. This is accompanied by an induction booklet that not only sets out the mandatory e-learning courses above but a series of learning outcomes that must be completed in this time frame. There are different versions of this booklet for different roles in TANL, including:</p> <ul style="list-style-type: none"> • Nursing home carer • Domiciliary / Residential carer • Nurse • Domestic • Maintenance • Kitchen Assistant • Chef • Manager • HCP • Senior carer • Unit Lead (Nurse) <p>All TANL staff do the following extra mandatory e-learning courses on induction and annually thereafter- GDPR, Prevent (safeguarding), Professional Boundaries, Medication administration awareness, Oral health, cyber security, basic life support, COSHH, Documentation and record keeping, Equality and Diversity, Food and Fluids, Fire awareness, food safety level 1 and 2, Health and safety, IPC, Learning Disabilities, MCA DoLS, Mental Health, Moving and Handling (Theory), PBS (Theory), PPE, Pressure Ulcer Risk Assessment, and Safeguarding/Protection of Adults.</p> <p>As an annual refresher all staff in TANL receive a half day paid supernumerary on Manual Handling theory and practice and a full day of paid supernumerary training on- Positive Behavioural Support / Positive Behavioural Management theory and practice. For these two subjects the training team who have all received 'train the trainer' training. They both deliver the induction and refresher training in dedicated training facilities and also support staff in TANL to deliver what they are taught in practice. This includes helping to formulate specialist support plans for individuals in TANL to training staff to deliver these support plans.</p> |
|--|--|

TANL has a room that can host training. In addition to the mandatory e-learning courses that are available the following optional courses are available: wound care management, allergy awareness, ABL, Appraisals, Autism, Display screen equipment, duty of candour, bed rails, chaperoning, Asbestos, cleaning, clinical governance, communication, customer service, dementia, end of life care, Falls, GDPR advanced, Immunisation and vaccines, legionella awareness, patient consent, person centred practice, personality disorder, safeguarding children, safer recruitment, SEPSIS, sexual harassment, sexuality in learning disability, Urinary incontinence- introduction, Urinary incontinence- types and causes, venepuncture, dignity and respect, lone worker, child sexual exploitation, sharps awareness, substance misuse, diabetes awareness, epilepsy, topical medication and self-harm.

There is a series of one day workshops aimed at ensuring that anyone who leads a shift, be it a nurse, shift leader or Health Care Practitioner, can run a shift to the same standard no matter where they work. These are called shift leader study days, and include:

Day 1- Incident management

Day 2- Sudden physical illness

Day 3- Record keeping

Day 4- Difficult communication

Day 5- Managing meetings

Day 6- Health care law and ethics

Day 7- Admission, discharge, and death

A recent innovation in staffing in TANL is the introduction in December 2021 of Health Care Practitioners (HCPs.) HCPs are specially trained care staff who have achieved a L3 qualification in Health and Social Care. They have three specific functions:

- Medicines administration

- Record keeping

- Taking physical observations.

They will only work in a specified area/unit of a nursing home and there will always be a nurse available who will supervise and support them. To achieve this role the prospective HCP must complete the first two shift leader study days, the medication study day, and learn to take physical observations using the equipment in the nursing home and be assessed as competent. TANL are working with the L+D team to develop the HCP role within TANL.

TANL has its own handwashing or 'glow and tell machine.' Staff in TANL will be assessed at least every six months to see if they can effectively wash their hands.

Other regular training in TANL includes:

- Each person that administers medication in TANL will also have their competence to give medication assessed through a structured observation at least 4 times per year.

- All staff take part in fire awareness training with a member of the Health and Safety Team every six months.

- Night staff receive this training every three months.

- There are also regular fire drills.

- Supervision Training.

- Epilepsy awareness and the administration of midazolam

- PEG feeding (external trainer)

- Representatives from TANL attend the local wound interest group.

- Catering staff receive extra training on texture modified diets.

| 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? | 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 | 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. | All staff before commencing work in TANL attend a full week of paid, supernumerary face-to-face induction. This induction includes: Day 1- Key people in the organisation, Codes of practice, The people who live with us, The role of the carer, Confidentiality, safeguarding, Professional relationships and equality and diversity. Day 2- Manual handling theory and practice Day 3- Positive Behavioural Support / Positive Behavioural Management theory and practice Day 4- Health and safety, First aid, Infection control and handwashing practical Day 5- Medicines management (Medicines administrators in domiciliary and residential care and Health Care Practitioners in Nursing Homes.) Once staff commence work in TANL they undergo a six month period of induction. This is accompanied by an induction booklet that not only sets out the mandatory e-learning courses above but a series of learning outcomes that must be completed in this time frame. There are different versions of this book |

et for different roles in TANL, including:

- Nursing home carer
- Domiciliary / Residential carer
- Nurse
- Domestic
- Maintenance
- Kitchen Assistant
- Chef
- Manager
- HCP
- Senior carer
- Unit Lead (Nurse)

All TANL staff do the following extra mandatory e-learning courses on induction and annually thereafter- GDPR, Prevent (safeguarding), Professional Boundaries, Medication administration awareness, Oral health, cyber security, basic life support, COSHH, Documentation and record keeping, Equality and Diversity, Food and Fluids, Fire awareness, food safety level 1 and 2, Health and safety, IPC, Learning Disabilities, MCA DoLS, Mental Health, Moving and Handling (Theory), PBS (Theory), PPE, Pressure Ulcer Risk Assessment, and Safeguarding/Protection of Adults.

As an annual refresher all staff in TANL receive a half day paid supernumerary on Manual Handling theory and practice and a full day of paid supernumerary training on- Positive Behavioural Support / Positive Behavioural Management theory and practice. For these two subjects the training team who have all received 'train the trainer' training. They both deliver the induction and refresher training in dedicated training facilities and also support staff in TANL to deliver what they are taught in practice. This includes helping to formulate specialist support plans for individuals in TANL to training staff to deliver these support plans.

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- Record keeping
- Taking physical observations.

They will only work in a specified area/unit of a nursing home and there will always be a nurse available who will supervise and support them. To achieve this role the prospective HCP must complete the first two shift leader study days, the medication study day, and learn to take physical observations using the equipment in the nursing home and be assessed as competent. TANL are working with the L+D team to develop the HCP role within TANL.

TANL has its own handwashing or 'glow and tell machine.' Staff in TANL will be assessed at least every six months to see if they can effectively wash their hands.

Other regular training in TANL includes:

- Each person that administers medication in TANL will also have their competence to give medication assessed through a structured observation at least 4 times per year.
- All staff take part in fire awareness training with a member of the Health and Safety Team every six months.
- Night staff receive this training every three months.
- There are also regular fire drills.
- Supervision Training.
- Epilepsy awareness and the administration of midazolam
- PEG feeding (external trainer)
- Representatives from TANL attend the local wound interest group.
- Catering staff receive extra training on texture modified diets.

Contractual Arrangements

| | |
|---|---|
| No. of permanent staff | 1 |
| No. of Fixed term contracted staff | 0 |
| No. of volunteers | 1 |
| 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 | 0 |
| No. of staff working toward required/recommended qualification to be registered with Social Care Wales as a Service Manager | 1 |

Other supervisory staff

| | |
|---|----|
| Does your service structure include roles of this type? | 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? | 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 | 5 |
| No. of posts vacant | 1 |
| <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 | 5 |
| Health & Safety | 5 |
| Equality, Diversity & Human Rights | 5 |
| Infection, prevention & control | 5 |
| Manual Handling | 5 |
| Safeguarding | 5 |
| Medicine management | 5 |
| Dementia | 5 |
| Positive Behaviour Management | 5 |
| Food Hygiene | 5 |
| Please outline any additional training undertaken pertinent to this role which is not outlined above. | <p>All staff before commencing work in TANL attend a full week of paid, supernumerary face-to-face induction. This induction includes:</p> <p>Day 1- Key people in the organisation, Codes of practice, The people who live with us, The role of the carer, Confidentiality, safeguarding, Professional relationships and equality and diversity.</p> <p>Day 2- Manual handling theory and practice</p> <p>Day 3- Positive Behavioural Support / Positive Behavioural Management theory and practice</p> <p>Day 4- Health and safety, First aid, Infection control and handwashing practical</p> <p>Day 5- Medicines management (Medicines administrators in domiciliary and residential care and Health Care Practitioners in Nursing Homes.)</p> <p>Once staff commence work in TANL they undergo a six month period of induction. This is accompanied by an induction booklet that not only sets out the mandatory e-learning courses above but a series of learning outcomes that must be completed in this time frame. There are different versions of this booklet for different roles in TANL, including:</p> <ul style="list-style-type: none"> • Nursing home carer • Domiciliary / Residential carer • Nurse • Domestic • Maintenance • Kitchen Assistant • Chef • Manager • HCP • Senior carer • Unit Lead (Nurse) <p>All TANL staff do the following extra mandatory e-learning courses on induction and annually thereafter- GDPR, Prevent (safeguarding), Professional Boundaries, Medication administration awareness, Oral health, cyber security, basic life support, COSHH, Documentation and record keeping, Equality and Diversity, Food and Fluids, Fire awareness, food safety level 1 and 2, Health and safety, IPC, Learning Disabilities, MCA DoLS, Mental Health, Moving and Handling (Theory), PBS (Theory), PPE, Pressure Ulcer Risk Assessment, and Safeguarding/Protection of Adults.</p> <p>As an annual refresher all staff in TANL receive a half day paid supernumerary on Manual Handling theory and practice and a full day of paid supernumerary training on- Positive Behavioural Support / Positive Behavioural Management theory and practice. For these two subjects the training team who have all received 'train the trainer' training. They both deliver the induction and refresher training in dedicated training facilities and also support staff in TANL to deliver what they are taught in practice. This inclu</p> |

des helping to formulate specialist support plans for individuals in TANL to training staff to deliver these support plans.

TANL has a room that can host training. In addition to the mandatory e-learning courses that are available the following optional courses are available: wound care management, allergy awareness, ABI, Appraisals, Autism, Display screen equipment, duty of candour, bed rails, chaperoning, Asbestos, cleaning, clinical governance, communication, customer service, dementia, end of life care, Falls, GDPR advanced, Immunisation and vaccines, legionella awareness, patient consent, person centred practice, personality disorder, safeguarding children, safer recruitment, SEPSIS, sexual harassment, sexuality in learning disability, Urinary incontinence- introduction, Urinary incontinence- types and causes, venepuncture, dignity and respect, lone worker, child sexual exploitation, sharps awareness, substance misuse, diabetes awareness, epilepsy, topical medication and self-harm.

There is a series of one day workshops aimed at ensuring that anyone who leads a shift, be it a nurse, shift leader or Health Care Practitioner, can run a shift to the same standard no matter where they work. These are called shift leader study days, and include:

- Day 1- Incident management
- Day 2- Sudden physical illness
- Day 3- Record keeping
- Day 4- Difficult communication
- Day 5- Managing meetings
- Day 6- Health care law and ethics
- Day 7- Admission, discharge, and death

A recent innovation in staffing in TANL is the introduction in December 2021 of Health Care Practitioners (HCPs.) HCPs are specially trained care staff who have achieved a L3 qualification in Health and Social Care. They have three specific functions:

- Medicines administration
- Record keeping
- Taking physical observations.

They will only work in a specified area/unit of a nursing home and there will always be a nurse available who will supervise and support them. To achieve this role the prospective HCP must complete the first two shift leader study days, the medication study day, and learn to take physical observations using the equipment in the nursing home and be assessed as competent. TANL are working with the L+D team to develop the HCP role within TANL.

TANL has its own handwashing or 'glow and tell machine.' Staff in TANL will be assessed at least every six months to see if they can effectively wash their hands.

Other regular training in TANL includes:

- Each person that administers medication in TANL will also have their competence to give medication assessed through a structured observation at least 4 times per year.
- All staff take part in fire awareness training with a member of the Health and Safety Team every six months.
- Night staff receive this training every three months.
- There are also regular fire drills.
- Supervision Training.
- Epilepsy awareness and the administration of midazolam
- PEG feeding (external trainer)
- Representatives from TANL attend the local wound interest group.
- Catering staff receive extra training on texture modified diets.

| 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 | 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) | 2 |
| No. of part-time staff (17-34 hours per week) | 1 |
| No. of part-time staff (16 hours or under per week) | 2 |
| Typical shift patterns in operation for employed staff | |
| Set out the typical shift patterns of staff employed at the service in this role type. You should also include the average number of staff working in each shift. | <p>Typical shift patterns include an 'early' shift- 0800 to 1500 or a 'late' shift- 1500 to 2100. A 'long day' includes both of these. A 'night' shift bridges these- 2100 to 0800.</p> <p>Staff to Service user ratio is one staff member (nurse or carer) to two service users. Typically, for a 10-12 bed unit there is one nurse and 3-4 carers. No usual lone working.</p> <p>Typically this is supplemented by the following on a typical day who are also present:</p> <p>One Manager or Deputy. One Senior Manager or RI. One registered physiotherapist or occupational therapist. One Advanced Practitioner Care Assistant supporting the registered physiotherapists or occupational therapists. Activities staff supporting the registered physiotherapists or occupational therapists. At least one carer driver. At least one member of the maintenance team. At least one member of the Administration team. One member of the HR / P+C team. When required a member of the manual handling or PBS/PBM team.</p> |
| 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 | 5 |
| No. of posts vacant | 0 |
| Training undertaken during the last financial year for this role type. | |
| Set out the number of staff who undertook relevant training. The list of training categories provided is only a sample of the training that may have been undertaken. Any training not listed can be added to 'Please outline any additional training undertaken pertinent for this role which is not outlined above'. | |
| Induction | 5 |
| Health & Safety | 5 |
| Equality, Diversity & Human Rights | 5 |
| Infection, prevention & control | 5 |
| Manual Handling | 5 |
| Safeguarding | 5 |
| Medicine management | 5 |
| Dementia | 5 |
| Positive Behaviour Management | 5 |
| Food Hygiene | 5 |

Please outline any additional training undertaken pertinent to this role which is not outlined above.

All staff before commencing work in TANL attend a full week of paid, supernumerary face-to-face induction. This induction includes:

Day 1- Key people in the organisation, Codes of practice, The people who live with us, The role of the carer, Confidentiality, safeguarding, Professional relationships and equality and diversity.

Day 2- Manual handling theory and practice

Day 3- Positive Behavioural Support / Positive Behavioural Management theory and practice

Day 4- Health and safety, First aid, Infection control and handwashing practical

Day 5- Medicines management (Medicines administrators in domiciliary and residential care and Health Care Practitioners in Nursing Homes.)

Once staff commence work in TANL they undergo a six month period of induction. This is accompanied by an induction booklet that not only sets out the mandatory e-learning courses above but a series of learning outcomes that must be completed in this time frame. There are different versions of this booklet for different roles in TANL, including:

- Nursing home carer
- Domiciliary / Residential carer
- Nurse
- Domestic
- Maintenance
- Kitchen Assistant
- Chef
- Manager
- HCP
- Senior carer
- Unit Lead (Nurse)

All TANL staff do the following extra mandatory e-learning courses on induction and annually thereafter - GDPR, Prevent (safeguarding), Professional Boundaries, Medication administration awareness, Oral health, cyber security, basic life support, COSHH, Documentation and record keeping, Equality and Diversity, Food and Fluids, Fire awareness, food safety level 1 and 2, Health and safety, IPC, Learning Disabilities, MCA DoLS, Mental Health, Moving and Handling (Theory), PBS (Theory), PPE, Pressure Ulcer Risk Assessment, and Safeguarding/Protection of Adults.

As an annual refresher all staff in TANL receive a half day paid supernumerary on Manual Handling theory and practice and a full day of paid supernumerary training on- Positive Behavioural Support / Positive Behavioural Management theory and practice. For these two subjects the training team who have all received 'train the trainer' training. They both deliver the induction and refresher training in dedicated training facilities and also support staff in TANL to deliver what they are taught in practice. This includes helping to formulate specialist support plans for individuals in TANL to training staff to deliver these support plans.

TANL has a room that can host training. In addition to the mandatory e-learning courses that are available the following optional courses are available: wound care management, allergy awareness, ABI, Appraisals, Autism, Display screen equipment, duty of candour, bed rails, chaperoning, Asbestos, cleaning, clinical governance, communication, customer service, dementia, end of life care, Falls, GDPR advanced, Immunisation and vaccines, legionella awareness, patient consent, person centred practice, personality disorder, safeguarding children, safer recruitment, SEPSIS, sexual harassment, sexuality in learning disability, Urinary incontinence- introduction, Urinary incontinence- types and causes, venepuncture, dignity and respect, lone worker, child sexual exploitation, sharps awareness, substance misuse, diabetes awareness, epilepsy, topical medication and self-harm.

There is a series of one day workshops aimed at ensuring that anyone who leads a shift, be it a nurse, shift leader or Health Care Practitioner, can run a shift to the same standard no matter where they work. These are called shift leader study days, and include:

Day 1- Incident management

Day 2- Sudden physical illness

Day 3- Record keeping

Day 4- Difficult communication
 Day 5- Managing meetings
 Day 6- Health care law and ethics
 Day 7- Admission, discharge, and death

A recent innovation in staffing in TANL is the introduction in December 2021 of Health Care Practitioners (HCPs.) HCPs are specially trained care staff who have achieved a L3 qualification in Health and Social Care. They have three specific functions:

- Medicines administration
- Record keeping
- Taking physical observations.

They will only work in a specified area/unit of a nursing home and there will always be a nurse available who will supervise and support them. To achieve this role the prospective HCP must complete the first two shift leader study days, the medication study day, and learn to take physical observations using the equipment in the nursing home and be assessed as competent. TANL are working with the L+D team to develop the HCP role within TANL.

TANL has its own handwashing or 'glow and tell machine.' Staff in TANL will be assessed at least every six months to see if they can effectively wash their hands.

Other regular training in TANL includes:

- Each person that administers medication in TANL will also have their competence to give medication assessed through a structured observation at least 4 times per year.
- All staff take part in fire awareness training with a member of the Health and Safety Team every six months.
- Night staff receive this training every three months.
- There are also regular fire drills.
- Supervision Training.
- Epilepsy awareness and the administration of midazolam
- PEG feeding (external trainer)
- Representatives from TANL attend the local wound interest group.
- Catering staff receive extra training on texture modified diets.

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 | 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) | 4 |
| No. of part-time staff (16 hours or under per week) | 0 |

Typical shift patterns in operation for employed staff

| | |
|---|--|
| <p>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.</p> | <p>Typical shift patterns include an 'early' shift- 0800 to 1500 or a 'late' shift- 1500 to 2100. A 'long day' includes both of these. A 'night' shift bridges these- 2100 to 0800.</p> <p>Staff to Service user ratio is one staff member (nurse or carer) to two service users. Typically, for a 10-12 bed unit there is one nurse and 3-4 carers. No usual lone working.</p> <p>Typically this is supplemented by the following on a typical day who are also present:</p> <p>One Manager or Deputy. One Senior Manager or RI. One registered physiotherapist or occupational therapist. One Advanced Practitioner Care Assistant supporting the registered physiotherapists or occupational therapists. Activities staff supporting the registered physiotherapists or occupational therapists. At least one carer driver. At least one member of the maintenance team. At least one member of the Administration team. One member of the HR / P+C team. When required a member of the manual handling or PBS/PBM team.</p> |
| <p>Staff Qualifications</p> | |
| <p>No. of staff who have the required qualification to be registered with Social Care Wales as a social care worker</p> | <p>5</p> |
| <p>No. of staff working towards the required/recommended qualification</p> | <p>0</p> |
| <p>Other social care workers providing direct care</p> | |
| <p>Does your service structure include roles of this type?</p> | <p>Yes</p> |
| <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> | |
| <p>Filled and vacant posts</p> | |
| <p>No. of staff in post</p> | <p>18</p> |
| <p>No. of posts vacant</p> | <p>1</p> |
| <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> | |
| <p>Induction</p> | <p>18</p> |
| <p>Health & Safety</p> | <p>18</p> |
| <p>Equality, Diversity & Human Rights</p> | <p>18</p> |
| <p>Infection, prevention & control</p> | <p>18</p> |
| <p>Manual Handling</p> | <p>18</p> |
| <p>Safeguarding</p> | <p>18</p> |
| <p>Medicine management</p> | <p>0</p> |
| <p>Dementia</p> | <p>18</p> |
| <p>Positive Behaviour Management</p> | <p>18</p> |
| <p>Food Hygiene</p> | <p>18</p> |
| <p>Please outline any additional training undertaken pertinent to this role which is not outlined above.</p> | <p>All staff before commencing work in TANL attend a full week of paid, supernumerary face-to-face induction. This induction includes: Day 1- Key people in the organisation, Codes of practice, The people who live with us, The role of the</p> |

carer, Confidentiality, safeguarding, Professional relationships and equality and diversity.

Day 2- Manual handling theory and practice

Day 3- Positive Behavioural Support / Positive Behavioural Management theory and practice

Day 4- Health and safety, First aid, Infection control and handwashing practical

Day 5- Medicines management (Medicines administrators in domiciliary and residential care and Health Care Practitioners in Nursing Homes.)

Once staff commence work in TANL they undergo a six month period of induction. This is accompanied by an induction booklet that not only sets out the mandatory e-learning courses above but a series of learning outcomes that must be completed in this time frame. There are different versions of this booklet for different roles in TANL, including:

- Nursing home carer
- Domiciliary / Residential carer
- Nurse
- Domestic
- Maintenance
- Kitchen Assistant
- Chef
- Manager
- HCP
- Senior carer
- Unit Lead (Nurse)

All TANL staff do the following extra mandatory e-learning courses on induction and annually thereafter - GDPR, Prevent (safeguarding), Professional Boundaries, Medication administration awareness, Oral health, cyber security, basic life support, COSHH, Documentation and record keeping, Equality and Diversity, Food and Fluids, Fire awareness, food safety level 1 and 2, Health and safety, IPC, Learning Disabilities, MCA DoLS, Mental Health, Moving and Handling (Theory), PBS (Theory), PPE, Pressure Ulcer Risk Assessment, and Safeguarding/Protection of Adults.

As an annual refresher all staff in TANL receive a half day paid supernumerary on Manual Handling theory and practice and a full day of paid supernumerary training on- Positive Behavioural Support / Positive Behavioural Management theory and practice. For these two subjects the training team who have all received 'train the trainer' training. They both deliver the induction and refresher training in dedicated training facilities and also support staff in TANL to deliver what they are taught in practice. This includes helping to formulate specialist support plans for individuals in TANL to training staff to deliver these support plans.

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There is a series of one day workshops aimed at ensuring that anyone who leads a shift, be it a nurse, shift leader or Health Care Practitioner, can run a shift to the same standard no matter where they work. These are called shift leader study days, and include:

Day 1- Incident management

Day 2- Sudden physical illness

Day 3- Record keeping

Day 4- Difficult communication

Day 5- Managing meetings

Day 6- Health care law and ethics

Day 7- Admission, discharge, and death

A recent innovation in staffing in TANL is the introd

uction in December 2021 of Health Care Practitioners (HCPs.) HCPs are specially trained care staff who have achieved a L3 qualification in Health and Social Care. They have three specific functions:

- Medicines administration
- Record keeping
- Taking physical observations.

They will only work in a specified area/unit of a nursing home and there will always be a nurse available who will supervise and support them. To achieve this role the prospective HCP must complete the first two shift leader study days, the medication study day, and learn to take physical observations using the equipment in the nursing home and be assessed as competent. TANL are working with the L+D team to develop the HCP role within TANL.

TANL has its own handwashing or 'glow and tell machine.' Staff in TANL will be assessed at least every six months to see if they can effectively wash their hands.

Other regular training in TANL includes:

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- Night staff receive this training every three months.
- There are also regular fire drills.
- Supervision Training.
- Epilepsy awareness and the administration of midazolam
- PEG feeding (external trainer)
- Representatives from TANL attend the local wound interest group.
- Catering staff receive extra training on texture modified diets.

Contractual Arrangements

| | |
|---|----|
| No. of permanent staff | 15 |
| No. of Fixed term contracted staff | 3 |
| 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) | 8 |
| No. of part-time staff (17-34 hours per week) | 7 |
| No. of part-time staff (16 hours or under per week) | 3 |

Typical shift patterns in operation for employed staff

| | |
|--|--|
| <p>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.</p> | <p>Typical shift patterns include an 'early' shift- 0800 to 1500 or a 'late' shift- 1500 to 2100. A 'long day' includes both of these. A 'night' shift bridges these- 2100 to 0800.</p> <p>Staff to Service user ratio is one staff member (nurse or carer) to two service users. Typically, for a 10-12 bed unit there is one nurse and 3-4 carers. No usual lone working.</p> <p>Typically this is supplemented by the following on a typical day who are also present:</p> <p>One Manager or Deputy. One Senior Manager or RI. One registered physiotherapist or occupational therapist. One Advanced Practitioner Care Assistant supporting the registered physiotherapists or occupational therapists. Activities staff supporting the registered physiotherapists or occupational therapists. At least one carer driver. At least one member of the maintenance team. At least one member of the Administration team. One member of the HR / P+C team. When required a member of the manual handling or PBS/PBM team.</p> |
| <p>Staff Qualifications</p> | |
| <p>No. of staff who have the required qualification to be registered with Social Care Wales as a social care worker</p> | <p>20</p> |
| <p>No. of staff working towards the required/recommended qualification</p> | <p>40</p> |
| <p>Domestic staff</p> | |
| <p>Does your service structure include roles of this type?</p> | <p>Yes</p> |
| <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> | |
| <p>Filled and vacant posts</p> | |
| <p>No. of staff in post</p> | <p>2</p> |
| <p>No. of posts vacant</p> | <p>2</p> |
| <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> | |
| <p>Induction</p> | <p>2</p> |
| <p>Health & Safety</p> | <p>2</p> |
| <p>Equality, Diversity & Human Rights</p> | <p>2</p> |
| <p>Infection, prevention & control</p> | <p>2</p> |
| <p>Manual Handling</p> | <p>2</p> |
| <p>Safeguarding</p> | <p>2</p> |
| <p>Medicine management</p> | <p>0</p> |
| <p>Dementia</p> | <p>0</p> |
| <p>Positive Behaviour Management</p> | <p>2</p> |
| <p>Food Hygiene</p> | <p>2</p> |
| <p>Please outline any additional training undertaken pertinent to this role which is not outlined above.</p> | <p>All staff before commencing work in TANL attend a full week of paid, supernumerary face-to-face induction. This induction includes: Day 1- Key people in the organisation, Codes of practice, The people who live with us, The role of the</p> |

carer, Confidentiality, safeguarding, Professional relationships and equality and diversity.

Day 2- Manual handling theory and practice

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Day 2- Sudden physical illness

Day 3- Record keeping

Day 4- Difficult communication

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Day 7- Admission, discharge, and death

A recent innovation in staffing in TANL is the introd

uction in December 2021 of Health Care Practitioners (HCPs.) HCPs are specially trained care staff who have achieved a L3 qualification in Health and Social Care. They have three specific functions:

- Medicines administration
- Record keeping
- Taking physical observations.

They will only work in a specified area/unit of a nursing home and there will always be a nurse available who will supervise and support them. To achieve this role the prospective HCP must complete the first two shift leader study days, the medication study day, and learn to take physical observations using the equipment in the nursing home and be assessed as competent. TANL are working with the L+D team to develop the HCP role within TANL.

TANL has its own handwashing or 'glow and tell machine.' Staff in TANL will be assessed at least every six months to see if they can effectively wash their hands.

Other regular training in TANL includes:

- Each person that administers medication in TANL will also have their competence to give medication assessed through a structured observation at least 4 times per year.
- All staff take part in fire awareness training with a member of the Health and Safety Team every six months.
- Night staff receive this training every three months.
- There are also regular fire drills.
- Supervision Training.
- Epilepsy awareness and the administration of midazolam
- PEG feeding (external trainer)
- Representatives from TANL attend the local wound interest group.
- Catering staff receive extra training on texture modified diets.

| | |
|--|-----|
| 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 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) | 1 |
| No. of part-time staff (16 hours or under per week) | 0 |
| Staff Qualifications | |
| No. of staff who have the required qualification | 0 |
| No. of staff working toward required/recommended qualification | 0 |
| Catering 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 | 0 |
| 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 | 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. | <p>All staff before commencing work in TANL attend a full week of paid, supernumerary face-to-face induction. This induction includes:</p> <p>Day 1- Key people in the organisation, Codes of practice, The people who live with us, The role of the carer, Confidentiality, safeguarding, Professional relationships and equality and diversity.</p> <p>Day 2- Manual handling theory and practice</p> <p>Day 3- Positive Behavioural Support / Positive Behavioural Management theory and practice</p> <p>Day 4- Health and safety, First aid, Infection control and handwashing practical</p> <p>Day 5- Medicines management (Medicines administrators in domiciliary and residential care and Health Care Practitioners in Nursing Homes.)</p> <p>Once staff commence work in TANL they undergo a six month period of induction. This is accompanied by an induction booklet that not only sets out the mandatory e-learning courses above but a series of learning outcomes that must be completed in this time frame. There are different versions of this booklet for different roles in TANL, including:</p> <ul style="list-style-type: none"> • Nursing home carer • Domiciliary / Residential carer • Nurse • Domestic • Maintenance • Kitchen Assistant • Chef • Manager • HCP • Senior carer • Unit Lead (Nurse) <p>All TANL staff do the following extra mandatory e-learning courses on induction and annually thereafter- GDPR, Prevent (safeguarding), Professional Boundaries, Medication administration awareness, Oral health, cyber security, basic life support, COSHH, Documentation and record keeping, Equality and Diversity, Food and Fluids, Fire awareness, food safety level 1 and 2, Health and safety, IPC, Learning Disabilities, MCA DoLS, Mental Health, Moving and Handling (Theory), PBS (Theory), PPE, Pressure Ulcer Risk Assessment, and Safeguarding/Protection of Adults.</p> <p>As an annual refresher all staff in TANL receive a half day paid supernumerary on Manual Handling theory and practice and a full day of paid supernumerary training on- Positive Behavioural Support / Positive Behavioural Management theory and practice. For these two subjects the training team who have all received 'train the trainer' training. They both deliver the induction and refresher training in dedicated training facilities and also support staff in TANL to deliver what they are taught in practice. This inclu</p> |

des helping to formulate specialist support plans for individuals in TANL to training staff to deliver these support plans.

TANL has a room that can host training. In addition to the mandatory e-learning courses that are available the following optional courses are available: wound care management, allergy awareness, ABI, Appraisals, Autism, Display screen equipment, duty of candour, bed rails, chaperoning, Asbestos, cleaning, clinical governance, communication, customer service, dementia, end of life care, Falls, GDPR advanced, Immunisation and vaccines, legionella awareness, patient consent, person centred practice, personality disorder, safeguarding children, safer recruitment, SEPSIS, sexual harassment, sexuality in learning disability, Urinary incontinence- introduction, Urinary incontinence- types and causes, venepuncture, dignity and respect, lone worker, child sexual exploitation, sharps awareness, substance misuse, diabetes awareness, epilepsy, topical medication and self-harm.

There is a series of one day workshops aimed at ensuring that anyone who leads a shift, be it a nurse, shift leader or Health Care Practitioner, can run a shift to the same standard no matter where they work. These are called shift leader study days, and include:

- Day 1- Incident management
- Day 2- Sudden physical illness
- Day 3- Record keeping
- Day 4- Difficult communication
- Day 5- Managing meetings
- Day 6- Health care law and ethics
- Day 7- Admission, discharge, and death

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They will only work in a specified area/unit of a nursing home and there will always be a nurse available who will supervise and support them. To achieve this role the prospective HCP must complete the first two shift leader study days, the medication study day, and learn to take physical observations using the equipment in the nursing home and be assessed as competent. TANL are working with the L+D team to develop the HCP role within TANL.

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- There are also regular fire drills.
- Supervision Training.
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| 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 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) | 1 |
| No. of part-time staff (16 hours or under per week) | 0 |
| Staff Qualifications | |
| No. of staff who have the required qualification | 0 |
| No. of staff working toward 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. | Other roles in TANL include Physiotherapy, Occupational, and Speech and Language therapist – assess and assist individuals with support needs and liaise with other staff to ensure care is effective. PBS /PBM and Manual Handling Advanced Practitioner Care Assistant- assessment of these supports needs and putting plans into practice. Hydrotherapist / Pool Manager- In TCG- manages the hydrotherapy pool, sports and social club, gym and training facilities. Managers hydrotherapy for individuals across Fieldbay who attend TCG for hydrotherapy. Maintenance- help the health and safety team with the general upkeep, regular safety tests and checks, and supervising the work of contractors. Business Partner- Supports the P+C team to manage staff, recruitment and job support. Admin Staff- Administration staff support the Home's Management and also as reception to the Home. These can be full time or part time depending on the home, and may look after more than one home in the Fieldbay group. |
| Filled and vacant posts | |
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| 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'. | |
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| Health & Safety | 1 |
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| Infection, prevention & control | 1 |
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| Safeguarding | 1 |
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| Dementia | 1 |
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carer, Confidentiality, safeguarding, Professional relationships and equality and diversity.

Day 2- Manual handling theory and practice

Day 3- Positive Behavioural Support / Positive Behavioural Management theory and practice

Day 4- Health and safety, First aid, Infection control and handwashing practical

Day 5- Medicines management (Medicines administrators in domiciliary and residential care and Health Care Practitioners in Nursing Homes.)

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- Nursing home carer
- Domiciliary / Residential carer
- Nurse
- Domestic
- Maintenance
- Kitchen Assistant
- Chef
- Manager
- HCP
- Senior carer
- Unit Lead (Nurse)

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Contractual Arrangements

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