

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: | Bhusan Ramnath | |
| The provider was registered on: | 05/10/2018 | |
| The following lists the provider conditions: | There are no imposed conditions associated to this provider | |
| The regulated services delivered by this provider were: | Wirnsly Care Home | |
| | Service Type | Care Home Service |
| | Type of Care | Adults Without Nursing |
| | Approval Date | 05/10/2018 |
| | Responsible Individual(s) | Bhusan Ramnath |
| | Manager(s) | Nerys Lane |
| | Maximum number of places | 19 |
| | Service Conditions | There are no conditions associated to this service |
| | Treflys Care Home | |
| | Service Type | Care Home Service |
| | Type of Care | Adults With Nursing |
| | Approval Date | 04/10/2018 |
| | Responsible Individual(s) | Bhusan Ramnath |
| | Manager(s) | Ceri McLellan |
| | Maximum number of places | 29 |
| | 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 | We do all mandatory training plus whatever extra that is required through assessment. We use outside in person training as opposed to online courses. |
| Describe the arrangements in place during the last financial year for the recruitment and retention of staff employed by the service provider | We use online advertising, and offer bonuses as well as overtime to retain staff. |

Service Profile

Service Details

| | |
|------------------|-------------------|
| Name of Service | Treflys Care Home |
| Telephone Number | 01492877893 |

| | |
|--|----------------|
| What is/are the main language(s) through which your service is provided? | English Medium |
| Other languages used in the provision of the service | |

Service Provision

People Supported

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

Fees Charged

| | |
|--|------|
| The minimum weekly fee payable during the last financial year? | 721 |
| The maximum weekly fee payable during the last financial year? | 1348 |

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? | Through feedback and questionnaires |

Service Environment

| | |
|--|---|
| How many bedrooms at the service are single rooms? | 25 |
| How many bedrooms at the service are shared rooms? | 2 |
| How many of the bedrooms have en-suite facilities? | 12 |
| How many bathrooms have assisted bathing facilities? | 4 |
| How many communal lounges at the service? | 2 |
| How many dining rooms at the service? | 1 |
| Provide details of any outside space to which the residents have access | They have access top a patio area at the front of the building. |
| Provide details of any other facilities to which the residents have access | none |

Communicating with people who use the service

| | |
|---|----|
| Identify any non-verbal communication methods used in the 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. | We engage with residents and their relatives to improve the service and cater for their individual needs. |
| The extent to which people are happy and supported to maintain their ongoing health, development and overall wellbeing. For children, this will also include intellectual, social and behavioural development. | We make sure that we have enough staff with the relevant training, who are supported adequately to meet our residents needs. If need be we always look for external support and guidance for the best outcomes for our residents. |
| The extent to which people feel safe and protected from abuse and neglect. | All staff have safeguarding training and the welfare of our residents is at the forefront of all decisions made. |
| The extent to which people live in accommodation that best supports their wellbeing and achievement of their personal outcomes. | We have 2 full time handymen to maintain our sites and purchase whatever equipment or resources that are required to meet our residents needs. |

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) | 40 |
|--|----|

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 | 0 |

| | |
|---|--------------------------|
| Equality, Diversity & Human Rights | 0 |
| Infection, prevention & control | 1 |
| Manual Handling | 1 |
| Safeguarding | 0 |
| Medicine management | 1 |
| Dementia | 0 |
| Positive Behaviour Management | 0 |
| Food Hygiene | 1 |
| Please outline any additional training undertaken pertinent to this role which is not outlined above. | oral health first aid |
| Contractual Arrangements | |
| No. of permanent staff | 1 |
| No. of Fixed term contracted staff | 0 |
| No. of volunteers | 0 |
| No. of Agency/Bank staff | 0 |
| No. of Non-guaranteed hours contract (zero hours) staff | 0 |
| Outline below the number of permanent and fixed term contact staff by hours worked per week. | |
| No. of full-time staff (35 hours or more per week) | 1 |
| No. of part-time staff (17-34 hours per week) | 0 |
| No. of part-time staff (16 hours or under per week) | 0 |
| Staff Qualifications | |
| No. of staff who have the required qualification to be registered with Social Care Wales as a Service Manager | 1 |
| No. of staff working toward required/recommended qualification to be registered with Social Care Wales as a Service Manager | 0 |
| Deputy service manager | |
| Does your service structure include roles of this type? | No |
| Other supervisory staff | |
| Does your service structure include roles of this type? | Yes |
| Important: All questions in this section relate specifically to this role type only. Unless otherwise stated, the information added should be the position as of the 31st March of the last financial year. | |
| Filled and vacant posts | |
| No. of staff in post | 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 | 0 |
| Equality, Diversity & Human Rights | 0 |
| Infection, prevention & control | 1 |
| Manual Handling | 1 |
| Safeguarding | 0 |
| Medicine management | 0 |
| Dementia | 0 |
| Positive Behaviour Management | 0 |
| Food Hygiene | 1 |
| Please outline any additional training undertaken pertinent to this role which is not outlined above. | non |
| 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) | 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 social care worker | 1 |
| No. of staff working towards the required/recommended qualification | 0 |
| 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 | 6 |
| No. of posts vacant | 0 |
| Training undertaken during the last financial year for this role type. Set out the number of staff who undertook relevant training. The list of training categories provided is only a sample of the training that may have been undertaken. Any training not listed can be added to 'Please outline any additional training undertaken pertinent for this role which is not outlined above'. | |

| | |
|--|-------------------------|
| Induction | 4 |
| Health & Safety | 2 |
| Equality, Diversity & Human Rights | 0 |
| Infection, prevention & control | 5 |
| Manual Handling | 6 |
| Safeguarding | 4 |
| Medicine management | 6 |
| Dementia | 2 |
| Positive Behaviour Management | 0 |
| Food Hygiene | 5 |
| Please outline any additional training undertaken pertinent to this role which is not outlined above. | SALT TissueViability |
| Contractual Arrangements | |
| No. of permanent staff | 6 |
| No. of Fixed term contracted staff | 0 |
| No. of volunteers | 0 |
| No. of Agency/Bank staff | 0 |
| No. of Non-guaranteed hours contract (zero hours) staff | 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) | 5 |
| No. of part-time staff (17-34 hours per week) | 1 |
| 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. | 8-8 |
| 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 | 18 |
| No. of posts vacant | 2 |
| 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 | 7 |
| Health & Safety | 13 |
| Equality, Diversity & Human Rights | 0 |
| Infection, prevention & control | 14 |

| | |
|--|---------------------|
| Manual Handling | 17 |
| Safeguarding | 16 |
| Medicine management | 0 |
| Dementia | 0 |
| Positive Behaviour Management | 0 |
| Food Hygiene | 15 |
| Please outline any additional training undertaken pertinent to this role which is not outlined above. | Fire Oral Health |
| Contractual Arrangements | |
| No. of permanent staff | 18 |
| 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) | 11 |
| No. of part-time staff (17-34 hours per week) | 7 |
| 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. | 8-2, 2-8, 8-8 |
| Staff Qualifications | |
| No. of staff who have the required qualification to be registered with Social Care Wales as a social care worker | 14 |
| No. of staff working towards the required/recommended qualification | 4 |
| Other social care workers providing direct care | |
| Does your service structure include roles of this type? | No |
| Domestic staff | |
| Does your service structure include roles of this type? | 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 | 4 |
| 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 | 3 |
| Equality, Diversity & Human Rights | 0 |
| Infection, prevention & control | 3 |
| Manual Handling | 3 |
| Safeguarding | 2 |
| Medicine management | 0 |
| Dementia | 0 |
| Positive Behaviour Management | 0 |
| Food Hygiene | 2 |
| Please outline any additional training undertaken pertinent to this role which is not outlined above. | |

Contractual Arrangements

| | |
|---|---|
| No. of permanent staff | 4 |
| 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) | 3 |
| No. of part-time staff (16 hours or under per week) | 0 |

Staff Qualifications

| | |
|--|---|
| No. of staff who have the required qualification | 4 |
| 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 | 2 |
| 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 | 2 |
| Equality, Diversity & Human Rights | 0 |
| Infection, prevention & control | 1 |
| Manual Handling | 1 |
| Safeguarding | 2 |
| Medicine management | 0 |
| Dementia | 0 |
| Positive Behaviour Management | 0 |
| Food Hygiene | 2 |
| Please outline any additional training undertaken pertinent to this role which is not outlined above. | Allergen awareness |

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 | 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? | Yes |
| List the role title(s) and a brief description of the role responsibilities. | 2 x laundry staff |

Filled and vacant posts

| | |
|----------------------|---|
| No. of staff in post | 2 |
| 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 | 0 |
| Infection, prevention & control | 2 |
| Manual Handling | 0 |
| Safeguarding | 0 |
| Medicine management | 0 |
| Dementia | 0 |
| Positive Behaviour Management | 0 |
| Food Hygiene | 2 |
| Please outline any additional training undertaken pertinent to this role which is not outlined above. | none |
| Contractual Arrangements | |
| No. of permanent staff | 2 |
| No. of Fixed term contracted staff | 0 |
| No. of volunteers | 0 |
| No. of Agency/Bank staff | 0 |
| No. of Non-guaranteed hours contract (zero hours) staff | 0 |
| Outline below the number of permanent and fixed term contact staff by hours worked per week. | |
| No. of full-time staff (35 hours or more per week) | 0 |
| No. of part-time staff (17-34 hours per week) | 2 |
| No. of part-time staff (16 hours or under per week) | 0 |
| Staff Qualifications | |
| No. of staff who have the required qualification | 2 |
| No. of staff working toward required/recommended qualification | 0 |

Service Profile

Service Details

| | |
|--|------------------|
| Name of Service | Wimsly Care Home |
| Telephone Number | 01492877761 |
| What is/are the main language(s) through which your service is provided? | English Medium |
| Other languages used in the provision of the service | |

Service Provision

People Supported

| | |
|--|----|
| How many people in total did the service provide care and support to during the last financial year? | 24 |
|--|----|

Fees Charged

| | |
|--|---------|
| The minimum weekly fee payable during the last financial year? | 721 |
| The maximum weekly fee payable during the last financial year? | 1075.76 |

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? | individual meetings with residents, 3 ,monthly personal care reviews. feedback from relatives. |

Service Environment

| | |
|--|---|
| How many bedrooms at the service are single rooms? | 17 |
| How many bedrooms at the service are shared rooms? | 1 |
| How many of the bedrooms have en-suite facilities? | 17 |
| How many bathrooms have assisted bathing facilities? | 3 |
| How many communal lounges at the service? | 2 |
| How many dining rooms at the service? | 1 |
| Provide details of any outside space to which the residents have access | We have a seating area at the rear of the building and seating area at the front of the building. |
| Provide details of any other facilities to which the residents have access | 0 |

Communicating with people who use the service

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

Statement of Compliance

| | |
|---|---|
| <p>The Responsible Individual must prepare the statement of compliance.</p> <p>CIW have published guidance on completing the quality of care review which provides advice on what could be contained within the statement of compliance.</p> <p>Set out your statement of compliance in respect to the four well-being areas below.</p> | |
| The extent to which people feel their voices are heard, they have choice about their care and support, and opportunities are made available to them. | All of the time, through personal centred care planning and a positive feedback loop. |

| | |
|--|---|
| The extent to which people are happy and supported to maintain their ongoing health, development and overall wellbeing. For children, this will also include intellectual, social and behavioural development. | We have a good and positive response from our residents and try to meet their personal and individual needs. We use outside services to support us with this. |
| The extent to which people feel safe and protected from abuse and neglect. | All staff have Safeguarding training and we believe in transparent and openness/ |
| The extent to which people live in accommodation that best supports their wellbeing and achievement of their personal outcomes. | We provide whatever equipment and support than any resident needs and is constantly maintained. |

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) 16

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 |
| | <p>Important: All questions in this section relate specifically to this role type only. Unless otherwise stated, the information added should be the position as of the 31st March of the last financial year.</p> | |
| | Filled and vacant posts | |
| | No. of staff in post | 1 |
| | No. of posts vacant | 0 |
| | <p>Training undertaken during the last financial year for this role type.</p> <p>Set out the number of staff who undertook relevant training. The list of training categories provided is only a sample of the training that may have been undertaken. Any training not listed can be added to 'Please outline any additional training undertaken pertinent for this role which is not outlined above'.</p> | |
| | Induction | 0 |
| | Health & Safety | 1 |
| | Equality, Diversity & Human Rights | 1 |
| | Infection, prevention & control | 1 |
| | Manual Handling | 0 |
| | Safeguarding | 1 |
| | Medicine management | 0 |
| Dementia | 0 | |
| Positive Behaviour Management | 0 | |
| Food Hygiene | 0 | |

| | |
|--|-------------|
| Please outline any additional training undertaken pertinent to this role which is not outlined above. | oral health |
| 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 |
| 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 | 0 |
| Health & Safety | 5 |
| Equality, Diversity & Human Rights | 5 |
| Infection, prevention & control | 5 |
| Manual Handling | 0 |
| Safeguarding | 5 |
| Medicine management | 3 |
| Dementia | 0 |
| Positive Behaviour Management | 0 |
| Food Hygiene | 5 |
| Please outline any additional training undertaken pertinent to this role which is not outlined above. | |

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) | 5 |
| 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. | 8-8 |
|---|-----|

Staff Qualifications

| | |
|--|---|
| No. of staff who have the required qualification to be registered with Social Care Wales as a social care worker | 5 |
| 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 | 9 |
| 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 | 1 |
| Health & Safety | 7 |
| Equality, Diversity & Human Rights | 9 |
| Infection, prevention & control | 9 |
| Manual Handling | 0 |
| Safeguarding | 9 |
| Medicine management | 2 |
| Dementia | 0 |
| Positive Behaviour Management | 0 |
| Food Hygiene | 9 |
| Please outline any additional training undertaken pertinent to this role which is not outlined above. | |
| <p>Contractual Arrangements</p> | |
| No. of permanent staff | 9 |
| 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 |
| <p>Outline below the number of permanent and fixed term contact staff by hours worked per week.</p> | |
| No. of full-time staff (35 hours or more per week) | 8 |
| No. of part-time staff (17-34 hours per week) | 1 |
| No. of part-time staff (16 hours or under per week) | 0 |
| <p>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. | 8-8 |
| <p>Staff Qualifications</p> | |
| No. of staff who have the required qualification to be registered with Social Care Wales as a social care worker | 9 |
| No. of staff working towards the required/recommended qualification | 0 |
| <p>Domestic staff</p> | |
| Does your service structure include roles of this type? | Yes |
| <p>Important: All questions in this section relate specifically to this role type only. Unless otherwise stated, the information added should be the position as of the 31st March of the last financial year.</p> | |

| | |
|---|-----|
| Filled and vacant posts | |
| No. of staff in post | 1 |
| No. of posts vacant | 0 |
| <p>Training undertaken during the last financial year for this role type.</p> <p>Set out the number of staff who undertook relevant training. The list of training categories provided is only a sample of the training that may have been undertaken. Any training not listed can be added to 'Please outline any additional training undertaken pertinent for this role which is not outlined above'.</p> | |
| Induction | 0 |
| Health & Safety | 0 |
| Equality, Diversity & Human Rights | 1 |
| Infection, prevention & control | 1 |
| Manual Handling | 0 |
| Safeguarding | 1 |
| Medicine management | 0 |
| Dementia | 0 |
| Positive Behaviour Management | 0 |
| Food Hygiene | 0 |
| 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 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 | 1 |
| No. of staff working toward required/recommended qualification | 0 |
| Catering staff | |
| Does your service structure include roles of this type? | Yes |
| <p>Important: All questions in this section relate specifically to this role type only. Unless otherwise stated, the information added should be the position as of the 31st March of the last financial year.</p> | |
| Filled and vacant posts | |
| No. of staff in post | 2 |
| 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 | 2 |
| Equality, Diversity & Human Rights | 0 |
| Infection, prevention & control | 2 |
| Manual Handling | 0 |
| Safeguarding | 2 |
| Medicine management | 0 |
| Dementia | 0 |
| Positive Behaviour Management | 0 |
| Food Hygiene | 2 |
| Please outline any additional training undertaken pertinent to this role which is not outlined above. | |

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) | 2 |
| 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 | 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? | Yes |
| List the role title(s) and a brief description of the role responsibilities. | maintanance |

Filled and vacant posts

| | |
|----------------------|---|
| No. of staff in post | 2 |
| 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 | 2 |
| Equality, Diversity & Human Rights | 0 |
| Infection, prevention & control | 2 |
| Manual Handling | 2 |
| Safeguarding | 2 |
| Medicine management | 0 |
| Dementia | 0 |
| Positive Behaviour Management | 0 |
| Food Hygiene | 2 |
| Please outline any additional training undertaken pertinent to this role which is not outlined above. | |
| 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) | 2 |
| 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 | 2 |
| No. of staff working toward required/recommended qualification | 0 |