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: | | LYNDELL HOUSE LIMITED | |
|---|---|--|--|
| The provider was registered on: | | 09/05/2019 | |
| The following lists the provider conditions: | There are no imposed conditions associated to this provider | | |
| The regulated services delivered by this provider | Lyndell House Limited | | |
| were: | Service Type | Care Home Service | |
| | Type of Care | Adults With Nursing | |
| | Approval Date | 09/05/2019 | |
| | Responsible Individual(s) | Delano Singh | |
| | Manager(s) | Jiban Kumari Bhusal | |
| | Maximum number of places | 23 | |
| | 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 | New Staff have been given good induction from experienced st aff and are observed and provided support, new staff members ar e also said to do social care of wales induction framework. Regula r training has been arranged and provided from our training provider and online e-learning from our HR Peninsula. |
|--|---|
| Describe the arrangements in place during the last financial year for the recruitment and retention of staff employed by the service provider | Job vacancies are advertised via gov job post, indeed and some f rom referred by staff at Lyndell House. The home has existing staff members who have been working at L yndell House for many years. Some staff members have been giv en opportunities to come back to work Lyndell House as well. |

Service Profile

Service Details

| Name of Service | Lyndell House Limited |
|--|-----------------------|
| | |
| Telephone Number | 01792472131 |
| 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 | 22 |
|---|----|
| support to during the last financial year? | |

Fees Charged

| The minimum weekly fee payable during the last financial year? | 665 |
|--|------|
| The maximum weekly fee payable during the last financial year? | 1062 |

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? | E-mail, Phone Number, Teams Meetings & Zoom Calls |

Service Environment

| How many bedrooms at the service are single rooms? | 21 |
|--|-----------------------|
| How many bedrooms at the service are shared rooms? | 1 |
| How many of the bedrooms have en-suite facilities? | 8 |
| How many bathrooms have assisted bathing facilities? | 2 |
| How many communal lounges at the service? | 2 |
| How many dining rooms at the service? | 1 |
| Provide details of any outside space to which the residents have access | Garden & Summer House |
| Provide details of any other facilities to which the residents have access | Activity Room & Salon |

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 'Lyndell House specializes in the care of those people with funct have choice about their care and support, and opportunities ional mental illness with challenging and complex needs and re are made available to them. sidents at Lyndell House will feel valued and included in a relax ed family atmosphere. They will feel that they are treated with di gnity and respect and their opinions will be valued. Daily small n eeds and requests for shopping by frailer residents are always met, either by another resident or staff member. This is facilitat ed by the proximity of the local shops to the Home. Residents wi Il be able to access all services to enable their physical and em otional and mental well-being, as well as a range of activities bo th in the Home and outside the Home to promote self-fulfilment. The extent to which people are happy and supported to The staff have actively been supportive of meeting resident's n maintain their ongoing health, development and overall eeds, by offering choice and opportunities to make decisions a wellbeing. For children, this will also include intellectual, social s to what items they require. Residents enjoy a warm atmosphe and behavioural development. re at the Home and are cared for by a well-established, friendly, and skilled team. Our care staff and activity coordinator have a ssisted residents with a range of indoor and outdoor activities, arts and crafts, bingo, quiz and so on. The staff have actively been supportive of meeting resident's n eeds, by offering choice and opportunities to make decisions a s to what items they require. Residents enjoy a warm atmosphe re at the Home and are cared for by a well-established, friendly, and skilled team. Who care for each person as they would care for their own family member? Residents are assisted with personal care and hygiene needs b y the Nursing and care staff team, who care and understand th e need for dignity and respect The extent to which people feel safe and protected from abuse Residents, their families, relatives and staff are encouraged to and neglect. come forward and express any concerns that they may have, c onfident in the fact that any issue that arises will be taken serio usly, addressed appropriately and responded quickly. Staff hav e been given opportunities for safeguarding training and safeg uarding policies and procedures are easily accessible. Person and centred care and well being of residents are important for Lyndell House. The care standards are followed according to th e latest guidance from government. For example, safeguarding and well-being updates on latest legislation Social Services and Well-being (Wales) Act 2014. Working in Partnership- to achiev e the best appropriate care We have zero tolerance to discrimination and abuse. The extent to which people live in accommodation that best Our residents will find their home clean, accessible, fresh and w supports their wellbeing and achievement of their personal ell maintained. They will feel at home in a safe and personalise d environment. Their well-being will be promoted by a range of outcomes well- maintained facilities and equipment such as assisted bathi ng and hoists. Residents will be able to enjoy being outdoors. T hose that wish to smoke will be able to do so in a variety of spa ces that do not impinge on non-smokers. Only one resident sm okes at the moment. Their home will be safe and secure and in the event of an emergency in the home, they will know what to

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)

10

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

| 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 sition as of the 31st March of the last financial year. |
| Filled and vacant posts | |
| 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 releve provided is only a sample of the training that may can be added to 'Please outline any additional to not outlined above'. | • |
| Induction | 1 |
| Health & Safety | 1 |
| Equality, Diversity & Human Rights | 1 |
| Infection, prevention & control | 1 |
| Manual Handling | 1 |
| Safeguarding | 1 |
| Medicine management | 0 |
| Dementia | 1 |
| Positive Behaviour Management | 0 |
| Food Hygiene | 1 |
| Please outline any additional training undertaken pertinent to this role which is not outlined above. | Person Centred Care, Fire Safety, Handling Violen ce and aggression, hazardous Substances, risk as sessment, noise awareness, first aid, end of life car e, etc. |
| Contractual Arrangements | |
| No. of permanent staff | 1 |
| No. of Fixed term contracted staff | 0 |
| No. of volunteers | 0 |
| No. of Agency/Bank staff | 0 |
| No. of Non-guaranteed hours contract (zero hours) staff | 0 |
| Outline below the number of permanent and fixe | ed 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 | 3 |
| No. of staff working toward required/recommended qualification to be registered with Social Care Wales as a Service Manager | 0 |
| Populty conting property | |
| Deputy service manager Does your service structure include roles of this type? | No |

| Does your service structure include roles of this | Yes |
|--|---|
| type? | |
| Important: All questions in this section relate spe stated, the information added should be the pos | cifically 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 relevation provided is only a sample of the training that may can be added to 'Please outline any additional training that may be added to 'Please outline any additional training that may be added to 'Please outline any additional training that may be added to 'Please outline any additional training that may be added to 'Please outline any additional training that may be added to 'Please outline any additional training that may be added to 'Please outline any additional training that may be added to 'Please outline any additional training that may be added to 'Please outline any additional training that may be added to 'Please outline any additional training that may be added to 'Please outline any additional training that may be added to 'Please outline any additional training that may be added to 'Please outline any additional training that may be added to 'Please outline any additional training that may be added to 'Please outline any additional training that may be added to 'Please outline any additional training that may be added to 'Please outline any additional training that may be added to 'Please outline any additional training training that may be added to 'Please outline any additional training | ant training. The list of training categories |
| Induction | 1 |
| Health & Safety | 1 |
| Equality, Diversity & Human Rights | 1 |
| Infection, prevention & control | 1 |
| Manual Handling | 0 |
| Safeguarding | 0 |
| 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. | Gas Safe Registered, Ladder Training, Asbestos to aining, Health & Safety, Xero software 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 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 social care worker | 0 |
| No. of staff working towards the required/recommended qualification | 0 |
| | |
| Nursing care staff | |
| Does your service structure include roles of this type? | No |

| Does your service structure include roles of this | Yes |
|---|---|
| type? | 1.00 |
| Important: All questions in this section relate spe stated, the information added should be the pos | cifically 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 | 11 |
| No. of posts vacant | 0 |
| Training undertaken during the last financial year Set out the number of staff who undertook releve provided is only a sample of the training that may can be added to 'Please outline any additional training that may be not outlined above'. | ant training. The list of training categories y have been undertaken. Any training not listed |
| Induction | 2 |
| Health & Safety | 8 |
| Equality, Diversity & Human Rights | 8 |
| Infection, prevention & control | 8 |
| Manual Handling | 8 |
| Safeguarding | 5 |
| Medicine management | 0 |
| Dementia | 8 |
| Positive Behaviour Management | 1 |
| Food Hygiene | 5 |
| Please outline any additional training undertaken pertinent to this role which is not outlined above. | |
| Contractual Arrangements | |
| No. of permanent staff | 8 |
| 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 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) | 3 |
| No. of part-time staff (16 hours or under per week) | 4 |
| Typical shift patterns in operation for employed s | 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. | Day: 8am-9pm Morning Shift: 8am-2:30pm Afternoon Shift: 2:30-9pm |
| Senior social care workers providing direct care | |
| Does your service structure include roles of this | No |

| 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 | 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 | 1 | |
| Manual Handling | 1 | |
| 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 | 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) | 1 | |
| No. of part-time staff (16 hours or under per week) | 1 | |
| Staff Qualifications | | |
| No. of staff who have the required qualification | 1 | |
| No. of staff working toward required/recommended qualification | 1 | |
| 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 | 3 |
| No. of posts vacant | 0 |
| Two. or posts vacant | |
| 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 | 1 |
| Infection, prevention & control | 1 |
| Manual Handling | 0 |
| Safeguarding | 1 |
| Medicine management | 0 |
| Dementia Dementia | 0 |
| 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 | 3 |
| No. of Fixed term contracted staff | 0 |
| No. of volunteers | 0 |
| No. of Agency/Bank staff | 0 |
| No. of Non-guaranteed hours contract (zero hours) staff | 0 |
| Outline below the number of permanent and fixed term contact staff by hours worked per week. | |
| No. of full-time staff (35 hours or more per week) | 1 |
| 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 | 3 |
| 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 Maintenance Person |

| Filled and vacant posts | |
|--|--|
| | |
| 20 | |
| 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'. | |
| 8 | |
| 20 | |
| 20 | |
| 20 | |
| 20 | |
| 15 | |
| 0 | |
| 20 | |
| 0 | |
| 20 | |
| Person centred care, managing challenging situation, fire safety, handling violence and aggression, fluids and nutrition, hazardous substances, risk assessment, noise awareness, first aid | |
| Contractual Arrangements | |
| 18 | |
| 0 | |
| 0 | |
| 0 | |
| 2 | |
| Outline below the number of permanent and fixed term contact staff by hours worked per week. | |
| 7 | |
| 5 | |
| 6 | |
| Staff Qualifications | |
| 12 | |
| 8 | |
| | |