# 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:  |   | PAGAQUM S  | SERVICES LIMITED                                   |
|---|---|------------|--|
| The provider was registere                              | ed on:  | 24/05/2019 |  |
| The following lists the provider conditions:            | There are no imposed conditions associated to this provider |            |  |
| The regulated services delivered by this provider were: | Pagaqum Care Services                                       |            |  |
|   | Service Type  |            | Domiciliary Support Service                        |
|   | Type of Care  |            | None   |
|   | Approval Date   |            | 24/05/2019   |
|   | Responsible Individual(s)                                   |            | Richard Otoo                                       |
|   | Manager(s)  |            | Richard Otoo                                       |
|   | Partnership Area  |            | Cardiff and Vale                                   |
|   | 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 | The provider has put in place inhouse training programs for refre sher courses as well as out sourced programs for certification courses. The prover is also registered with the Cardiff council for specific programs. |
|--|---|
| Describe the arrangements in place during the last financial year  | The provider has recruited and trained new members of staff for t   |

for the recruitment and retention of staff employed by the service he last financial year through the government Cos Scheme. provider

#### Service Profile

## Service Details

| Name of Service  | Pagaqum Care Services |
|--|-----------------------|
|  |                       |
| Telephone Number   | 07903518928           |
| What is/are the main language(s) through which your service is provided? | English Medium        |
| Other languages used in the provision of the service                     | Mainly English        |

#### Service Provision

#### People Supported

| How many people in total did the service provide care and support to during the last financial year? | 20 |
|--|----|

### Fees Charged

| The minimum hourly rate payable during the last financial year? | 18 |
|---|----|
| The maximum hourly rate payable during the last financial year? | 18 |

### 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? | Quarterly review meeting with service users<br>Yearly feedback forms sent to service users<br>Regular meetings with service user by the Registed manager |

## Communicating with people who use the service

| Identify any non-verbal communication methods used in the provision of the service          |    |
|---|----|
| Picture Exchange Communication System (PECS)  | No |
| Treatment and Education of Autistic and related Communication-handicapped CHildren (TEACCH) | No |
| Makaton   | No |
| British Sign Language (BSL)   | No |
| Other   | No |

#### Statement of Compliance

The Responsible Individual must prepare the statement of compliance.

CIW have published  $\underline{\text{guidance}}$  on completing the quality of care review which provides advice on what could be contained within the statement of compliance.

| Set out your statement of compliance in respect to the four well-being areas below.  |   |
|--|---|
| The extent to which people feel their voices are heard, they have choice about their care and support, and opportunities are made available to them.   | Service users are involved the preparation of care plans and th eir input is taken very seriously in the finally preparation of care plan. Service users receive annual FEEDBACK forms, the form s are used to identify possible trends and attention is given to i mprove the quality of care. The evaluation of quarterly reviews with service users ensures they are satisfied with the service and the inclusion of their views in the preparation care plan.   |
| The extent to which people are happy and supported to maintain their ongoing health, development and overall wellbeing. For children, this will also include intellectual, social and behavioural development. | The social services and well-being Act, emphasis on wellbeing, self care and needs and preferences are core within the Act. A s an organisation we promote person centred values such as: • Seeing people as individuals • Supporting people to have their care and support needs met • Supporting people to access and implement their rights and u nderstand any responsibilities • Supporting people to maintain as much independence as pos sible and where possible improve their degree of independence • Treating people with dignity and respect and ensuring that the y have their choices and preference listened to. • Working in partnership with the individual so that they can mai ntain control of their lives We also have policies on Respect and Sensitivity, Safeguardin g and Protection of Adults, Care and Support Planning, Meetin g Needs, but to mention a few. |

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

The service users and their representatives are given informati on about the complaints procedures and what to expert within s pecific time periods. Confidentiality and contact numbers for the office, the supervisor, the quality assurance office as well as the CIW, the police and the safeguarding team are provided to se rvice users.

The following section requires you to answer questions about the staff and volunteers working at the service.

Number of posts and staff turnover

The total number of full time equivalent posts at the service (as at 31 March)

The following section requires you to answer questions about each staff type including information about the number of filled and vacant posts, the training undertaken, the contractual arrangements in place and the qualifications of those staff.

The information entered should relate to the period during which the staff member has been working for the provider only.

#### Staff Type

| Service Manager   |    |
|---|----|
| Does your service structure include roles of this type? | No |

| 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 |
| Manual Handling                    | 1 |
| Safeguarding                       | 1 |

| 1   |  |
|---|--|
| 1   |  |
| 1   |  |
|   |  |
| Contractual Arrangements                        |  |
| 1   |  |
| 0   |  |
| 0   |  |
| 0   |  |
| 0   |  |
| d term contact staff by hours worked per week.  |  |
| 0   |  |
| 1   |  |
| 0   |  |
|   |  |
| 1   |  |
| 0   |  |
|   |  |
| No  |  |
| Other social care workers providing direct care |  |
| No  |  |
| Other types of staff                            |  |
| No  |  |
|   |  |