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: | | helen may | |
|---------------------------------------------------|-------------------------------------------------------------|--------------------------------------------|---------|
| The provider was registered on: | | 18/10/2019 | |
| The following lists the provider conditions: | There are no imposed conditions associated to this provider | | |
| The regulated services delivered by this provider | HMCare | | |
| were: | Service Type | Domiciliary Support Service | |
| | Type of Care | None | |
| | Approval Date | 18/10/2019 | |
| | Responsible Individual(s) | Helen May | |
| | Manager(s) | Helen May | |
| | 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 will be up to date with all training within the next 3 months via P embrokeshire college and Careskills Academy |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|
| Describe the arrangements in place during the last financial year for the recruitment and retention of staff employed by the service provider | we have produced flyers to put in Pharmacies, Doctor surgeries a nd advertise through facebook, Indeed and job centre |

Service Profile

Service Details

Name of Service

| Telephone Number | 07851754685 |
|--------------------------------------------------------------------------|----------------|
| What is/are the main language(s) through which your service is provided? | English Medium |
| Other languages used in the provision of the service | only English |

H M Care

Service Provision

People Supported

| How many people in total did the service provide care and support to during the last financial year? | 15 |
|------------------------------------------------------------------------------------------------------|----|

Fees Charged

| The minimum hourly rate payable during the last financial year? | 23.00 |
|-----------------------------------------------------------------|-------|
| 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? | 1 |
|------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|
| 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? | we send out newsletters every 3 months to our service users |

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. | we send out annual service user questionnaires and we feed b ack the answers to them once we have collated them together. |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 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. | by reviewing the care plan regularly with them on a 1 to 1 basis. |
| The extent to which people feel safe and protected from abuse and neglect. | making sure we do DBS on all staff before they start and gettin g 3 references. before the staff go out on their own we will always make sure the have shadowing for the time the need it. |

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) | 7 |

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

Staff Type

| Service Manager | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------|
| 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 | 1 |
| No. of posts vacant | 0 |
| Training undertaken during the last financial year Set out the number of staff who undertook relevance provided is only a sample of the training that make can be added to 'Please outline any additional transcription of outlined above'. | ant training. The list of training categories |
| Induction | 1 |
| Health & Safety | 1 |
| Equality, Diversity & Human Rights | 2 |
| 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. | |
| 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 | 1 |
| 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 | 0 |

| Does your service structure include roles of this | No |
|------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|
| type? | ING |
| 0 | |
| Other supervisory staff | |
| Does your service structure include roles of this ype? | 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 sition 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 |
| | <i>,</i> , |
| nduction | 0 |
| Health & Safety | 2 |
| Equality, Diversity & Human Rights | 2 |
| Manual Handling | 2 |
| Safeguarding | 2 |
| Dementia | 2 |
| 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 | 2 |
| Outline below the number of permanent and fixe | ed 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 to be registered with Social Care Wales as a social care worker | 2 |
| No. of staff working towards the | 0 |

| 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? | Yes | |
| List the role title(s) and a brief description of the role responsibilities. | Care workers assist with personal care, Administer ng medication Food preparation and feeding. | |
| Filled and vacant posts | | |
| No. of staff in post | 7 | |
| No. of posts vacant | 0 | |
| can be added to 'Please outline any additional to not outlined above'. | ay have been undertaken. Any training not listed training undertaken pertinent for this role which is | |
| Induction | 6 | |
| Health & Safety | 6 | |
| Equality, Diversity & Human Rights | 6 | |
| Manual Handling Sefectional | 6 | |
| Safeguarding Dementia | 5 | |
| Positive Behaviour Management | 0 | |
| Food Hygiene | 6 | |
| Please outline any additional training undertaken pertinent to this role which is not outlined above. | Infection control, Medication, Mental capacity Act nd DOL's | |
| 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 | 6 | |
| 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) | 6 | |
| 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 | 6 | |
| No. of staff working toward required/recommended | 0 | |
| qualification | | |