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:		WILLIAMS AND JONES	
The provider was registered on:		17/07/2018	
The following lists the provider conditions:	There are no imposed conditions associated to this provider		
The regulated services delivered by this provider	Dolwar Residential Home		
Service Type Type of Care Approval Date Responsible Individual(s) Manager(s) Maximum number of places Service Conditions		Care Home Service	
	Type of Care		Adults Without Nursing
	Approval Date		17/07/2018
	Responsible Individual(s)		Gwen Williams
	Manager(s)		Carole Jones
	Maximum number of places		17
	Service Conditions		There are no conditions associated to this service

Training and Workforce Planning

Describe the arrangements in place during the last financial year for identifying, planning and meeting the training needs of staff employed by the service provider	Training Matrix in place. Areas of training discussed with staff during supervisions and app raisals. Some training delayed due to covid.
Describe the arrangements in place during the last financial year for the recruitment and retention of staff employed by the service provider	Supervisions and appraisals held regularly with staff. Staff meetings. Monitoring of staff sickness / absence & Performance.

Service Profile

Service Details

Name of Service	Dolwar Residential Home
Telephone Number	01758740923
What is/are the main language(s) through which your service is provided?	Welsh Medium and English Medium
Other languages used in the provision of the service	

Service Provision

People Supported

How many people in total did the service provide care and	27
support to during the last financial year?	

Fees Charged

The minimum weekly fee payable during the last financial year?	646.52
The maximum weekly fee payable during the last financial year?	675.17

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?	Residents Meetings - Verbal information. Letters. Information board. Statement of purpose. Review meetings.

Service Environment

How many bedrooms at the service are single rooms?	15
How many bedrooms at the service are shared rooms?	1
How many of the bedrooms have en-suite facilities?	8
How many bathrooms have assisted bathing facilities?	2
How many communal lounges at the service?	2
How many dining rooms at the service?	2
Provide details of any outside space to which the residents have access	Outdoor Patio area / garden at the back of the care home. Further seating area outside front door and front bay view window .
Provide details of any other facilities to which the residents have access	Two lounges, quiet seating area on both ground floor and first flo or. Conservatory at front - currently being reconstructed.

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 $\underline{\text{guidance}}$ 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.

Individuals' voices are heard in many ways at the care home. Pr ior to admission, we go out to assess the individuals. During the assessment we introduce ourselves, and provide as much infor mation as possible about the home. This enables the prospective new admission to make an informed choice of placement suit able for them.

On admission, we chat with the individual (and family where app ropriate) and gather as much information as possible about the individuals' needs, wishes, preferences and any outcomes they wish to achieve. Together from this we formulate and agree on a care plan. The care plans are reviewed monthly, or as an individual's needs change.

We hold residents meetings. A recent topic that was discussed was the choice of meals. During the meeting individuals were a sked what their favourite meal was. Some were reminiscing on old fashion favourites. The feedback from the meeting was use d as a tool, which was then discussed with the chef and various different meals were tried, gathering residents' feedback, which concluded in a new menu plan.

Review meetings are carried out with other health professional involvement i.e social workers, nurses, these meetings also give an opportunity for people's voices to be heard.

Staff have one to one chats with residents, and we have reside nt questionnaires that are used to gather individual voices. We also value family input.

Staff are encouraged to have informal chats with the residents, as some may not be as comfortable to express their thoughts, o pinions or views in larger groups.

We also use advocacy, both informal such as families or profes sional advocacy service where required to ensure individual voi ces are heard.

Staff meetings are held to discuss various aspects in the workpl ace from care related issues, documentation, staffing etc.. Whe n a meeting is arranged, staff have an opportunity to add any t opic for discussion before the meeting is held and suggest new ideas. They also have regular supervision and appraisal meetin gs. This enables the staff to have their voices heard, opportunit y to raise any concerns, highlight any training needs etc. Some changes to staff rotas and routines have been made following s uch meetings.

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.

People are supported to maintain their ongoing health, develop ment and overall wellbeing in many ways.

We encourage the individual to be as independent as possible, and support them to be able to achieve this. Working closely wit h other health professionals if required, such as Occupational Therapist to get any equipment needed etc. Recently the Occupational Therapist commented on how efficient our in-house do cumentation is on recording professional visits - easy to follow progress.

Individual needs are identified, and any referrals to other profe ssionals are done promptly - such as Community Nurses, Dietici ans, Specialist Nurses, Psychiatric Nurse, Hairdresser, Chiropo dist, Opticians etc. We ensure that individuals have access to be able to have this support, and make them aware of the support that is available.

The community Nurses visit daily and assist in supporting our r esidents to maintain ongoing health needs such as administerin g insulin to diabetic residents. The residents are reassured in k nowing that the care home staff have good communication with the community nursing team, and if there were any concerns, they would be contacted without delay.

There is a good working relationship between the care home a nd the local surgeries. We have an arrangement with one of the surgeries where we have a 'weekly call' with the Advanced Nurse Practitioner to discuss their patients.

Individuals are happy that they can attend any outpatient appointments they may have and that transport will be arranged, and an escort provided by the care home if required. This is done efficiently and individuals have praised how everything is arranged to their needs.

There is an activity board at the home, residents are also verba lly informed of activities going on. We aim to gather information on individual hobbies and interests to plan activities to support their wellbeing. Recently, a residents' relative stated that their relative was so happy to be able to share their passion for gardening by sitting in the back patio and discussing the gardening projects they had been involved in with the staff.

There is a weekly Sunday Service at the home, the ones that at tend always enjoy and look forward to it weekly. Other spiritual needs are also met as required.

Individual's weight is regularly monitored monthly, or weekly if c ondition determines. Referrals to dieticians and speech and lan guage therapists are made promptly. The staff liaise and then a ct upon the advice given.

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

Prior to commencing work at the care home, staff have a disclo sure and barring check carried out, this is then reviewed every three years. Staff have attended training on safeguarding, and are aware of the related policies and procedures. Staff are mad e aware of the whistleblowing policy during induction. Staffing le vels are adequate to provide for the individuals, and always a c ompetent person in charge.

During admission all individuals that are at risk have a 'Herbert Protocol' document completed, that contains vital information a bout the individual, that may be passed onto the police if the in dividual is reported missing. Another important document that is completed is the 'Personal Emergency Evacuation Plan', to doc ument how an individual will be evacuated if they have difficulty responding to a fire alarm or escaping from a building unaided, in the event of an emergency. Both those documents are revie wed monthly or if any changes. All staff are made aware of the documents and their location in the office.

Windows have safety locks and we also have a safety gate in pl ace to protect those at risk.

Fire system is checked weekly by an appointed member of staff and is inspected and tested by a fire safety professional every t hree months.

An appointed member of staff checks the wheelchairs and mobility aids weekly, and reports any issues or concerns to the manager. The hoists, slings, lift etc. are all serviced by approved professionals.

Risk assessments are included in individual care plans, tailored to each individual. Including falls, nutrition, skin, oral care. Also risk assessments in relation to the whole of the care home envir onment including control of substances hazardous to health, kit chen safety etc.

A competent trained member of staff administers medication. M edications anr kept securely in a locked unit within a locked roo m. The manager performs a drug audit every two months.

There is an alarm call bell in use for individuals or staff to call for attention.

The environment enables the individuals to be able to discuss any concerns or fears with staff. The individuals are reassured as required, and are always made aware that we are there for t hem. Policies and Procedures reviewed.

We have recently had automatic sensor lights fitted within the h ome. During the night, it is a very valuable safety tool to enable residents to see and avoid any potential knocks or falls on the corridors. A resident has commented on how the new lighting re assures.

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

Individual placements are reviewed, to ensure that the accomm odation best supports their wellbeing and achievement of their personal outcome. Multidisciplinary team meetings are held to discuss this

Individuals have access to the local community and services wit hin. We encourage individuals to be involved, and attend day o ut with families or as arranged by the home. Some enjoy visiting the local pub for a drink. Staff enable and support the individual s wellbeing.

We encourage individuals independence, and together with oth er health professionals we support their wellbeing and help to a chieve their personal outcomes. Where possible we provide an ensuite to maintain independence to those that are mobile. Rec ently we enabled an individual to return home to live independe ntly. The individual was very grateful as they thought that they would never be able to return home again. During the process assessments were done by physiotherapists and the social wor ker with some input from the GP.

The patio area at the back has had a new lease of life, a reside nt has thoroughly enjoyed planting and watching the flowers blo om. They regularly visit the area daily, and have shared with th eir family how they enjoy being outside and being able to be inv olved in some gardening. Evidence of their wellbeing being sup ported. We make every effort to gather information on individual hobbies and interests on admission, to enable us to provide a ctivities that the individual enjoys and to support their overall w ellbeing.

Goals and outcomes vary from individual to individual, we aim to provide a safe and healthy environment that enables the individuals to reach their full potential. This is done by liaising and good communication between the individual, families, and other professionals. Regular reviews, and an environment which treat s individuals with respect and dignity. If we are unable to meet those goals, appropriate action is taken. During the last year, we were unable to meet one individual's needs, following assess ment by various other professionals, the individual was transfer red to a nursing elderly mentally infirm bed at another care home.

Currently we are renovating the conservatory, which when com pleted will improve individual wellbeing and provide a light area for individuals to relax if they wish, and for visitors to meet their relatives.

Staff training programme for the next year is being organised with individual needs being identified.

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)

13.50

The following section requires you to answer questions about each staff type including information about the number of filled and vacant posts, the training undertaken, the contractual arrangements in place and the qualifications of those staff.

The information entered should relate to the period during which the staff member has been working for the provider only.

Staff Type

Service Manager

Does your service structure include roles of this type?

Yes

Important: All questions in this section relate specifically to this role type only. Unless otherwise stated, the information added should be the position as of the 31st March of the last financial year.

Filled and vacant posts		
No. of staff in post	1	
No. of posts vacant	0	
Training undertaken during the last financial year for this role type. Set out the number of staff who undertook relevant training. The list of training categories provided is only a sample of the training that may have been undertaken. Any training not listed can be added to 'Please outline any additional training undertaken pertinent for this role which is not outlined above'.		
Induction	0	
Health & Safety	1	
Equality, Diversity & Human Rights	1	
Infection, prevention & control	1	
Manual Handling	0	
Safeguarding	1	
Medicine management	1	
Dementia	1	
Positive Behaviour Management	0	
Food Hygiene	1	
Please outline any additional training undertaken pertinent to this role which is not outlined above.		
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 fixe	d term contact staff by hours worked per week.	
No. of full-time staff (35 hours or more per week) 0		
No. of part-time staff (17-34 hours per week)	1	
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	0	
Health & Safety	1	
Equality, Diversity & Human Rights	1	
Infection, prevention & control	0	
Manual Handling	0	
Safeguarding	1	
Medicine management	0	
Dementia	1	
Positive Behaviour Management	0	
Food Hygiene	1	
Please outline any additional training undertaken pertinent to this role which is not outlined above.		
Contractual Arrangements		
No. of permanent staff	1	
No. of Fixed term contracted staff	0	
No. of volunteers	0	
No. of Agency/Bank staff	0	
No. of Non-guaranteed hours contract (zero hours) staff	0	
Outline below the number of permanent and fixed	d term contact staff by hours worked per week.	
No. of full-time staff (35 hours or more per week)	1	
No. of part-time staff (17-34 hours per week)	0	
No. of part-time staff (16 hours or under per week)	0	
Staff Qualifications		
No. of staff who have the required qualification to 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?	No	

Senior social care workers providing direct care		
Does your service structure include roles of this type?	Yes	
Important: All questions in this section relate spe stated, the information added should be the pos	ecifically to this role type only. Unless otherwise ition as of the 31st March of the last financial year.	
Filled and vacant posts		
No. of staff in post	3	
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	0	
Equality, Diversity & Human Rights	0	
Infection, prevention & control	0	
Manual Handling	1	
Safeguarding	0	
Medicine management	0	
Dementia	1	
Positive Behaviour Management	0	
Food Hygiene	2	
Please outline any additional training undertaken pertinent to this role which is not outlined above.	Diabetes Deafness Awareness End of Life Care Stroke Awareness	
Contractual Arrangements		
No. of permanent staff	3	
No. of Fixed term contracted staff	0	
No. of volunteers	0	
No. of Agency/Bank staff	0	
No. of Non-guaranteed hours contract (zero hours) staff	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)	0	
No. of part-time staff (16 hours or under per week)	0	
Typical shift patterns in operation for employed staff		
Set out the typical shift patterns of staff employed at the service in this role type. You should also include the average number of staff working in each shift.	7am -5pm, 7am - 2pm, 7am - 10pm, 5pm - 10pm 1 on each shift during the day.	

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No. of staff who have the required qualification to be registered with Social Care Wales as a social care worker	3	
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	17	
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	3	
Health & Safety	0	
Equality, Diversity & Human Rights	0	
Infection, prevention & control	0	
Manual Handling	3	
Safeguarding	0	
Medicine management	0	
Dementia	1	
Positive Behaviour Management	0	
Food Hygiene	3	
Please outline any additional training undertaken pertinent to this role which is not outlined above.	Safeguarding End of Life Care Visual Impairment Epilepsy	
Contractual Arrangements		
No. of permanent staff	15	
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	2	
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)	5	
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		

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.	7am -5pm, 7am - 2pm, 7am - 10pm, 5pm - 10pm, 1 2md - 5pm, 10pm - 8am. Day 3 staff Night 2 staff
Staff Qualifications	
No. of staff who have the required qualification to be registered with Social Care Wales as a social care worker	16
No. of staff working towards the required/recommended qualification	1
Domestic staff	
Does your service structure include roles of this type?	No
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	
	2
No. of staff in post	12
No. of posts vacant Training undertaken during the last financial year Set out the number of staff who undertook releva	or for this role type. ant training. The list of training categories
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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)	1	
Staff Qualifications		
No. of staff who have the required qualification	2	
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?	No	
	·	