#### 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:   |   | Gofal Angel Care Ltd                               |  |
|--|---|--|--|
| The provider was registered on:  |   | 24/08/2022   |  |
| The following lists the provider conditions:   | There are no imposed conditions associated to this provider |  |  |
| The regulated services<br>delivered by this provider   | Gofal Angel Care  |  |  |
| Service Type Type of Care Approval Date Responsible Individual(s) Manager(s) Partnership Area Service Conditions | Domiciliary Support Service                                 |  |  |
|  | Type of Care  | None   |  |
|  | Approval Date   | 24/08/2022   |  |
|  | Responsible Individual(s)                                   | Angharad Thomas                                    |  |
|  | Manager(s)  | Angharad Thomas, Catherine Hughes                  |  |
|  | Partnership Area  | North 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 monitor staff training via the training matrix, from this any train ing needs identified, have been allocated through our online training portal, any face-to-face manual handling or first aid has been booked and staff attend. Any training needs identified through su pervision and observations have been arranged. New staff training involves full staff induction, all online training is completed prior to commencement of shadowing. First Aid and Manual Handling face to face.

Describe the arrangements in place during the last financial year for the recruitment and retention of staff employed by the service provider

We offer a rate of pay above living wage, we offer paid mileage fo r all staff. We offer an open-door policy at the office, inviting staff in for formal and informal meetings. Excellent communication between the staff and management. Our priority is to work with the team, to offer a good work/life balance whilst maintaining a balance to efficiently run the service, we provide all staff with adequate travel time, and time with the individuals they support, Overall staff feel fully supported.

### Service Profile

### Service Details

provided?

| Name of Service  | Gofal Angel Care                             |
|--|--|
|  |  |
| Telephone Number   | 01492463019                                  |
| What is/are the main language(s) through which your service is | English Medium with some billingual elements |

| Other languages used in the provision of the service | We offer a service through the medium of English and Welsh w herever possible; we are actively working towards the 'Mwy na Geiriau' Active Offer.  We offer some material through the medium of Welsh, and whe n identified that an individual would wish to have the personal pl an through the medium of Welsh this will be provided. |
|--|---|
|--|---|

### Service Provision

# People Supported

| How many people in total did the service provide care and | 36 |
|---|----|
| support to during the last financial year?                |    |

## Fees Charged

| The minimum hourly rate payable during the last financial year? | 21.00 |
|---|-------|
| The maximum hourly rate payable during the last financial year? | 25.00 |

# Complaints

|  | _  |
|--|--|
| What was the total number of formal complaints made during the last financial year?  | 0  |
| Number of active complaints outstanding  | 0  |
| Number of complaints upheld  | 0  |
| Number of complaints partially upheld  | 0  |
| Number of complaints not upheld  | 0  |
| What arrangements were made for consulting people who use the service about the operation of the service during the last financial year? | The arrangements in place are to collect feedback from those acc essing the service, their families, and their representatives throug h quality surveys, we then utilize the feedback to make improveme nts where needed. We meet with individuals regularly and have g ood communication between individuals, their families, and their r epresentatives. We maintain communication with professionals to offer continual support for the individual receiving care. Overall the feedback has identified that individuals feel in control of their care and feel supported to achieve their outcomes. Our initial assessment process gives us opportunity to share with the individual and their representative about the operations of the company, hours of work, how the service will be delivered and ways to contact the team. |

# 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.

The individuals feel they have the choices regarding their care, and that their voices are heard within the assessment, we initiall y meet to carry out an assessment and identify their outcomes, and outcomes already identified in their integrated assessment. From this we compile the personal plan which is then discussed with the individual or their representative and if they are happy this is signed by us and the individual or their representative. The personal plan consists of how the individual would like their care to be delivered.

Any feedback raised in other ways is addressed and discussed with the individual or their representative.

Individuals are key to the assessment process and are part of the assessment process throughout; if they need to be supported with this, we will always identify the family member or representatives to also be present. We give opportunity for individuals and their representatives to provide feedback on their care and we act on anything raised by the individual or their representative through the care team, any improvements needed to the service is addressed. Some feedback through the quality survey identifies evidence of the individual feeling like their voices are heard, and feeling supported by the team, in an empowering and dignified way.

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.

The individuals we support feel they are supported to remain living at home as they wish to. Individuals feel they can remain independent with support from the team.

We ask individuals if they feel empowered to meet their needs and feel this is done in a dignified manner, feedback identifies t hey do:

Do you feel that the service being provided empowers you/the individual and offers dignity and respect:

Yes, on all counts.

Absolutely

Yes, very much so.

We identify any adaptations that may be needed to enable the i ndividual to feel safe at home, to support their ongoing health d evelopment.

We ensure their personal plan is centred to them, we identify w hat individuals want, we work with other professionals to achiev e this.

Our quality surveys and feedback identify how the individual fe els about their care and if their wellbeing needs are met. The a nonymous surveys allow the individual to share their thoughts o penly, at the same time giving them opportunity to share their id entity within the survey if they feel they would like improvements made to their care, and offering them avenues to contact the te am if they wish to share feedback and discuss their care.

Families feel that individuals are supported with care and respe ct, feedback shared "The whole team treat my mother with resp ect and dignity. They ensure her needs are met and often go a bove and beyond. A high standard of care and compassion is d elivered daily".

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

The individuals we support feel safe and protected and feel if they needed to be able to share any concerns, they feel comfortable to do so. Or their families or representatives feel they can openly do on their behalf. Individuals are aware of who to go to if they needed support. This is shared through the initial assessment process, on how the company operates and who is who, this makes individuals feel reassured they can speak to the member of the team they wish to.

Individuals feel supported by the care team and feel they could speak to them regards concerns. Some of the feedback identifies that individuals feel supported by the team and their 'caring approaches'.

We try to always have regular members of the team, visiting ind ividuals to provide continuity for individuals enabling relationshi p building, for the individual to feel they can talk openly to staff. And this is identified by individuals who share that we provide "Very consistent care with an excellent team".

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)

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. | Listed below are the additional training we provide f or staff, this list is not exhausted as any training ne eds identified will be arranged, or if staff request sp ecialist training relating to the role.  COSHH Medication Domestic Violence and Abuse Dysphagia Care Fire Safety Fluid and Nutrition Infection Prevention and Control Lone Worker Mental Capacity Act 2005 inc Deprivation of Liberty Safeguards (DOLS) First Aid We also provide face to face first aid and manual h andling training for all staff. |

| 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)  | 0  |  |
| staff  |  |  |
| 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)   | 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  |  |  |
| Other supervisory staff  |  |  |
| Other supervisory staff  Does your service structure include roles of this type?   | Yes  |  |
| Does your service structure include roles of this type?  Important: All questions in this section relate spe   |  |  |
| Does your service structure include roles of this type?  Important: All questions in this section relate spe   | ecifically to this role type only. Unless otherwise  |  |
| Does your service structure include roles of this type?  Important: All questions in this section relate spe stated, the information added should be the pos   | ecifically to this role type only. Unless otherwise  |  |
| Does your service structure include roles of this type?  Important: All questions in this section relate spe stated, the information added should be the pos  Filled and vacant posts  | ecifically to this role type only. Unless otherwise lition as of the 31st March of the last financial year.  |  |
| Does your service structure include roles of this type?  Important: All questions in this section relate spe stated, the information added should be the pos  Filled and vacant posts  No. of staff in post  No. of posts vacant  Training undertaken during the last financial year provided is only a sample of the training that ma   | cifically to this role type only. Unless otherwise ition as of the 31st March of the last financial year.  1 0 ar for this role type. ant training. The list of training categories  |  |
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| Does your service structure include roles of this type?  Important: All questions in this section relate spe stated, the information added should be the posentated, the information added should be the posentated, the information added should be the posentated, the information added should be the posentated.  Filled and vacant posts  No. of staff in post  No. of posts vacant  Training undertaken during the last financial year set out the number of staff who undertook releves provided is only a sample of the training that matcan be added to 'Please outline any additional transition outlined above'.  Induction  Health & Safety  Equality, Diversity & Human Rights  Manual Handling  Safeguarding  Dementia   | cifically to this role type only. Unless otherwise ition as of the 31st March of the last financial year.  1 0 ar for this role type. ant training. The list of training categories y have been undertaken. Any training not listed raining undertaken pertinent for this role which is  1 1 1 1 1 1 |  |

| Please outline any additional training undertaken pertinent to this role which is not outlined above.   | Listed below any additional training we ask staff to complete. COSHH Medication Domestic Violence and Abuse Dysphagia Care Fire Safety Fluid and Nutrition Infection Prevention and Control Lone Worker Mental Capacity Act 2005 inc Deprivation of Liberty Safeguards (DOLS) First Aid We also provide face to face first aid and manual h andling training for all staff. |  |
|---|---|--|
| 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-quaranteed hours contract (zero hours)   | 0   |  |
| staff   |   |  |
| 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<br>be registered with Social Care Wales as a social<br>care worker  | 1   |  |
| No. of staff working towards the required/recommended qualification   | 0   |  |
| 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   | Yes   |  |
| type?   | 163   |  |
| 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  | 13  |  |
| No. of posts vacant   | 0   |  |
| Training undertaken during the last financial year Set out the number of staff who undertook relevation provided is only a sample of the training that may can be added to 'Please outline any additional training the continuous sample. | ant training. The list of training categories   |  |
| Induction   | 15  |  |
|   | 15  |  |
| Health & Safety   | 10  |  |

|  | , · · · · · · · · · · · · · · · · · · ·  |  |
|--|--|--|
| Equality, Diversity & Human Rights   | 15   |  |
| Manual Handling  | 15   |  |
| Safeguarding   | 15   |  |
| Dementia   | 15   |  |
| Positive Behaviour Management  | 0  |  |
| Food Hygiene   | 13   |  |
| Please outline any additional training undertaken pertinent to this role which is not outlined above.            | Listed below any additional training we ask staff to complete.  COSHH  Medication  Domestic Violence and Abuse  Dysphagia Care  Fire Safety  Fluid and Nutrition  Infection Prevention and Control  Lone Worker  Mental Capacity Act 2005 inc Deprivation of Liberty  Safeguards (DOLS)  First Aid  We also provide face to face first aid and manual h  andling training for all staff. |  |
| Contractual Arrangements   |  |  |
| No. of permanent staff   | 0  |  |
| 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  | 13   |  |
| Staff Qualifications   |  |  |
| No. of staff who have the required qualification to be registered with Social Care Wales as a social care worker | 6  |  |
| No. of staff working towards the required/recommended qualification  | 7  |  |
| Other types of staff   |  |  |
| Does your service structure include any additional role types other than those already listed?                   | No   |  |
|  |  |  |