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:	Mirus Wales
The provider was registered on:	18/12/2018
The following lists the provider conditions:	There are no imposed conditions associated to this provider

The regulated services delivered by this provider were:

mirus -Cwn Taff	
Service Type	Domiciliary Support Service
Type of Care	None
Approval Date	12/04/2019
Responsible Individual(s)	Elizabeth Hill
Manager(s)	Jane Thomas
Partnership Area	Cwm Taf Morgannwg
Service Conditions	There are no conditions associated to this service

Mrus Supported Living and Community Support Services - Gwent Region	
Service Type	Domiciliary Support Service
Type of Care	None
Approval Date	16/01/2019
Responsible Individual(s)	Elizabeth Hill
Manager(s)	Peter Davies
Partnership Area	Gwent
Service Conditions	There are no conditions associated to this service

Mrus Supported Living and Community Support Services - Cardiff and the Vale Region	
Service Type	Domiciliary Support Service
Type of Care	None
Approval Date	16/01/2019
Responsible Individual(s)	Julie Baker
Manager(s)	Jay Sears, Monica Costa, Julie Baker
Partnership Area	Cardiff and Vale
Service Conditions	There are no conditions associated to this service

Mrus Supported Living and Community Support Services - Western Bay Region	
Service Type	Domiciliary Support Service
Type of Care	None
Approval Date	23/01/2019
Responsible Individual(s)	Nichola Jones
Manager(s)	Jane Thomas, Abigail Phillips
Partnership Area	West Glamorgan
Service Conditions	There are no conditions associated to this service

Mrus Supported Living and Community Support Services - West Wales Region	
Service Type	Domiciliary Support Service
Type of Care	None
Approval Date	23/01/2019
Responsible Individual(s)	Elizabeth Hill
Manager(s)	Sally Bathurst
Partnership Area	West Wales
Service Conditions	There are no conditions associated to this service

Mrus Supported Living and Community Support Services - Powys Region	
Service Type	Domiciliary Support Service
Type of Care	None
Approval Date	23/01/2019
Responsible Individual(s)	Elizabeth Hill
Manager(s)	Jane Thomas, Peter Davies, Jane Thomas
Partnership Area	Powys
Service Conditions	There are no conditions associated to this service

Pantbach Avenue Residential Respite Service	
Service Type	Care Home Service
Type of Care	Adults Without Nursing
Approval Date	16/01/2019
Responsible Individual(s)	Julie Baker
Manager(s)	Justine Tickner
Maximum number of places	3
Service Conditions	There are no conditions associated to this service

Partridge Road Residential Respite Service	
Service Type	Care Home Service
Type of Care	Adults Without Nursing
Approval Date	16/01/2019
Responsible Individual(s)	Julie Baker
Manager(s)	Justine Tickner
Maximum number of places	3
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	Needs assessed annually based on national occupation standards/Code of conduct. All staff have bespoke induction/training to meet All-Wales Induction Framework, probation standards & needs of people supported. Learning includes classroom/virtual; job shadowing, mentoring, coaching; workshops, community-based learning; apprenticeship programmes. Developed expert team of trainers to meet organisation needs. Structured management & Aspiring Manager programme to support succession planning.
Describe the arrangements in place during the last financial year for the recruitment and retention of staff employed by the service provider	We continually benchmark our pay, terms, and conditions to ensure we are ahead of others. Our staff have told us they value our terms and conditions, particularly annual leave & sick pay. We track return on investment of our recruitment activities to make sure we focus efforts on the right things in the right area. Ensuring that our practices are person centred to the area & the person we supports needs. We share learning from other areas of the organisation, to help review & revise strategies.

Service Profile

Service Details

Name of Service	mirus -Cwn Taff

Telephone Number	02920236216
What is/are the main language(s) through which your service is provided?	Welsh Medium and 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?	32

Fees Charged

The minimum hourly rate payable during the last financial year?	9.79
The maximum hourly rate payable during the last financial year?	16.27

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	1
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?	Feedback forms were distributed to all people we support and their families in December/January. to consult service users and families about the operation of our service. Better together events have also been held to meet with service users and families to discuss what has been done over the last year and what they would like to see done differently going forward.

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)	Yes
Makaton	Yes
British Sign Language (BSL)	Yes
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 have empowered people we support to make choices about their own lives, supporting people to have self-belief and confid ence. Our first step has been to understand how people comm unicate and developed 'communication profiles' which include s poken words & expressive sounds, behaviour, facial expression , body language & sign language (Makaton and BSL). Observat ions of staff show that they actively listen and respond in ways t hat support everyone to 'have their voice heard' regardless of l evel of disability. We have developed 'relationship circles' which helped us to understand who is important in each person's life and how they support them to advocate. Staff have used a ran ge of ways to support people to stay connected. We have work ed with people, families and professionals to assess individual c apacity to make decisions and where needed have been involv ed with making 'best interest's decisions with the person's supp ort circle. Annual Person Centred reviews have enabled people to agree personal outcomes/goals and track progress every 12 weeks. We used a strengths based approach starting from what decisi ons people can make, and build on this. For some people we u sed simple and practical options (i.e. trying out a new activity a few times), while for other people we offered more detailed infor mation, and guidance to support more complex decision making . We supported people to develop skills to make decisions and worked at their pace, making choices from smaller day-to-day d ecisions (what to wear, to eat etc.) and bigger life decisions (ed ucation, moving home, job, saving for a holiday etc.). We have supported people to talk with other people they live with to help sharing household jobs and deciding what to buy for shared ar eas. People we support and families have been involved in cho osing staff: see our film https://www.youtube.com/watch?v=cA4t Aq1RmJl. We use a 'Better Together' process where people we support, f amilies, social & health professionals come together to tell us w hat is important and agree local area plans and priorities. We di d this by facilitating informal and engaging spring and autumn e vents using a 'You said, we did' approach to listen, act and upd ate on progress. We have set up a 'Voice, choice and control' g roup with representative people we support from across mirus. People have been trained by All Wales People First- Advocacy to speak up for themselves and others.

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.	Overall people are supported to be happy and have a meaning ful life. We measure our success by collecting positive outcome s stories which show people progressing with increased indepe ndence, gaining new relationships and building on existing one s, being active within their local community and volunteering to help others, people gaining voluntary opportunities and employ ment, people told us that they had improved physical health an d had good support with more complex health conditions. Over all families have told us that they are happy with the communica tion and relationship with mirus staff and managers and with the mirus support. Person Centred Reviews and planning ensured t hat each person is at the centre of the discussion and focused on their aspirations and developing action plans based on their individual outcomes. Plans are kept live building on what works well and making timely changes where things are not working. S taff use a range of comprehensive plans to help ensure they ar e consistent in their support. These include 'One Page' profiles, communication and decision making, positive risk, medication, physical and mental health, activity and support plans/teaching, being part of the community, financial capacity assessments an d finance support. In addition we have worked with professional s to develop a other specialist plans for example epilepsy, diab etes, moving and handling, Positive Behaviour plans, sensory e tc. Managers are clear on their role as 'practice leaders' and sp end time working alongside staff, giving positive feedback and s upporting learning. Every 12 weeks the manager complete a re view by asking –'what we tried, learned, pleased about and con cerned about'. This information is used to review care and supp ort plans. Staff are knowledgeable about the people they suppo rt and encourage independence by starting with what people ca n do for themselves. Staff are matched to people supported tak ing into consideration hobbies/interests, personal skills and attri butes. People's interests are encouraged and staff treat people with dignity and respect and support them to do the things they are interested in. People use personal technology to progress and achieve personal outcomes/goals. Interactive technology e vents and coaching has improved overall knowledge and confid ence.
The extent to which people feel safe and protected from abuse and neglect.	Within mirus safeguarding means protecting a person's right to live free from abuse and neglect. Safeguarding, as a preventati ve approach runs as a golden thread throughout a comprehen sive range of policies, procedures, support practice and quality assurance processes. Our safeguarding policy clearly states th e signs, indicators and types of abuse and reporting procedure s (internally and externally) to follow when poor practice and/or abuse is suspected. All staff are trained and fully understand th e indicators of poor practice, abuse and their duty to report. Th ey receive this training as part of their induction and refresher t raining every three years. As an established provider our safeg uarding culture is well respected. We are known for openness a nd honesty, and willingness to reflect and learn. We work in par tnership with Safeguarding teams and take action to thoroughly investigate issues. We have robust monitoring in place to ensur e that learning actions are fully implemented and that learning i s shared across the region and organisation. We operate a saf e recruitment process with thorough checks made prior to staff commencing employment. Staff are inducted and trained to spo t the signs of abuse, neglect and know how to report areas of c oncern. Staff can access Safeguarding and Whistleblowing poli cies and managers ensure these are fully understood and appli ed in practice through ongoing observation, team meetings and supervision. Accidents, incidents and potential safeguarding iss ues are audited as part of ongoing quality assurance to ensure that appropriate external agencies have been notified and any required actions taken. There are detailed records that are qua lity checked by managers, senior managers and independent a udits. These include finance expenditure, administration of 'as r equired' medications and risk assessments. The people we sup port have communication profiles which help everyone to under stand what people are expressing. People are encouraged to d evelop their network of support (family and friends) to strengthe n advocacy. Senior managers, Responsible Individual and Trus tees carry out engagement visits which means that staff and pe ople we support see familiar faces and are comfortable raising any concerns. Staff also have access to a 24 hour/ 365 days a year on call service to receive guidance when their manager is on a day off or leave.

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)	66.80

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	9
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	8
Health & Safety	8
Equality, Diversity & Human Rights	8
Manual Handling	8
Safeguarding	9
Dementia	7
Positive Behaviour Management	8
Food Hygiene	9
Please outline any additional training undertaken pertinent to this role which is not outlined above.	Medicine Management Epilipsy/Buccal Autism

Contractual Arrangements

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

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)	8
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 Service Manager	6
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	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	1
Manual Handling	1
Safeguarding	1
Dementia	1
Positive Behaviour Management	2
Food Hygiene	2
Please outline any additional training undertaken pertinent to this role which is not outlined above.	Medicine Management Epilipsy/Buccal Autism

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 to be registered with Social Care Wales as a social care worker	0
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 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	75
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	52
Health & Safety	77
Equality, Diversity & Human Rights	79
Manual Handling	82
Safeguarding	63
Dementia	79
Positive Behaviour Management	24
Food Hygiene	74
Please outline any additional training undertaken pertinent to this role which is not outlined above.	Medicine Management Epilipsy/Buccal Autism

Contractual Arrangements

No. of permanent staff	75
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)	34

No. of part-time staff (17-34 hours per week)	36
No. of part-time staff (16 hours or under per week)	5

Staff Qualifications

No. of staff who have the required qualification to be registered with Social Care Wales as a social care worker	35
No. of staff working towards the required/recommended qualification	6

Other types of staff

Does your service structure include any additional role types other than those already listed?	No

Service Profile

Service Details

Name of Service	Mirus Supported Living and Community Support Services - Car diff and the Vale Region

Telephone Number	02920236216
What is/are the main language(s) through which your service is provided?	Welsh Medium and 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?	84

Fees Charged

The minimum hourly rate payable during the last financial year?	9.79
The maximum hourly rate payable during the last financial year?	16.27

Complaints

What was the total number of formal complaints made during the last financial year?	6
Number of active complaints outstanding	0
Number of complaints upheld	1
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?	Feedback forms were distributed to all people we support and thei r families in December/January. to consult service users and famili es about the operation of our service. Better together events hav e also been held to meet with service users and families to discus s what has been done over the last year and what they would like to see done differently going forward.

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)	Yes
Makaton	Yes
British Sign Language (BSL)	Yes
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 have empowered people we support to make choices about their own lives, supporting people to have self-belief and confid ence. Our first step has been to understand how people communicate and developed 'communication profiles' which include spoken w ords & expressive sounds, behaviour, facial expression, body la nguage & sign language (Makaton and BSL). Observations of s taff show that they actively listen and respond in ways that supp ort everyone to 'have their voice heard' regardless of level of di sability. We have developed 'relationship circles' which helped us to un derstand who is important in each person's life and how they su pport them to advocate. Staff have used a range of ways to sup port people to stay connected. We have worked with people, fa milies and professionals to assess individual capacity to make d ecisions and where needed have been involved with making 'be st interest's decisions with the person's support circle. Annual P erson Centred reviews have enabled people to agree personal outcomes/goals and track progress every 12 weeks. We used a strengths based approach starting from what decisi ons people can make, and build on this. For some people we u sed simple and practical options (i.e. trying out a new activity a few times), while for other people we offered more detailed infor mation, and guidance to support more complex decision making . We supported people to develop skills to make decisions and w orked at their pace, making choices from smaller day-to-day de cisions (what to wear, to eat etc.) and bigger life decisions (edu cation, moving home, job, saving for a holiday etc.). We have supported people to talk with other people they live wi th to help sharing household jobs and deciding what to buy for shared areas. People we support and families have been involv ed in choosing staff. We use a 'Better Together' process where people we support, f amilies, social & health professionals come together to tell us w hat is important and agree local area plans and priorities. We di d this by facilitating informal and engaging spring and autumn e vents using a 'You said, we did' approach to listen, act and upd ate on progress. We have set up a 'Voice, choice and control' g roup with representative people we support from across mirus. People have been trained by All Wales People First- Advocacy to speak up for themselves and others.

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.	Overall people are supported to be happy and have a meaning ful life. We measure our success by collecting positive outcome s stories which show people progressing with increased indepe ndence, gaining new relationships and building on existing one s, being active within their local community and volunteering to help others, people gaining voluntary opportunities and employ ment, people told us that they had improved physical health an d had good support with more complex health conditions. Over all families have told us that they are happy with the communica tion and relationship with mirus staff and managers and with the mirus support. Person Centred Reviews and planning ensured t hat each person is at the centre of the discussion and focused on their aspirations and developing action plans based on their individual outcomes. Plans are kept live building on what works well and making timely changes where things are not working. S taff use a range of comprehensive plans to help ensure they ar e consistent in their support. These include 'One Page' profiles, communication and decision making, positive risk, medication, physical and mental health, activity and support plans/teaching, being part of the community, financial capacity assessments an d finance support. In addition we have worked with professional s to develop a other specialist plans for example epilepsy, diab etes, moving and handling, Positive Behaviour plans, sensory e tc. Managers are clear on their role as 'practice leaders' and sp end time working alongside staff, giving positive feedback and s upporting learning. Every 12 weeks the manager complete a re view by asking –'what we tried, learned, pleased about and con cerned about'. This information is used to review care and supp ort plans. Staff are knowledgeable about the people they suppo rt and encourage independence by starting with what people ca n do for themselves. Staff are matched to people supported tak ing into consideration hobbies/interests, personal skills and attri butes. People's interests are encouraged and staff treat people with dignity and respect and support them to do the things they are interested in. People use personal technology to progress and achieve personal outcomes/goals. Interactive technology e vents and coaching has improved overall knowledge and confid ence.
The extent to which people feel safe and protected from abuse and neglect.	Within mirus safeguarding means protecting a person's right to live free from abuse and neglect. Safeguarding, as a preventati ve approach runs as a golden thread throughout a comprehen sive range of policies, procedures, support practice and quality assurance processes. Our safeguarding policy clearly states th e signs, indicators and types of abuse and reporting procedure s (internally and externally) to follow when poor practice and/or abuse is suspected. All staff are trained and fully understand th e indicators of poor practice, abuse and their duty to report. Th ey receive this training as part of their induction and refresher t raining every three years. As an established provider our safeg uarding culture is well respected. We are known for openness a nd honesty, and willingness to reflect and learn. We work in par tnership with Safeguarding teams and take action to thoroughly investigate issues. We have robust monitoring in place to ensur e that learning actions are fully implemented and that learning i s shared across the region and organisation. We operate a saf e recruitment process with thorough checks made prior to staff commencing employment. Staff are inducted and trained to spo t the signs of abuse, neglect and know how to report areas of c oncern. Staff can access Safeguarding and Whistleblowing poli cies and managers ensure these are fully understood and appli ed in practice through ongoing observation, team meetings and supervision. Accidents, incidents and potential safeguarding iss ues are audited as part of ongoing quality assurance to ensure that appropriate external agencies have been notified and any required actions taken. There are detailed records that are qua lity checked by managers, senior managers and independent a udits. These include finance expenditure, administration of 'as r equired' medications and risk assessments. The people we sup port have communication profiles which help everyone to under stand what people are expressing. People are encouraged to d evelop their network of support (family and friends) to strengthe n advocacy. Senior managers, Responsible Individual and Trus tees carry out engagement visits which means that staff and pe ople we support see familiar faces and are comfortable raising any concerns. Staff also have access to a 24 hour/ 365 days a year on call service to receive guidance when their manager is on a day off or leave.

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)	166.05

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	11
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	11
Health & Safety	10
Equality, Diversity & Human Rights	10
Manual Handling	10
Safeguarding	9
Dementia	8
Positive Behaviour Management	8
Food Hygiene	10
Please outline any additional training undertaken pertinent to this role which is not outlined above.	Dysphagia PEG Medicine Management

Contractual Arrangements

No. of permanent staff	11
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)	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	8
No. of staff working toward required/recommended qualification to be registered with Social Care Wales as a Service Manager	2

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	10
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	9
Health & Safety	10
Equality, Diversity & Human Rights	10
Manual Handling	10
Safeguarding	10
Dementia	10
Positive Behaviour Management	2
Food Hygiene	2
Please outline any additional training undertaken pertinent to this role which is not outlined above.	Dysphagia PEG Medicine Management

Contractual Arrangements

No. of permanent staff	10
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)	10
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	2

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?	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	204
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	163
Health & Safety	188
Equality, Diversity & Human Rights	196
Manual Handling	198
Safeguarding	148
Dementia	100
Positive Behaviour Management	22
Food Hygiene	196
Please outline any additional training undertaken pertinent to this role which is not outlined above.	Dysphagia PEG Medicine Management

Contractual Arrangements

No. of permanent staff	204
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	15

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)	100

No. of part-time staff (17-34 hours per week)	69
No. of part-time staff (16 hours or under per week)	35

Staff Qualifications

No. of staff who have the required qualification to be registered with Social Care Wales as a social care worker	100
No. of staff working towards the required/recommended qualification	1

Other types of staff

Does your service structure include any additional role types other than those already listed?	No

Service Profile

Service Details

Name of Service	Mirus Supported Living and Community Support Services - Gwent Region

Telephone Number	02920236216
What is/are the main language(s) through which your service is provided?	Welsh Medium and 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 hourly rate payable during the last financial year?	9.79
The maximum hourly rate payable during the last financial year?	16.27

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	1

What arrangements were made for consulting people who use the service about the operation of the service during the last financial year?	Feedback forms were distributed to all people we support and their families in December/January. to consult service users and families about the operation of our service. Better together events have also been held to meet with service users and families to discuss what has been done over the last year and what they would like to see done differently going forward.

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)	Yes
Makaton	Yes
British Sign Language (BSL)	Yes
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 have empowered people we support to make choices about their own lives, supporting people to have self-belief and confid ence. Our first step has been to understand how people communicate and developed 'communication profiles' which include spoken w ords & expressive sounds, behaviour, facial expression, body la nguage & sign language (Makaton and BSL). Observations of s taff show that they actively listen and respond in ways that supp ort everyone to 'have their voice heard' regardless of level of di sability. We have developed 'relationship circles' which helped us to un derstand who is important in each person's life and how they su pport them to advocate. Staff have used a range of ways to sup port people to stay connected. We have worked with people, fa milies and professionals to assess individual capacity to make d ecisions and where needed have been involved with making 'be st interest's decisions with the person's support circle. Annual P erson Centred reviews have enabled people to agree personal outcomes/goals and track progress every 12 weeks. We used a strengths based approach starting from what decisi ons people can make, and build on this. For some people we u sed simple and practical options (i.e. trying out a new activity a few times), while for other people we offered more detailed infor mation, and guidance to support more complex decision making . We supported people to develop skills to make decisions and w orked at their pace, making choices from smaller day-to-day de cisions (what to wear, to eat etc.) and bigger life decisions (edu cation, moving home, job, saving for a holiday etc.). We have supported people to talk with other people they live wi th to help sharing household jobs and deciding what to buy for shared areas. People we support and families have been involv ed in choosing staff: see our film https://www.youtube.com/watc h?v=cA4tAq1RmJI. We use a 'Better Together' process where people we support, f amilies, social & health professionals come together to tell us w hat is important and agree local area plans and priorities. We di d this by facilitating informal and engaging spring and autumn e vents using a 'You said, we did' approach to listen, act and upd ate on progress. We have set up a 'Voice, choice and control' g roup with representative people we support from across mirus. People have been trained by All Wales People First- Advocacy to speak up for themselves and others.

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.	Overall people are supported to be happy and have a meaning ful life. We measure our success by collecting positive outcome s stories which show people progressing with increased indepe ndence, gaining new relationships and building on existing one s, being active within their local community and volunteering to help others, people gaining voluntary opportunities and employ ment, people told us that they had improved physical health an d had good support with more complex health conditions. Over all families have told us that they are happy with the communica tion and relationship with mirus staff and managers and with the mirus support. Person Centred Reviews and planning ensured t hat each person is at the centre of the discussion and focused on their aspirations and developing action plans based on their individual outcomes. Plans are kept live building on what works well and making timely changes where things are not working. S taff use a range of comprehensive plans to help ensure they ar e consistent in their support. These include 'One Page' profiles, communication and decision making, positive risk, medication, physical and mental health, activity and support plans/teaching, being part of the community, financial capacity assessments an d finance support. In addition we have worked with professional s to develop a other specialist plans for example epilepsy, diab etes, moving and handling, Positive Behaviour plans, sensory e tc. Managers are clear on their role as 'practice leaders' and sp end time working alongside staff, giving positive feedback and s upporting learning. Every 12 weeks the manager complete a re view by asking –'what we tried, learned, pleased about and con cerned about'. This information is used to review care and supp ort plans. Staff are knowledgeable about the people they suppo rt and encourage independence by starting with what people ca n do for themselves. Staff are matched to people supported tak ing into consideration hobbies/interests, personal skills and attri butes. People's interests are encouraged and staff treat people with dignity and respect and support them to do the things they are interested in. People use personal technology to progress and achieve personal outcomes/goals. Interactive technology e vents and coaching has improved overall knowledge and confid ence.
The extent to which people feel safe and protected from abuse and neglect.	Within mirus safeguarding means protecting a person's right to live free from abuse and neglect. Safeguarding, as a preventati ve approach runs as a golden thread throughout a comprehen sive range of policies, procedures, support practice and quality assurance processes. Our safeguarding policy clearly states th e signs, indicators and types of abuse and reporting procedure s (internally and externally) to follow when poor practice and/or abuse is suspected. All staff are trained and fully understand th e indicators of poor practice, abuse and their duty to report. Th ey receive this training as part of their induction and refresher t raining every three years. As an established provider our safeg uarding culture is well respected. We are known for openness a nd honesty, and willingness to reflect and learn. We work in par tnership with Safeguarding teams and take action to thoroughly investigate issues. We have robust monitoring in place to ensur e that learning actions are fully implemented and that learning i s shared across the region and organisation. We operate a saf e recruitment process with thorough checks made prior to staff commencing employment. Staff are inducted and trained to spo t the signs of abuse, neglect and know how to report areas of c oncern. Staff can access Safeguarding and Whistleblowing poli cies and managers ensure these are fully understood and appli ed in practice through ongoing observation, team meetings and supervision. Accidents, incidents and potential safeguarding iss ues are audited as part of ongoing quality assurance to ensure that appropriate external agencies have been notified and any required actions taken. There are detailed records that are qua lity checked by managers, senior managers and independent a udits. These include finance expenditure, administration of 'as r equired' medications and risk assessments. The people we sup port have communication profiles which help everyone to under stand what people are expressing. People are encouraged to d evelop their network of support (family and friends) to strengthe n advocacy. Senior managers, Responsible Individual and Trus tees carry out engagement visits which means that staff and pe ople we support see familiar faces and are comfortable raising any concerns. Staff also have access to a 24 hour/ 365 days a year on call service to receive guidance when their manager is on a day off or leave.

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)	45.15

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	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	6
Health & Safety	6
Equality, Diversity & Human Rights	6
Manual Handling	6
Safeguarding	6
Dementia	6
Positive Behaviour Management	6
Food Hygiene	6
Please outline any additional training undertaken pertinent to this role which is not outlined above.	Medicine Management Autism

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)	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 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	2

Deputy 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	3
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	3
Health & Safety	3
Equality, Diversity & Human Rights	3
Manual Handling	3
Safeguarding	3
Dementia	3
Positive Behaviour Management	3
Food Hygiene	3
Please outline any additional training undertaken pertinent to this role which is not outlined above.	Medicine Management Autism

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)	3
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

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?	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	43
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	32
Health & Safety	46
Equality, Diversity & Human Rights	34
Manual Handling	33
Safeguarding	37
Dementia	20
Positive Behaviour Management	20
Food Hygiene	39
Please outline any additional training undertaken pertinent to this role which is not outlined above.	Medicine Management Autism

Contractual Arrangements

No. of permanent staff	43
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)	28
No. of part-time staff (17-34 hours per week)	13
No. of part-time staff (16 hours or under per week)	2

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	9

Other types of staff

Does your service structure include any additional role types other than those already listed?	No

Service Profile

Service Details

Name of Service	Mirus Supported Living and Community Support Services - Powys Region

Telephone Number	02920236216
What is/are the main language(s) through which your service is provided?	Welsh Medium and 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?	22

Fees Charged

The minimum hourly rate payable during the last financial year?	9.79
The maximum hourly rate payable during the last financial year?	16.27

Complaints

What was the total number of formal complaints made during the last financial year?	4
Number of active complaints outstanding	0
Number of complaints upheld	2
Number of complaints partially upheld	1
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?	Feedback forms were distributed to all people we support and their families in December/January. to consult service users and families about the operation of our service. Better together events have also been held to meet with service users and families to discuss what has been done over the last year and what they would like to see done differently going forward.

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)	Yes
Makaton	Yes
British Sign Language (BSL)	Yes
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 have empowered people we support to make choices about their own lives, supporting people to have self-belief and confid ence. Our first step has been to understand how people communicate and developed 'communication profiles' which include spoken w ords & expressive sounds, behaviour, facial expression, body la nguage & sign language (Makaton and BSL). Observations of s taff show that they actively listen and respond in ways that supp ort everyone to 'have their voice heard' regardless of level of di sability. We have developed 'relationship circles' which helped us to un derstand who is important in each person's life and how they su pport them to advocate. Staff have used a range of ways to sup port people to stay connected. We have worked with people, fa milies and professionals to assess individual capacity to make d ecisions and where needed have been involved with making 'be st interest's decisions with the person's support circle. Annual P erson Centred reviews have enabled people to agree personal outcomes/goals and track progress every 12 weeks. We used a strengths based approach starting from what decisi ons people can make, and build on this. For some people we u sed simple and practical options (i.e. trying out a new activity a few times), while for other people we offered more detailed infor mation, and guidance to support more complex decision making . We supported people to develop skills to make decisions and w orked at their pace, making choices from smaller day-to-day de cisions (what to wear, to eat etc.) and bigger life decisions (edu cation, moving home, job, saving for a holiday etc.). We have supported people to talk with other people they live wi th to help sharing household jobs and deciding what to buy for shared areas. People we support and families have been involv ed in choosing staff: see our film https://www.youtube.com/watc h?v=cA4tAq1RmJI. We use a 'Better Together' process where people we support, f amilies, social & health professionals come together to tell us w hat is important and agree local area plans and priorities. We di d this by facilitating informal and engaging spring and autumn e vents using a 'You said, we did' approach to listen, act and upd ate on progress. We have set up a 'Voice, choice and control' g roup with representative people we support from across mirus. People have been trained by All Wales People First- Advocacy to speak up for themselves and others.

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.	Overall people are supported to be happy and have a meaning ful life. We measure our success by collecting positive outcome s stories which show people progressing with increased indepe ndence, gaining new relationships and building on existing one s, being active within their local community and volunteering to help others, people gaining voluntary opportunities and employ ment, people told us that they had improved physical health an d had good support with more complex health conditions. Over all families have told us that they are happy with the communica tion and relationship with mirus staff and managers and with the mirus support. Person Centred Reviews and planning ensured t hat each person is at the centre of the discussion and focused on their aspirations and developing action plans based on their individual outcomes. Plans are kept live building on what works well and making timely changes where things are not working. S taff use a range of comprehensive plans to help ensure they ar e consistent in their support. These include 'One Page' profiles, communication and decision making, positive risk, medication, physical and mental health, activity and support plans/teaching, being part of the community, financial capacity assessments an d finance support. In addition we have worked with professional s to develop a other specialist plans for example epilepsy, diab etes, moving and handling, Positive Behaviour plans, sensory e tc. Managers are clear on their role as 'practice leaders' and sp end time working alongside staff, giving positive feedback and s upporting learning. Every 12 weeks the manager complete a re view by asking –'what we tried, learned, pleased about and con cerned about'. This information is used to review care and supp ort plans. Staff are knowledgeable about the people they suppo rt and encourage independence by starting with what people ca n do for themselves. Staff are matched to people supported tak ing into consideration hobbies/interests, personal skills and attri butes. People's interests are encouraged and staff treat people with dignity and respect and support them to do the things they are interested in. People use personal technology to progress and achieve personal outcomes/goals. Interactive technology e vents and coaching has improved overall knowledge and confid ence.
The extent to which people feel safe and protected from abuse and neglect.	Within mirus safeguarding means protecting a person's right to live free from abuse and neglect. Safeguarding, as a preventati ve approach runs as a golden thread throughout a comprehen sive range of policies, procedures, support practice and quality assurance processes. Our safeguarding policy clearly states th e signs, indicators and types of abuse and reporting procedure s (internally and externally) to follow when poor practice and/or abuse is suspected. All staff are trained and fully understand th e indicators of poor practice, abuse and their duty to report. Th ey receive this training as part of their induction and refresher t raining every three years. As an established provider our safeg uarding culture is well respected. We are known for openness a nd honesty, and willingness to reflect and learn. We work in par tnership with Safeguarding teams and take action to thoroughly investigate issues. We have robust monitoring in place to ensur e that learning actions are fully implemented and that learning i s shared across the region and organisation. We operate a saf e recruitment process with thorough checks made prior to staff commencing employment. Staff are inducted and trained to spo t the signs of abuse, neglect and know how to report areas of c oncern. Staff can access Safeguarding and Whistleblowing poli cies and managers ensure these are fully understood and appli ed in practice through ongoing observation, team meetings and supervision. Accidents, incidents and potential safeguarding iss ues are audited as part of ongoing quality assurance to ensure that appropriate external agencies have been notified and any required actions taken. There are detailed records that are qua lity checked by managers, senior managers and independent a udits. These include finance expenditure, administration of 'as r equired' medications and risk assessments. The people we sup port have communication profiles which help everyone to under stand what people are expressing. People are encouraged to d evelop their network of support (family and friends) to strengthe n advocacy. Senior managers, Responsible Individual and Trus tees carry out engagement visits which means that staff and pe ople we support see familiar faces and are comfortable raising any concerns. Staff also have access to a 24 hour/ 365 days a year on call service to receive guidance when their manager is on a day off or leave.

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)	62.17

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	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	5
Health & Safety	5
Equality, Diversity & Human Rights	5
Manual Handling	5
Safeguarding	5
Dementia	5
Positive Behaviour Management	5
Food Hygiene	5
Please outline any additional training undertaken pertinent to this role which is not outlined above.	Medicine Management Epilipsy/Buccal Autism

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)	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 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

Deputy 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	1
Health & Safety	1
Equality, Diversity & Human Rights	1
Manual Handling	1
Safeguarding	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.	Medicine Management Epilipsy/Buccal Autism

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	4
No. of staff working toward required/recommended qualification to be registered with Social Care Wales as a Service Manager	7

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?	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	72
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	44
Health & Safety	67
Equality, Diversity & Human Rights	60
Manual Handling	69
Safeguarding	66
Dementia	20
Positive Behaviour Management	20
Food Hygiene	64
Please outline any additional training undertaken pertinent to this role which is not outlined above.	Medicine Management Epilipsy/Buccal Autism

Contractual Arrangements

No. of permanent staff	66
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)	34
No. of part-time staff (17-34 hours per week)	29
No. of part-time staff (16 hours or under per week)	3

Staff Qualifications

No. of staff who have the required qualification to be registered with Social Care Wales as a social care worker	25
No. of staff working towards the required/recommended qualification	0

Other types of staff

Does your service structure include any additional role types other than those already listed?	No

Service Profile

Service Details

Name of Service	Mirus Supported Living and Community Support Services - Wes t Wales Region

Telephone Number	02920236216
What is/are the main language(s) through which your service is provided?	Welsh Medium and 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?	19

Fees Charged

The minimum hourly rate payable during the last financial year?	9.79
The maximum hourly rate payable during the last financial year?	16.27

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?	Feedback forms were distributed to all people we support in December to consult service users and families about the operation of our service. Better together events have also been held to meet with service users and families to discuss what has been done over the last year and what they would like to see done differently going forward.

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)	Yes
Makaton	Yes
British Sign Language (BSL)	Yes
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 have empowered people we support to make choices about their own lives, supporting people to have self-belief and confid ence. Our first step has been to understand how people communicate and developed 'communication profiles' which include spoken w ords & expressive sounds, behaviour, facial expression, body la nguage & sign language (Makaton and BSL). Observations of s taff show that they actively listen and respond in ways that supp ort everyone to 'have their voice heard' regardless of level of di sability. We have developed 'relationship circles' which helped us to un derstand who is important in each person's life and how they su pport them to advocate. Staff have used a range of ways to sup port people to stay connected. We have worked with people, fa milies and professionals to assess individual capacity to make d ecisions and where needed have been involved with making 'be st interest's decisions with the person's support circle. Annual P erson Centred reviews have enabled people to agree personal outcomes/goals and track progress every 12 weeks. We used a strengths based approach starting from what decisi ons people can make, and build on this. For some people we u sed simple and practical options (i.e. trying out a new activity a few times), while for other people we offered more detailed infor mation, and guidance to support more complex decision making . We supported people to develop skills to make decisions and w orked at their pace, making choices from smaller day-to-day de cisions (what to wear, to eat etc.) and bigger life decisions (edu cation, moving home, job, saving for a holiday etc.). We have supported people to talk with other people they live wi th to help sharing household jobs and deciding what to buy for shared areas. People we support and families have been involv ed in choosing staff: see our film https://www.youtube.com/watc h?v=cA4tAq1RmJI. We use a 'Better Together' process where people we support, f amilies, social & health professionals come together to tell us w hat is important and agree local area plans and priorities. We di d this by facilitating informal and engaging spring and autumn e vents using a 'You said, we did' approach to listen, act and upd ate on progress. We have set up a 'Voice, choice and control' g roup with representative people we support from across mirus. People have been trained by All Wales People First- Advocacy to speak up for themselves and others.

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.	Overall people are supported to be happy and have a meaning ful life. We measure our success by collecting positive outcome s stories which show people progressing with increased indepe ndence, gaining new relationships and building on existing one s, being active within their local community and volunteering to help others, people gaining voluntary opportunities and employ ment, people told us that they had improved physical health an d had good support with more complex health conditions. Over all families have told us that they are happy with the communica tion and relationship with mirus staff and managers and with the mirus support. Person Centred Reviews and planning ensured t hat each person is at the centre of the discussion and focused on their aspirations and developing action plans based on their individual outcomes. Plans are kept live building on what works well and making timely changes where things are not working. S taff use a range of comprehensive plans to help ensure they ar e consistent in their support. These include 'One Page' profiles, communication and decision making, positive risk, medication, physical and mental health, activity and support plans/teaching, being part of the community, financial capacity assessments an d finance support. In addition we have worked with professional s to develop a other specialist plans for example epilepsy, diab etes, moving and handling, Positive Behaviour plans, sensory e tc. Managers are clear on their role as 'practice leaders' and sp end time working alongside staff, giving positive feedback and s upporting learning. Every 12 weeks the manager complete a re view by asking –'what we tried, learned, pleased about and con cerned about'. This information is used to review care and supp ort plans. Staff are knowledgeable about the people they suppo rt and encourage independence by starting with what people ca n do for themselves. Staff are matched to people supported tak ing into consideration hobbies/interests, personal skills and attri butes. People's interests are encouraged and staff treat people with dignity and respect and support them to do the things they are interested in. People use personal technology to progress and achieve personal outcomes/goals. Interactive technology e vents and coaching has improved overall knowledge and confid ence.
The extent to which people feel safe and protected from abuse and neglect.	Within mirus safeguarding means protecting a person's right to live free from abuse and neglect. Safeguarding, as a preventati ve approach runs as a golden thread throughout a comprehen sive range of policies, procedures, support practice and quality assurance processes. Our safeguarding policy clearly states th e signs, indicators and types of abuse and reporting procedure s (internally and externally) to follow when poor practice and/or abuse is suspected. All staff are trained and fully understand th e indicators of poor practice, abuse and their duty to report. Th ey receive this training as part of their induction and refresher t raining every three years. As an established provider our safeg uarding culture is well respected. We are known for openness a nd honesty, and willingness to reflect and learn. We work in par tnership with Safeguarding teams and take action to thoroughly investigate issues. We have robust monitoring in place to ensur e that learning actions are fully implemented and that learning i s shared across the region and organisation. We operate a saf e recruitment process with thorough checks made prior to staff commencing employment. Staff are inducted and trained to spo t the signs of abuse, neglect and know how to report areas of c oncern. Staff can access Safeguarding and Whistleblowing poli cies and managers ensure these are fully understood and appli ed in practice through ongoing observation, team meetings and supervision. Accidents, incidents and potential safeguarding iss ues are audited as part of ongoing quality assurance to ensure that appropriate external agencies have been notified and any required actions taken. There are detailed records that are qua lity checked by managers, senior managers and independent a udits. These include finance expenditure, administration of 'as r equired' medications and risk assessments. The people we sup port have communication profiles which help everyone to under stand what people are expressing. People are encouraged to d evelop their network of support (family and friends) to strengthe n advocacy. Senior managers, Responsible Individual and Trus tees carry out engagement visits which means that staff and pe ople we support see familiar faces and are comfortable raising any concerns. Staff also have access to a 24 hour/ 365 days a year on call service to receive guidance when their manager is on a day off or leave.

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)	20.66

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	3
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	3
Health & Safety	3
Equality, Diversity & Human Rights	3
Manual Handling	3
Safeguarding	3
Dementia	3
Positive Behaviour Management	3
Food Hygiene	3
Please outline any additional training undertaken pertinent to this role which is not outlined above.	Medicine Management Epilipsy/Buccal Autism

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)	2
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 Service Manager	1
No. of staff working toward required/recommended qualification to be registered with Social Care Wales as a Service Manager	1

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?	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	32
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	24
Health & Safety	28
Equality, Diversity & Human Rights	17
Manual Handling	30
Safeguarding	27
Dementia	21
Positive Behaviour Management	7
Food Hygiene	26
Please outline any additional training undertaken pertinent to this role which is not outlined above.	Medicine Management Epilipsy/Buccal Autism

Contractual Arrangements

No. of permanent staff	32

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)	6
No. of part-time staff (17-34 hours per week)	17
No. of part-time staff (16 hours or under per week)	9

Staff Qualifications

No. of staff who have the required qualification to be registered with Social Care Wales as a social care worker	10
No. of staff working towards the required/recommended qualification	3

Other types of staff

Does your service structure include any additional role types other than those already listed?	No

Service Profile

Service Details

Name of Service	Mirus Supported Living and Community Support Services - Western Bay Region

Telephone Number	02920236216
What is/are the main language(s) through which your service is provided?	Welsh Medium and 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?	68

Fees Charged

The minimum hourly rate payable during the last financial year?	9.79
The maximum hourly rate payable during the last financial year?	16.27

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?	Feedback forms were distributed to all people we support and their families in December/January. to consult service users and families about the operation of our service. Better together events have also been held to meet with service users and families to discuss what has been done over the last year and what they would like to see done differently going forward.

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)	Yes
Makaton	Yes
British Sign Language (BSL)	Yes
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 have empowered people we support to make choices about their own lives, supporting people to have self-belief and confid ence. Our first step has been to understand how people communicate and developed 'communication profiles' which include spoken w ords & expressive sounds, behaviour, facial expression, body la nguage & sign language (Makaton and BSL). Observations of s taff show that they actively listen and respond in ways that supp ort everyone to 'have their voice heard' regardless of level of di sability. We have developed 'relationship circles' which helped us to un derstand who is important in each person's life and how they su pport them to advocate. Staff have used a range of ways to sup port people to stay connected. We have worked with people, fa milies and professionals to assess individual capacity to make d ecisions and where needed have been involved with making 'be st interest's decisions with the person's support circle. Annual P erson Centred reviews have enabled people to agree personal outcomes/goals and track progress every 12 weeks. We used a strengths based approach starting from what decisi ons people can make, and build on this. For some people we u sed simple and practical options (i.e. trying out a new activity a few times), while for other people we offered more detailed infor mation, and guidance to support more complex decision making . We supported people to develop skills to make decisions and w orked at their pace, making choices from smaller day-to-day de cisions (what to wear, to eat etc.) and bigger life decisions (edu cation, moving home, job, saving for a holiday etc.). We have supported people to talk with other people they live wi th to help sharing household jobs and deciding what to buy for shared areas. People we support and families have been involv ed in choosing staff: see our film https://www.youtube.com/watc h?v=cA4tAq1RmJI. We use a 'Better Together' process where people we support, f amilies, social & health professionals come together to tell us w hat is important and agree local area plans and priorities. We di d this by facilitating informal and engaging spring and autumn e vents using a 'You said, we did' approach to listen, act and upd ate on progress. We have set up a 'Voice, choice and control' g roup with representative people we support from across mirus. People have been trained by All Wales People First- Advocacy to speak up for themselves and others.

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.	Overall people are supported to be happy and have a meaning ful life. We measure our success by collecting positive outcome s stories which show people progressing with increased indepe ndence, gaining new relationships and building on existing one s, being active within their local community and volunteering to help others, people gaining voluntary opportunities and employ ment, people told us that they had improved physical health an d had good support with more complex health conditions. Over all families have told us that they are happy with the communica tion and relationship with mirus staff and managers and with the mirus support. Person Centred Reviews and planning ensured t hat each person is at the centre of the discussion and focused on their aspirations and developing action plans based on their individual outcomes. Plans are kept live building on what works well and making timely changes where things are not working. S taff use a range of comprehensive plans to help ensure they ar e consistent in their support. These include 'One Page' profiles, communication and decision making, positive risk, medication, physical and mental health, activity and support plans/teaching, being part of the community, financial capacity assessments an d finance support. In addition we have worked with professional s to develop a other specialist plans for example epilepsy, diab etes, moving and handling, Positive Behaviour plans, sensory e tc. Managers are clear on their role as 'practice leaders' and sp end time working alongside staff, giving positive feedback and s upporting learning. Every 12 weeks the manager complete a re view by asking –'what we tried, learned, pleased about and con cerned about'. This information is used to review care and supp ort plans. Staff are knowledgeable about the people they suppo rt and encourage independence by starting with what people ca n do for themselves. Staff are matched to people supported tak ing into consideration hobbies/interests, personal skills and attri butes. People's interests are encouraged and staff treat people with dignity and respect and support them to do the things they are interested in. People use personal technology to progress and achieve personal outcomes/goals. Interactive technology e vents and coaching has improved overall knowledge and confid ence.
The extent to which people feel safe and protected from abuse and neglect.	Within mirus safeguarding means protecting a person's right to live free from abuse and neglect. Safeguarding, as a preventati ve approach runs as a golden thread throughout a comprehen sive range of policies, procedures, support practice and quality assurance processes. Our safeguarding policy clearly states th e signs, indicators and types of abuse and reporting procedure s (internally and externally) to follow when poor practice and/or abuse is suspected. All staff are trained and fully understand th e indicators of poor practice, abuse and their duty to report. Th ey receive this training as part of their induction and refresher t raining every three years. As an established provider our safeg uarding culture is well respected. We are known for openness a nd honesty, and willingness to reflect and learn. We work in par tnership with Safeguarding teams and take action to thoroughly investigate issues. We have robust monitoring in place to ensur e that learning actions are fully implemented and that learning i s shared across the region and organisation. We operate a saf e recruitment process with thorough checks made prior to staff commencing employment. Staff are inducted and trained to spo t the signs of abuse, neglect and know how to report areas of c oncern. Staff can access Safeguarding and Whistleblowing poli cies and managers ensure these are fully understood and appli ed in practice through ongoing observation, team meetings and supervision. Accidents, incidents and potential safeguarding iss ues are audited as part of ongoing quality assurance to ensure that appropriate external agencies have been notified and any required actions taken. There are detailed records that are qua lity checked by managers, senior managers and independent a udits. These include finance expenditure, administration of 'as r equired' medications and risk assessments. The people we sup port have communication profiles which help everyone to under stand what people are expressing. People are encouraged to d evelop their network of support (family and friends) to strengthe n advocacy. Senior managers, Responsible Individual and Trus tees carry out engagement visits which means that staff and pe ople we support see familiar faces and are comfortable raising any concerns. Staff also have access to a 24 hour/ 365 days a year on call service to receive guidance when their manager is on a day off or leave.

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)	162.06

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	21
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	19
Health & Safety	20
Equality, Diversity & Human Rights	19
Manual Handling	18
Safeguarding	19
Dementia	16
Positive Behaviour Management	6
Food Hygiene	18
Please outline any additional training undertaken pertinent to this role which is not outlined above.	Medicine Management Epilipsy/Buccal Autism

Contractual Arrangements

No. of permanent staff	21
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)	21
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	15
No. of staff working toward required/recommended qualification to be registered with Social Care Wales as a Service Manager	3

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?	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	166
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	93
Health & Safety	172
Equality, Diversity & Human Rights	170
Manual Handling	170
Safeguarding	159
Dementia	170
Positive Behaviour Management	40
Food Hygiene	171
Please outline any additional training undertaken pertinent to this role which is not outlined above.	Medicine Management Epilipsy/Buccal Autism

Contractual Arrangements

No. of permanent staff	166

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	10

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)	93
No. of part-time staff (17-34 hours per week)	56
No. of part-time staff (16 hours or under per week)	17

Staff Qualifications

No. of staff who have the required qualification to be registered with Social Care Wales as a social care worker	70
No. of staff working towards the required/recommended qualification	26

Other types of staff

Does your service structure include any additional role types other than those already listed?	No

Service Profile

Service Details

Name of Service	Pantbach Avenue Residential Respite Service

Telephone Number	02920236216
What is/are the main language(s) through which your service is provided?	Welsh Medium and 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?	26

Fees Charged

The minimum weekly fee payable during the last financial year?	3891.59
The maximum weekly fee payable during the last financial year?	3891.59

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?	Feedback forms were distributed to all people we support and their families in December/January. to consult service users and families about the operation of our service. Better together events have also been held to meet with service users and families to discuss what has been done over the last year and what they would like to see done differently going forward.

Service Environment

How many bedrooms at the service are single rooms?	3
How many bedrooms at the service are shared rooms?	0
How many of the bedrooms have en-suite facilities?	0
How many bathrooms have assisted bathing facilities?	1
How many communal lounges at the service?	1
How many dining rooms at the service?	1
Provide details of any outside space to which the residents have access	Back garden is available for the guests to access
Provide details of any other facilities to which the residents have access	People are encouraged to access the community and carry out classes and social groups as they would at home

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)	Yes
Makaton	Yes
British Sign Language (BSL)	Yes
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 have empowered people we support to make choices about their own lives, supporting people to have self-belief and confid ence. Our first step has been to understand how people communicate and developed 'communication profiles' which include spoken w ords & expressive sounds, behaviour, facial expression, body la nguage & sign language (Makaton and BSL). Observations of s taff show that they actively listen and respond in ways that supp ort everyone to 'have their voice heard' regardless of level of di sability. We have developed 'relationship circles' which helped us to un derstand who is important in each person's life and how they su pport them to advocate. Staff have used a range of ways to sup port people to stay connected. We have worked with people, fa milies and professionals to assess individual capacity to make d ecisions and where needed have been involved with making 'be st interest's decisions with the person's support circle. Annual P erson Centred reviews have enabled people to agree personal outcomes/goals and track progress every 12 weeks. We used a strengths based approach starting from what decisi ons people can make, and build on this. For some people we u sed simple and practical options (i.e. trying out a new activity a few times), while for other people we offered more detailed infor mation, and guidance to support more complex decision making . We supported people to develop skills to make decisions and w orked at their pace, making choices from smaller day-to-day de cisions (what to wear, to eat etc.) and bigger life decisions (edu cation, moving home, job, saving for a holiday etc.). We have supported people to talk with other people they live wi th to help sharing household jobs and deciding what to buy for shared areas. People we support and families have been involv ed in choosing staff: see our film https://www.youtube.com/watc h?v=cA4tAq1RmJI. We use a 'Better Together' process where people we support, f amilies, social & health professionals come together to tell us w hat is important and agree local area plans and priorities. We di d this by facilitating informal and engaging spring and autumn e vents using a 'You said, we did' approach to listen, act and upd ate on progress. We have set up a 'Voice, choice and control' g roup with representative people we support from across mirus. People have been trained by All Wales People First- Advocacy to speak up for themselves and others.

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.	Overall people are supported to be happy and have a meaning ful life. We measure our success by collecting positive outcome s stories which show people progressing with increased indepe ndence, gaining new relationships and building on existing one s, being active within their local community and volunteering to help others, people gaining voluntary opportunities and employ ment, people told us that they had improved physical health an d had good support with more complex health conditions. Over all families have told us that they are happy with the communica tion and relationship with mirus staff and managers and with the mirus support. Person Centred Reviews and planning ensured t hat each person is at the centre of the discussion and focused on their aspirations and developing action plans based on their individual outcomes. Plans are kept live building on what works well and making timely changes where things are not working. S taff use a range of comprehensive plans to help ensure they ar e consistent in their support. These include 'One Page' profiles, communication and decision making, positive risk, medication, physical and mental health, activity and support plans/teaching, being part of the community, financial capacity assessments an d finance support. In addition we have worked with professional s to develop a other specialist plans for example epilepsy, diab etes, moving and handling, Positive Behaviour plans, sensory e tc. Managers are clear on their role as 'practice leaders' and sp end time working alongside staff, giving positive feedback and s upporting learning. Every 12 weeks the manager complete a re view by asking –'what we tried, learned, pleased about and con cerned about'. This information is used to review care and supp ort plans. Staff are knowledgeable about the people they suppo rt and encourage independence by starting with what people ca n do for themselves. Staff are matched to people supported tak ing into consideration hobbies/interests, personal skills and attri butes. People's interests are encouraged and staff treat people with dignity and respect and support them to do the things they are interested in. People use personal technology to progress and achieve personal outcomes/goals. Interactive technology e vents and coaching has improved overall knowledge and confid ence.
The extent to which people feel safe and protected from abuse and neglect.	Within mirus safeguarding means protecting a person's right to live free from abuse and neglect. Safeguarding, as a preventati ve approach runs as a golden thread throughout a comprehen sive range of policies, procedures, support practice and quality assurance processes. Our safeguarding policy clearly states th e signs, indicators and types of abuse and reporting procedure s (internally and externally) to follow when poor practice and/or abuse is suspected. All staff are trained and fully understand th e indicators of poor practice, abuse and their duty to report. Th ey receive this training as part of their induction and refresher t raining every three years. As an established provider our safeg uarding culture is well respected. We are known for openness a nd honesty, and willingness to reflect and learn. We work in par tnership with Safeguarding teams and take action to thoroughly investigate issues. We have robust monitoring in place to ensur e that learning actions are fully implemented and that learning i s shared across the region and organisation. We operate a saf e recruitment process with thorough checks made prior to staff commencing employment. Staff are inducted and trained to spo t the signs of abuse, neglect and know how to report areas of c oncern. Staff can access Safeguarding and Whistleblowing poli cies and managers ensure these are fully understood and appli ed in practice through ongoing observation, team meetings and supervision. Accidents, incidents and potential safeguarding iss ues are audited as part of ongoing quality assurance to ensure that appropriate external agencies have been notified and any required actions taken. There are detailed records that are qua lity checked by managers, senior managers and independent a udits. These include finance expenditure, administration of 'as r equired' medications and risk assessments. The people we sup port have communication profiles which help everyone to under stand what people are expressing. People are encouraged to d evelop their network of support (family and friends) to strengthe n advocacy. Senior managers, Responsible Individual and Trus tees carry out engagement visits which means that staff and pe ople we support see familiar faces and are comfortable raising any concerns. Staff also have access to a 24 hour/ 365 days a year on call service to receive guidance when their manager is on a day off or leave.

The extent to which people live in accommodation that best supports their wellbeing and achievement of their personal outcomes.	Our Respite accommodation reflects is a comfortable, relaxed a nd homely environment where up to 3 people stay, enabling the ir carer to have a break. The accommodation is within the heart of the community, close to public transport, shops and cafes et c. It is well decorated, comfortably furnished and is refreshed e very year. There are small gardens to the rear and front where people can relax and enjoy being in an outside space or have a go at gardening. The accommodation allows for up to 3 people to stay and as such offers opportunity for both personal space and for people to socialise together. People have opportunities to learn household skills during their stay, these include access ible cooking facilities and equipment, and personal technology f or example 'Alexa' to prepare shopping lists and follow recipes or play favourite music while cooking a meal. Person centred pl ans and risk assessments are in place for each person support ed and are reviewed prior to their stay at the service. There is access to personalised technology 'alerts' to support independ ence while managing risks. The respite service is further develo ping the range of technology made available. The home has th e required fire prevention equipment and everyone has a perso nal fire evacuation plan, this informs care staff what level of sup port a person requires during evacuation in the event of a fire. Fire extinguishers are checked and serviced appropriately by a professional. There is a fire safety management policy and an i ncident recording and reporting policy in place. Policies include contact details of specialist people who can provide guidance o n a matter. People have equipment to support their mobility wh ere needed. There are detailed plans in place to support staff t o use this to maximise independence. Staff wear appropriate pe rsonal protective equipment (PPE) which is readily available.

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)	6.80

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	1
Health & Safety	1
Equality, Diversity & Human Rights	1
Infection, prevention & control	0
Manual Handling	1
Safeguarding	0
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.	PEG Medicine Management Epilipsy/Buccal Autism

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	1
Health & Safety	0
Equality, Diversity & Human Rights	1
Infection, prevention & control	0
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.	PEG Medicine Management Epilipsy/Buccal Autism

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?	No

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	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	9
Health & Safety	9
Equality, Diversity & Human Rights	9
Infection, prevention & control	0
Manual Handling	7
Safeguarding	7
Medicine management	9
Dementia	9
Positive Behaviour Management	9
Food Hygiene	9
Please outline any additional training undertaken pertinent to this role which is not outlined above.	PEG Medicine Management Epilipsy/Buccal Autism

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	1

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)	3
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.	Shift patterns change all the time as it is short stay Respite. Typically we would have one sleep in staff 12 -11pm sleep finishing at 12 noon the next day. We occasionally would need a staff between 8 – 10 am in the mornings. We also have a 2.00-10.00 every evening. On weekends we would have the same pattern with a 9.00-5.00 both Saturday and Sunday. We don't have a typical matrix as every stay and guest have different support needs.

Staff Qualifications

No. of staff who have the required qualification to be registered with Social Care Wales as a social care worker	8
No. of staff working towards the required/recommended qualification	2

Domestic staff

Does your service structure include roles of this type?	No

Catering staff

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

Service Profile

Service Details

Name of Service	Partridge Road Residential Respite Service

Telephone Number	02920236216
What is/are the main language(s) through which your service is provided?	Welsh Medium and English Medium
Other languages used in the provision of the service	n/a

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 weekly fee payable during the last financial year?	3891.59

The maximum weekly fee payable during the last financial year?	3891.59

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?	Feedback forms were distributed to all people we support and their families in December/January. to consult service users and families about the operation of our service. Better together events have also been held to meet with service users and families to discuss what has been done over the last year and what they would like to see done differently going forward.

Service Environment

How many bedrooms at the service are single rooms?	3
How many bedrooms at the service are shared rooms?	0
How many of the bedrooms have en-suite facilities?	1
How many bathrooms have assisted bathing facilities?	1
How many communal lounges at the service?	1
How many dining rooms at the service?	1
Provide details of any outside space to which the residents have access	Back garden is available for the guest to access
Provide details of any other facilities to which the residents have access	People are encouraged to access the community and carry out classes and social groups as they would at home

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)	Yes
Makaton	Yes
British Sign Language (BSL)	Yes
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 have empowered people we support to make choices about their own lives, supporting people to have self-belief and confid ence. Our first step has been to understand how people communicate and developed 'communication profiles' which include spoken w ords & expressive sounds, behaviour, facial expression, body la nguage & sign language (Makaton and BSL). Observations of s taff show that they actively listen and respond in ways that supp ort everyone to 'have their voice heard' regardless of level of di sability. We have developed 'relationship circles' which helped us to un derstand who is important in each person's life and how they su pport them to advocate. Staff have used a range of ways to sup port people to stay connected. We have worked with people, fa milies and professionals to assess individual capacity to make d ecisions and where needed have been involved with making 'be st interest's decisions with the person's support circle. Annual P erson Centred reviews have enabled people to agree personal outcomes/goals and track progress every 12 weeks. We used a strengths based approach starting from what decisi ons people can make, and build on this. For some people we u sed simple and practical options (i.e. trying out a new activity a few times), while for other people we offered more detailed infor mation, and guidance to support more complex decision making . We supported people to develop skills to make decisions and w orked at their pace, making choices from smaller day-to-day de cisions (what to wear, to eat etc.) and bigger life decisions (edu cation, moving home, job, saving for a holiday etc.). We have supported people to talk with other people they live wi th to help sharing household jobs and deciding what to buy for shared areas. People we support and families have been involv ed in choosing staff: see our film https://www.youtube.com/watc h?v=cA4tAq1RmJI. We use a 'Better Together' process where people we support, f amilies, social & health professionals come together to tell us w hat is important and agree local area plans and priorities. We di d this by facilitating informal and engaging spring and autumn e vents using a 'You said, we did' approach to listen, act and upd ate on progress. We have set up a 'Voice, choice and control' g roup with representative people we support from across mirus. People have been trained by All Wales People First- Advocacy to speak up for themselves and others.

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.	Overall people are supported to be happy and have a meaning ful life. We measure our success by collecting positive outcome s stories which show people progressing with increased indepe ndence, gaining new relationships and building on existing one s, being active within their local community and volunteering to help others, people gaining voluntary opportunities and employ ment, people told us that they had improved physical health an d had good support with more complex health conditions. Over all families have told us that they are happy with the communica tion and relationship with mirus staff and managers and with the mirus support. Person Centred Reviews and planning ensured t hat each person is at the centre of the discussion and focused on their aspirations and developing action plans based on their individual outcomes. Plans are kept live building on what works well and making timely changes where things are not working. S taff use a range of comprehensive plans to help ensure they ar e consistent in their support. These include 'One Page' profiles, communication and decision making, positive risk, medication, physical and mental health, activity and support plans/teaching, being part of the community, financial capacity assessments an d finance support. In addition we have worked with professional s to develop a other specialist plans for example epilepsy, diab etes, moving and handling, Positive Behaviour plans, sensory e tc. Managers are clear on their role as 'practice leaders' and sp end time working alongside staff, giving positive feedback and s upporting learning. Every 12 weeks the manager complete a re view by asking –'what we tried, learned, pleased about and con cerned about'. This information is used to review care and supp ort plans. Staff are knowledgeable about the people they suppo rt and encourage independence by starting with what people ca n do for themselves. Staff are matched to people supported tak ing into consideration hobbies/interests, personal skills and attri butes. People's interests are encouraged and staff treat people with dignity and respect and support them to do the things they are interested in. People use personal technology to progress and achieve personal outcomes/goals. Interactive technology e vents and coaching has improved overall knowledge and confid ence.
The extent to which people feel safe and protected from abuse and neglect.	Within mirus safeguarding means protecting a person's right to live free from abuse and neglect. Safeguarding, as a preventati ve approach runs as a golden thread throughout a comprehen sive range of policies, procedures, support practice and quality assurance processes. Our safeguarding policy clearly states th e signs, indicators and types of abuse and reporting procedure s (internally and externally) to follow when poor practice and/or abuse is suspected. All staff are trained and fully understand th e indicators of poor practice, abuse and their duty to report. Th ey receive this training as part of their induction and refresher t raining every three years. As an established provider our safeg uarding culture is well respected. We are known for openness a nd honesty, and willingness to reflect and learn. We work in par tnership with Safeguarding teams and take action to thoroughly investigate issues. We have robust monitoring in place to ensur e that learning actions are fully implemented and that learning i s shared across the region and organisation. We operate a saf e recruitment process with thorough checks made prior to staff commencing employment. Staff are inducted and trained to spo t the signs of abuse, neglect and know how to report areas of c oncern. Staff can access Safeguarding and Whistleblowing poli cies and managers ensure these are fully understood and appli ed in practice through ongoing observation, team meetings and supervision. Accidents, incidents and potential safeguarding iss ues are audited as part of ongoing quality assurance to ensure that appropriate external agencies have been notified and any required actions taken. There are detailed records that are qua lity checked by managers, senior managers and independent a udits. These include finance expenditure, administration of 'as r equired' medications and risk assessments. The people we sup port have communication profiles which help everyone to under stand what people are expressing. People are encouraged to d evelop their network of support (family and friends) to strengthe n advocacy. Senior managers, Responsible Individual and Trus tees carry out engagement visits which means that staff and pe ople we support see familiar faces and are comfortable raising any concerns. Staff also have access to a 24 hour/ 365 days a year on call service to receive guidance when their manager is on a day off or leave.

The extent to which people live in accommodation that best supports their wellbeing and achievement of their personal outcomes.	Our Respite accommodation reflects is a comfortable, relaxed a nd homely environment where up to 3 people stay, enabling the ir carer to have a break. The accommodation is within the heart of the community, close to public transport, shops and cafes et c. It is well decorated, comfortably furnished and is refreshed e very year. There are small gardens to the rear and front where people can relax and enjoy being in an outside space or have a go at gardening. The accommodation allows for up to 3 people to stay and as such offers opportunity for both personal space and for people to socialise together. People have opportunities to learn household skills during their stay, these include access ible cooking facilities and equipment, and personal technology f or example 'Alexa' to prepare shopping lists and follow recipes or play favourite music while cooking a meal. Person centred pl ans and risk assessments are in place for each person support ed and are reviewed prior to their stay at the service. There is access to personalised technology 'alerts' to support independ ence while managing risks. The respite service is further develo ping the range of technology made available. The home has th e required fire prevention equipment and everyone has a perso nal fire evacuation plan, this informs care staff what level of sup port a person requires during evacuation in the event of a fire. Fire extinguishers are checked and serviced appropriately by a professional. There is a fire safety management policy and an i ncident recording and reporting policy in place. Policies include contact details of specialist people who can provide guidance o n a matter. People have equipment to support their mobility wh ere needed. There are detailed plans in place to support staff t o use this to maximise independence. Staff wear appropriate pe rsonal protective equipment (PPE) which is readily available.

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)	6.80

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	1
Health & Safety	1
Equality, Diversity & Human Rights	1
Infection, prevention & control	0
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.	PEG Medicine Management Epilipsy/Buccal Autism

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	1
Health & Safety	1
Equality, Diversity & Human Rights	1
Infection, prevention & control	0
Manual Handling	1
Safeguarding	0
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.	PEG Medicine Management Epilipsy/Buccal Autism

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?	No

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	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	9
Health & Safety	9
Equality, Diversity & Human Rights	9
Infection, prevention & control	0
Manual Handling	7
Safeguarding	7
Medicine management	9
Dementia	9
Positive Behaviour Management	9
Food Hygiene	9
Please outline any additional training undertaken pertinent to this role which is not outlined above.	PEG Medicine Management Epilipsy/Buccal Autism

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	1

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)	3
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.	Shift patterns change all the time as it is short stay Respite. Typically we would have one sleep in staff 12 -11p m sleep finishing at 12 noon the next day. We occasionally would need a staff between 8 – 10 am in the mornings. We also have a 2.00-10.00 every evening. On weekends we would have the same pattern with a 9.00-5.00 both Saturday and Sunday. We don't have a typical matrix as every stay and gu est have different support needs.

Staff Qualifications

No. of staff who have the required qualification to be registered with Social Care Wales as a social care worker	8
No. of staff working towards the required/recommended qualification	2

Domestic staff

Does your service structure include roles of this type?	No

Catering staff

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