

# 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:	WATERVIEW CARE LIMITED	
The provider was registered on:	23/10/2018	
The following lists the provider conditions:	There are no imposed conditions associated to this provider	
The regulated services delivered by this provider were:	Neyland House Care Home	
	Service Type	Care Home Service
	Type of Care	Adults Without Nursing
	Approval Date	24/10/2018
	Responsible Individual(s)	Matthew Stratford
	Manager(s)	Rachel Jenkins
	Maximum number of places	11
	Service Conditions	There are no conditions associated to this service
	Waterview Domiciliary Care	
	Service Type	Domiciliary Support Service
	Type of Care	None
	Approval Date	23/10/2018
	Responsible Individual(s)	Matthew Stratford
	Manager(s)	Rachel Jenkins
	Partnership Area	West Wales
	Service Conditions	There are no conditions associated to this service

## Training and Workforce Planning

Describe the arrangements in place during the last financial year for identifying, planning and meeting the training needs of staff employed by the service provider	We identified training needs through reviews of statutory requirements, SCW guidance and residents' needs. We plan our training in such a way that individual staff members are able, wherever possible, to take control of when and where they complete their online training. We have a dedicated training facility a short walk from our care home for group sessions. Office staff keep a live record of all staff training, with a mandate to remind staff of upcoming deadlines and escalate where necessary.
Describe the arrangements in place during the last financial year for the recruitment and retention of staff employed by the service provider	We have recruited staff through the local Job Centre and through word-of-mouth from existing staff members. We have managed to pay all staff above minimum wage requirements and we pay an annual bonus based on staff performance over and above their contracted hours. To aid staff retention we have improved staff conditions by including free access to lunches etc.

## Service Profile

### Service Details

Name of Service	Neyland House Care Home
Telephone Number	01646601744
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?	10
--	----

##### Fees Charged

The minimum weekly fee payable during the last financial year?	1272.41
The maximum weekly fee payable during the last financial year?	2735.06

##### 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?	A major element of how we consult people who use our service is a system of regular discussions that take place between each resident of the home and their key worker. Additionally, Quality Assurance Questionnaires are filled in by residents on a regular basis.

##### Service Environment

How many bedrooms at the service are single rooms?	11
How many bedrooms at the service are shared rooms?	0
How many of the bedrooms have en-suite facilities?	6
How many bathrooms have assisted bathing facilities?	0
How many communal lounges at the service?	3
How many dining rooms at the service?	2
Provide details of any outside space to which the residents have access	Neyland House has a large terrace accessible from both the main entrance and the dining room of the main house. It has a large garden with particularly good views over the Cleddau waterway.
Provide details of any other facilities to which the residents have access	Residents regularly visit a local farm that has a designated area for their private use. A separate property within Neyland is used by residents for social activities and arts and crafts.

##### 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	Yes
List 'Other' forms of non-verbal communication used	Total Communication

#### 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.

Our most recent Quality Assurance Questionnaires, filled in by residents in the Spring of 2023, contained the following question:

Are your comments listened to and acted upon?

The responses were universally 'yes' and conversations the RI had with residents subsequently back up the position that we take time to listen to our residents and we respond to their comments. In terms of residents having choice about their care and support we need to be honest about the extent to which this is fulfilled; we certainly note and respond to personal preferences in terms of a huge amount of the care we provide - the response to the questions 'Do you have private time as you want?' and 'Can you choose what you want to eat?', for example, were universally positive. In some things, however, we cannot claim to meet every individual's personal choices about their care and support all of the time. Individuals in our care will, for example, tend to have their own preferred members of staff. Whilst we ensure key workers are matched quite carefully to individual residents, we cannot ensure people are only supported by their favourite carers as it is necessary to operate a shift system and allow carers time for annual leave. Similarly, we acknowledge that there are inevitable constraints around individual choice in providing support to individuals presenting particularly challenging behaviour. We tailor, for example, the range of activities we suggest to individuals with low awareness of the dangers presented by roads so that they exercise choice mainly in settings like our farm project rather than in busy town centres. A large part of our role is in ensuring our residents live in an environment which is suited to their needs, and the oversight and feedback systems we have in place, as set out in our Statement of Purpose, ensure that this is the case. In terms of opportunities being made available to residents, answers to the questions 'Can you go out on activities if you want to?' and 'Are you encouraged to look for interesting things to do?' were universally positive. What can we better? The most recent RI report poses the question of how we can better tease out the thoughts of some of our residents challenged with greater issues around communication than others. We need to focus on how to gather the opinions of these residents more effectively in the interests of making improvements directly affecting them. This is a piece of work we will implement over the next 6 months

<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>A reasonable place to start in ascertaining whether people are happy or not is to ask them. As RI for Neyland House I do that on a regular basis. Responses over the last year have been very positive and I believe that Neyland House remains a place that is home to people who are, in the main, happy. One measure of this would be to consider the level of challenging behaviour many of our residents can present and the number of incidents of extremity that we actually deal with. Given the high potentiality for presentation of challenging behaviour, we deal with surprisingly few serious incidents. Why? The grounding principle of the care we provide is that it must be person centred. That means we must have a very good knowledge of each individual, and that allows us to build in-depth personal plans that form the basis of daily care focussed on Primary Prevention, a care model that might be summarised as attending first to the background issues of peoples' lives, ensuring they have the best chances of starting the day happy and building from there.</p> <p>In terms of evidencing that people are happy we can turn again to our Quality Assurance Questionnaires and see that the responses to the questions 'Do you like where you live?' and 'Do you like your bedroom?' are resoundingly positive. Further evidence can be seen in the response to a question about food. Our person-centred approach dictates that the cook sees each resident as an individual with, predictably, individual likes and dislikes which she understands and uses to tailor meals accordingly. Outcome? Our residents love the food we give them which contributes hugely to their wellbeing.</p> <p>In terms of maintaining ongoing health, we face several challenges with a wide range of medical issues. We have received praise from external health professionals on several occasions over the last year, one example coming from preparation and support we gave one resident to receive dental intervention in a way that his dentist declared had not been possible prior to our support; a measurable positive outcome leading to positive feedback from healthcare professionals and family members.</p> <p>What can we do better? Some of our residents choose a more sedentary lifestyle than others. Perhaps we can do better in presenting more choice of activities that will encourage greater participation from individuals who might find greater personal wellbeing from being more active. We will review each individual's activities over the next six months.</p>
<p>The extent to which people feel safe and protected from abuse and neglect.</p>	<p>Feeling safe and protected from abuse and neglect is a subjective experience and the primary way to find out about this is to ask people whether they feel safe and protected. Our recent Quality Assurance Questionnaire contained the question 'Do you feel safe in your home?' Answers were positive with one exception which was neutral. This was followed up and concerns have been allayed.</p> <p>The point raised at the end of the response to point one, above, is relevant here; how do we better tease out the thoughts of some of our residents challenged with greater issues around communication than others? Some of our residents are unable to give an answer to the question of whether they feel safe and protected from abuse and neglect, which immediately places them in a higher vulnerability grouping than others. As RI I have to look at other methods to assure myself that these individuals are safe from abuse and neglect. Methods include regular unannounced visits to the home, ensuring safeguarding training is carried out and attended to, private conversations with members of staff ensuring they would feel appropriately supported / protected as a whistle-blower should they feel that that was necessary and, importantly, stressing the duty placed on all of us to speak up if we suspect abuse. I personally conduct part of every new employee's first day of induction, underlining the need to contact me directly should they have any suspicion of abuse that they are uncomfortable to take to others within our organisation. I further stress the need to take any suspicion of abuse to appropriate external third parties should they feel uncomfortable coming to me for any reason. We take how people feel about their safety very seriously, and reviewing how we ascertain those views from some of our residents with more significant communication issues will form part of the work outlined at the end of point one, above.</p>

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

Again, I would start with reference to our most recent Quality Assurance Questionnaires; asking people must be the best starting point for finding out their point of view. Some of the responses outlined above, and others contained in the returned Questionnaires, point overwhelmingly to people being happy with their accommodation. This is a good starting point for questioning if it best suits their well-being and the achievement of their personal outcomes. Points one to three above set out some of the areas that demonstrate that our residents' well-being is in good health, and demonstrably so. An excerpt from our most recent CIW inspection report (23/12/22) provides an impartial expert view to evidence the position that our residents live in accommodation that best supports their well-being and achievement of their personal outcomes:

'The building is homely and people personalise their own rooms. Communal areas are bright and spacious. People use the different spaces available to achieve their outcomes, for example planning a party, relaxing on their own watching TV or to take part in group activities. Gardens are accessible and people can do things that matter to them. People have a voice and input into the running of the service because the RI involves them in quality assurance.'

What can we do better? We must acknowledge that recruitment problems have had a direct impact on our ability to provide the best care we can, and we need to continue focusing on reinforcing our dedicated team of carers. Our inspection reports over a number of years show that we know how to provide safe and stimulating residential care for our client group, but we can only do so if we can recruit sufficient staff. We have dedicated additional resources to help us with this over the last months, and recent signs indicate that we might be quietly optimistic in overcoming a problem we are aware is endemic within the sector.

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)	24
--	----

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	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.	Boots care of medicines – advanced Public health Wales – Care homes training module for care home managers Conflict Resolution and complaints Handling

#### 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
<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	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.	None
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 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?	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	2
No. of posts vacant	2
<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	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.	None
<p>Contractual Arrangements</p>	
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
<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)	2
No. of part-time staff (17-34 hours per week)	0
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.	One shift leader working 08:00 to 15:00. One shift leader working 15:00 to 22:00.
<p>Staff Qualifications</p>	
No. of staff who have the required qualification to be registered with Social Care Wales as a social care worker	2
No. of staff working towards the required/recommended qualification	2



Other social care workers providing direct care	
Does your service structure include roles of this type?	No
Domestic staff	
Does your service structure include roles of this type?	No
Catering staff	
Does your service structure include roles of this type?	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	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	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.	HACCP Nutrition and Diet
<p>Contractual Arrangements</p>	
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
<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)	1
No. of part-time staff (17-34 hours per week)	0
No. of part-time staff (16 hours or under per week)	0
<p>Staff Qualifications</p>	

No. of staff who have the required qualification	1
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.	Care workers. Support residents to manage their daily activities and to achieve positive outcomes. Maintenance workers. Co-ordinate/ carry out repairs, maintenance, improvement works and health and safety inspections in keeping people safe in a well maintained environment. Administration staff. Assists manager with office-based administration tasks.
Filled and vacant posts	
No. of staff in post	20
No. of posts vacant	3
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	19
Equality, Diversity & Human Rights	17
Infection, prevention & control	17
Manual Handling	17
Safeguarding	17
Medicine management	17
Dementia	17
Positive Behaviour Management	0
Food Hygiene	17
Please outline any additional training undertaken pertinent to this role which is not outlined above.	Fire training First aid. Learning disability and Autism. Mental capacity. DOLS. Care and Confidentiality. Epilepsy. Challenging Behaviour
Contractual Arrangements	
No. of permanent staff	20
No. of Fixed term contracted staff	0
No. of volunteers	0
No. of Agency/Bank staff	0
No. of Non-guaranteed hours contract (zero hours) staff	3
Outline below the number of permanent and fixed term contact staff by hours worked per week.	
No. of full-time staff (35 hours or more per week)	13
No. of part-time staff (17-34 hours per week)	6
No. of part-time staff (16 hours or under per week)	1

### Staff Qualifications

No. of staff who have the required qualification	20
No. of staff working toward required/recommended qualification	3

## Service Profile

### Service Details

Name of Service	Waterview Domiciliary Care
Telephone Number	01646601744
What is/are the main language(s) through which your service is provided?	English Medium
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?	2
--	---

### Fees Charged

The minimum hourly rate payable during the last financial year?	19.30
The maximum hourly rate payable during the last financial year?	19.30

### 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?	A major element of how we consult people who use our service is a system of regular discussions that take place between each service user and their key worker. Additionally, Quality Assurance Questionnaires are filled in by service users on a regular basis.

## 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	Yes
List 'Other' forms of non-verbal communication used	Total Communication

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.	Waterview Domiciliary Care is not currently providing care to anyone. In the year to which this return relates we provided care to 2 individuals to June 2022 and 1 individual to February 2023. Management, care provision, and oversight were drawn from the residential side of Waterview Care Ltd; the Annual Return for Neyland House provides appropriate responses to this question for the period in which the Domiciliary Care side was providing care.
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.	Waterview Domiciliary Care is not currently providing care to anyone. In the year to which this return relates we provided care to 2 individuals to June 2022 and 1 individual to February 2023. Management, care provision, and oversight were drawn from the residential side of Waterview Care Ltd; the Annual Return for Neyland House provides appropriate responses to this question for the period in which the Domiciliary Care side was providing care.
The extent to which people feel safe and protected from abuse and neglect.	Waterview Domiciliary Care is not currently providing care to anyone. In the year to which this return relates we provided care to 2 individuals to June 2022 and 1 individual to February 2023. Management, care provision, and oversight were drawn from the residential side of Waterview Care Ltd; the Annual Return for Neyland House provides appropriate responses to this question for the period in which the Domiciliary Care side was providing care.

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) 1

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
Manual Handling	1
Safeguarding	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.	Boots Care of meds -foundation Safe handling of medicines – patient pack Boots care of medicines – advanced Public health Wales – Care homes training module for care home managers Conflict Resolution and complaints Handling Pbs awareness training

#### 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)	0
No. of part-time staff (16 hours or under per week)	1

#### Staff Qualifications

No. of staff who have the required qualification to be registered with Social Care Wales as a Service Manager	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
Senior social care workers providing direct care	
Does your service structure include roles of this type?	No
Other social care workers providing direct care	
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