

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:	Parkmore Healthcare Ltd	
The provider was registered on:	26/04/2019	
The following lists the provider conditions:	There are no imposed conditions associated to this provider	
The regulated services delivered by this provider were:	Llanfair Grange	
	Service Type	Care Home Service
	Type of Care	Adults Without Nursing
	Approval Date	26/04/2019
	Responsible Individual(s)	Douglas Leach
	Manager(s)	Nia Mason
	Maximum number of places	34
	Service Conditions	There are no conditions associated to this service

Training and Workforce Planning

Describe the arrangements in place during the last financial year for identifying, planning and meeting the training needs of staff employed by the service provider	We facilitate a rolling programme of training using various channels for all staff. New staff undertake induction and provide their own history of training achievements and needs. Mandatory training skillsets are the initial focus and all staff fall into the "group" for specific training based on the changing needs of residents we are asked to look after. Adherence to RISCA rules and guidance on training is a solid path and allows us to achieve mandatory training/retraining and specialist areas
Describe the arrangements in place during the last financial year for the recruitment and retention of staff employed by the service provider	We have used various avenues for recruitment, including InDeed, local advertising, newspapers, and our good friend; word of mouth. The last year has proved to be the most difficult in terms of recruitment. There is no one conclusive reason but an underfunded sector certainly does not help. Luckily we have a strong retention rate as I believe that the strength of our team, reputation, induction programme ongoing training and giving staff a voice direct to management ensure individuals feel valued

Service Profile

Service Details

Name of Service	Llanfair Grange
Telephone Number	01550720495
What is/are the main language(s) through which your service is provided?	English Medium with some bilingual elements
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?	48
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Fees Charged

The minimum weekly fee payable during the last financial year?	668.51
The maximum weekly fee payable during the last financial year?	800

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?	<p>we issued a formal questionnaire to all residents, their families (or any advocates if applicable) and all third party professionals. From this data I was able to produce a summary of needs, feelings and areas to consider which we may need to introduce or improve and sustain.</p> <p>On a more subtle level my staff are urged to ask and listen to residents about any and all their specific wants, whether it be cultural, language, dietary or anything else!</p> <p>This blend of formal and informal approaches allows us to get a perspective of what works for our residents and how they, uniquely, wish to use our facilities and live their lives; we are all so different, hence there is no single formula.</p>

Service Environment

How many bedrooms at the service are single rooms?	28
How many bedrooms at the service are shared rooms?	3
How many of the bedrooms have en-suite facilities?	12
How many bathrooms have assisted bathing facilities?	4
How many communal lounges at the service?	2
How many dining rooms at the service?	1
Provide details of any outside space to which the residents have access	<p>We have about an acre of grounds, the safest of which is the front of the Home with lovely views across local countryside. Access is via the conservatory, the porch and main front door. There is a sun room and this area is key to residents enjoying outside walks and time when the weather is kind. Seating is provided and staff attend during times when residents enjoy the scenery and fresh air</p>
Provide details of any other facilities to which the residents have access	<p>The Home has two lounges for residents to enjoy day time together. The smaller one is deemed the quiet lounge where capacity ensures that it is for those residents who enjoy smaller groups and less "traffic".</p>

Communicating with people who use the service

Identify any non-verbal communication methods used in the provision of the service	
Picture Exchange Communication System (PECS)	No
Treatment and Education of Autistic and related Communication-handicapped Children (TEACCH)	No
Makaton	No

British Sign Language (BSL)	No
Other	No

Statement of Compliance

The Responsible Individual must prepare the statement of compliance.

CIW have published [guidance](#) on completing the quality of care review which provides advice on what could be contained within the statement of compliance.

Set out your statement of compliance in respect to the four well-being areas below.

The extent to which people feel their voices are heard, they have choice about their care and support, and opportunities are made available to them.

The essence of good care starts with listening and understanding the unique characteristics of each resident, Obviously we are introduced to any resident due to a deterioration of physical or mental wellbeing and an obvious focus will be on the medical side. That said, we must never lose sight that we are befriending a person with a history, with likes and dislikes and we endeavour to find out as much as we can from the individual about the m (often with the help of loved ones) and what we can do to make this huge life transition as smooth as possible.

Governance arrangements centre around statutory care planning and for those residents with capacity the need to listen to individual wishes and preferences within the context of our duty of care and ability to reasonably provide solutions to such wishes. Similarly, for residents whose illness and dementia makes this direct form of communication difficult more weight is put on discussions with families, loved ones and professionals.

Our care plans remain focussed on the individual and not words for word's sake. This allows us to monitor changes in wellbeing and personal preferences, whether that be dietary or activity based and to monitor the small signs of decline that almost surely come.

The "performance" standard has been as high as I could have hoped since we keep the atmosphere of the Home as buoyant as possible. We do this by knowing and providing as many blends of dietary, religious and interest based opportunities that each resident displays.

This can be summed up by feedback from families who said "the staff are always pleasant and helpful", "the atmosphere is lovely" and "always friendly and clean".

I believe that the core values of the Home, led by my Manager and staff, result in an open and transparent culture where any resident has a voice that is heard

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.

Professional care planning and constant work with GPs and District Nurses is the primary care model employed when considering the daily health and wellbeing of residents.

Where safe and viable the pursuit of independent choices will be offered and made available. Sadly, the balance of our residents with capacity has swung to a low minority and the use of DOLS is needed for those who safety may be compromised.

Access to healthcare has been a major function of the service we historically offered by chaperoning residents to hospital appointments etc and maintain the strong link with medical professionals who have their own role in the care planning circle referred to above. So, appointments with dentists, chiropodists, District Nurses, GPs and other specialists are a fundamental part of the process and our duty of care .

The stream of new and "reinforcement" training that we undertake will allow our staff to strengthen their skillsets and become even better carers capable of spotting the minor changes within a resident that could lead to bigger issues. Whether it be the behaviour of diabetics, the redness of early pressure sores, urinary tract infections, epilepsy and dementia; staff are constantly aware of tell-tale signs within our residents.

I believe that the whole experience of Covid, lockdown and the fact that my staff became my residents only point of contact (due to visitors being locked down) that the essence of care was amplified and allowed my team to re-evaluate their roles as professionals and as "crutches" for the vulnerable people we look after. No amount of training or supervision would have given them the skills boost this whole situation has provided. The aim of my manager and I is to build on this new found " self respect" which has meant so much to the team.

In simple terms we must continue to follow the protocols and advice from all specialists to allow our residents to be the strongest they can be.

<p>The extent to which people feel safe and protected from abuse and neglect.</p>	<p>The essential core of caring for people is to ensure they feel safe. Other issues spin off of this feeling but safety and comfort are paramount. Protocols are written in areas such as safeguarding and whistle blowing, which formally state the ethos of the Home which is also fed through to the staff by me, the Manager and senior staff. The feelings of residents, particularly those who may be more fragile in their mood, are constantly gauged by staff and the wonderful relationship between carer and resident allows any subtle changes to be measured and reported. Working with Safeguarding authorities allows us to underpin this ethos by working with local authority and CIW to ensure care standards are maintained.</p> <p>I believe that the feeling of safety manifests itself in one primary way which is the sense of well-being and reducing the sense of loneliness that often shows up in our assessment process before a long-term care with a Home like ours.</p> <p>Building a sense of community and friendship for our residents enhances that sense of safety and wellbeing which is the bedrock of our approach. Ultimately the instinct to care is a driver for common goals and standards and familiarises my staff with the need to safeguard our residents (using the true meaning of the word) and by "looking out" for them we employ, intuitively, the content of our formal policies.</p>
<p>The extent to which people live in accommodation that best supports their wellbeing and achievement of their personal outcomes.</p>	<p>When phrases like "privacy, dignity and confidentiality" are used it really means that each individual is allowed to live their life in a way that is fundamental to their character and choices. Whether this be dietary, behaviourally or just by way of daily patterns support is given to match these unique, specific needs.</p> <p>Usual practice is to allow our residents with particular interests and wishes to enjoy them beyond the four walls of the Home.</p> <p>The thread with this entire report is knowing the individual and what the Home can realistically provide within the resources offered. This is done by subtle but direct questioning and getting a picture of the person in front of you. To understand their nuances, loves and wishes. So whether this is music events, "away days" or gardening, or watching "Carry On" films we shape our input to the individual resident.</p>

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)	12
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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
	<p>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.</p>	
	Filled and vacant posts	
	No. of staff in post	1

No. of posts vacant	0
<p>Training undertaken during the last financial year for this role type.</p> <p>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'.</p>	
Induction	0
Health & Safety	1
Equality, Diversity & Human Rights	0
Infection, prevention & control	1
Manual Handling	1
Safeguarding	1
Medicine management	1
Dementia	1
Positive Behaviour Management	0
Food Hygiene	0
Please outline any additional training undertaken pertinent to this role which is not outlined above.	specialist dementia training
<p>Contractual Arrangements</p>	
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
<p>Outline below the number of permanent and fixed term contact staff by hours worked per week.</p>	
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
<p>Staff Qualifications</p>	
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
<p>Deputy service manager</p>	
Does your service structure include roles of this type?	Yes
<p>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.</p>	
<p>Filled and vacant posts</p>	
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	0
Health & Safety	2
Equality, Diversity & Human Rights	0
Infection, prevention & control	2
Manual Handling	2
Safeguarding	2
Medicine management	2
Dementia	2
Positive Behaviour Management	0
Food Hygiene	0
Please outline any additional training undertaken pertinent to this role which is not outlined above.	specialist dementia

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)	1
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	0
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
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Nursing care staff

Does your service structure include roles of this type?	No
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Registered nurses

Does your service structure include roles of this type?	No
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Senior social care workers providing direct care

Does your service structure include roles of this type?	Yes
<p>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.</p>	
<p>Filled and vacant posts</p>	
No. of staff in post	3
No. of posts vacant	0
<p>Training undertaken during the last financial year for this role type.</p> <p>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'.</p>	
Induction	0
Health & Safety	3
Equality, Diversity & Human Rights	0
Infection, prevention & control	3
Manual Handling	3
Safeguarding	3
Medicine management	2
Dementia	3
Positive Behaviour Management	0
Food Hygiene	3
Please outline any additional training undertaken pertinent to this role which is not outlined above.	
<p>Contractual Arrangements</p>	
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
<p>Outline below the number of permanent and fixed term contact staff by hours worked per week.</p>	
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
<p>Typical shift patterns in operation for employed staff</p>	
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.	7am-2pm 2pm-9pm 9pm-7am
<p>Staff Qualifications</p>	
No. of staff who have the required qualification to be registered with Social Care Wales as a social care worker	3
No. of staff working towards the required/recommended qualification	0

Other social care workers providing direct care	
Does your service structure include roles of this type?	Yes
<p>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.</p>	
<p>Filled and vacant posts</p>	
No. of staff in post	19
No. of posts vacant	2
<p>Training undertaken during the last financial year for this role type.</p> <p>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'.</p>	
Induction	2
Health & Safety	9
Equality, Diversity & Human Rights	0
Infection, prevention & control	13
Manual Handling	11
Safeguarding	11
Medicine management	8
Dementia	12
Positive Behaviour Management	13
Food Hygiene	12
Please outline any additional training undertaken pertinent to this role which is not outlined above.	with a rolling plan of training including mandatories and speciality areas we pursue, additional training is ongoing. To adhere to the dates specified to report on, it is clear that
<p>Contractual Arrangements</p>	
No. of permanent staff	18
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
<p>Outline below the number of permanent and fixed term contact staff by hours worked per week.</p>	
No. of full-time staff (35 hours or more per week)	1
No. of part-time staff (17-34 hours per week)	9
No. of part-time staff (16 hours or under per week)	8
<p>Typical shift patterns in operation for employed staff</p>	
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.	5 on 7am -2pm 4 on 2pm-9pm 2 on 9pm -7am
<p>Staff Qualifications</p>	

No. of staff who have the required qualification to be registered with Social Care Wales as a social care worker	19
No. of staff working towards the required/recommended qualification	0
Domestic staff	
Does your service structure include roles of this type?	Yes
<p>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.</p>	
Filled and vacant posts	
No. of staff in post	2
No. of posts vacant	0
<p>Training undertaken during the last financial year for this role type.</p> <p>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'.</p>	
Induction	0
Health & Safety	0
Equality, Diversity & Human Rights	0
Infection, prevention & control	2
Manual Handling	0
Safeguarding	0
Medicine management	0
Dementia	0
Positive Behaviour Management	0
Food Hygiene	2
Please outline any additional training undertaken pertinent to this role which is not outlined above.	
Contractual Arrangements	
No. of permanent staff	2
No. of Fixed term contracted staff	0
No. of volunteers	0
No. of Agency/Bank staff	0
No. of Non-guaranteed hours contract (zero hours) staff	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	2
No. of staff working toward required/recommended qualification	0

Catering staff	
Does your service structure include roles of this type?	Yes
<p>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.</p>	
<p>Filled and vacant posts</p>	
No. of staff in post	7
No. of posts vacant	0
<p>Training undertaken during the last financial year for this role type.</p> <p>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'.</p>	
Induction	0
Health & Safety	0
Equality, Diversity & Human Rights	0
Infection, prevention & control	3
Manual Handling	0
Safeguarding	1
Medicine management	0
Dementia	0
Positive Behaviour Management	0
Food Hygiene	4
Please outline any additional training undertaken pertinent to this role which is not outlined above.	
<p>Contractual Arrangements</p>	
No. of permanent staff	7
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
<p>Outline below the number of permanent and fixed term contact staff by hours worked per week.</p>	
No. of full-time staff (35 hours or more per week)	2
No. of part-time staff (17-34 hours per week)	3
No. of part-time staff (16 hours or under per week)	2
<p>Staff Qualifications</p>	
No. of staff who have the required qualification	4
No. of staff working toward required/recommended qualification	3
Other types of staff	
Does your service structure include any additional role types other than those already listed?	No

