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: | | Pearlcare(Wellfield)Ltd | |
|---|---|-------------------------|--|
| The provider was registered on: | | 29/05/2019 | |
| The following lists the provider conditions: | There are no imposed conditions associated to this provider | | |
| The regulated services delivered by this provider | | | |
| were: | | | Care Home Service |
| | | | Adults Without Nursing |
| | | | 29/05/2019 |
| | Responsible Individual(s) | | Daniel Markovic |
| | Manager(s) | | Rachael Dyment-Hughes |
| | Maximum number of places | | 30 |
| | 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 | Coolcare system notifies when they need training and care home manager checks to see if any trainings are needed and arranges as required. Staff are given practical training each year and, this is also refreshed when new starters come on. We also work closely with Flintshire workforce development team to ensure all our staff have access to relevant training. We also use one to ones with staff to identify any specific areas of training that individuals may require. |
|--|--|
| Describe the arrangements in place during the last financial year for the recruitment and retention of staff employed by the service provider | Advertise locally for recruitment. Staff incentive, supervisions and meetings if staff were struggling t o work out best way to support for staff retention. We give staff a voice and empower them to make comments and value their contributions. The company offer interest free loans to all staff to help them through the cost of living crisis. Bonus vouch ers and incentives are given to staff to reward their loyalty and commitment. |

Service Profile

Service Details

| Name of Service | Wellfield Rest Home |
|--|---------------------|
| | |
| Telephone Number | 01244536465 |
| What is/are the main language(s) through which your service is provided? | English Medium |
| Other languages used in the provision of the service | Welsh |

Service Provision

People Supported

| How many people in total did the service provide care and support to during the last financial year? | 44 |
|--|----|
|--|----|

Fees Charged

| The minimum weekly fee payable during the last financial year? | 646.52 |
|--|--------|
| The maximum weekly fee payable during the last financial year? | 926.50 |

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 | 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? | |

Service Environment

| How many bedrooms at the service are single rooms? | 30 |
|--|--|
| How many bedrooms at the service are shared rooms? | 0 |
| How many of the bedrooms have en-suite facilities? | 28 |
| How many bathrooms have assisted bathing facilities? | 3 |
| How many communal lounges at the service? | 3 |
| How many dining rooms at the service? | 1 |
| Provide details of any outside space to which the residents have access | Patio area and conservatory off the dining room. Garden accessi ble through main entrance. |
| Provide details of any other facilities to which the residents have access | WA |

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.

Weekly meetings, care surveys. Administrator sends out form w ith suggestions for people to see. This is evidenced with regula r survey's, through resident meetings, care planning reviews, q uality assurance audits, external service reviews such as; careh ome.co.uk, Flintshire County Council Contracts and Commissio ning Reports etc. Additionally, the Care Home adopts an opendoor policy, and the Care Home Management Team are visible and are often floor-based. There is an effective compliments, c omments, and concerns system in situ whereby residents and/or their loved ones/advocates are able to make comments/sugge stions. We have a "YOU SAID, WE DID" board at the main entra nce with residents meetings information.

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.

Through the views of residents who live at the service and their family and friends we welcome feedback on how best we can su pport and enhance their wellbeing at the service. Resident mee tings. Care plans are discussed with residents to make sure everything is all right. Care support meetings with families to make sure their opinions and contributions are assessed. Quality assurance audits, external service reviews such as; carehome.co.u k, Flintshire County Council Contracts and Commissioning Reports etc.

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

Resident meetings. Care plans are discussed with residents to make sure everything is all right. Care support meetings with fa milies to make sure their opinions and contributions are access ed. All staff are trained on how to identify abuse. Staff and resid ents are able to raise any concerns through the homes whistleb lowing policy and procedure.

The extent to which people live in accommodation that best supports their wellbeing and achievement of their personal outcomes.

Resident meetings. Care plans are discussed with residents to make sure everything is all right. Care support meetings with fa milies to make sure their opinions and contributions are access ed Additionally, the Care Home Management Team have ongoing redevelopment plans for the service which are formulated with the valued input of those who live within the Care Home. Renovation works have been undertaken over the previous 12 months, ongoing redecoration and upgrade of the home. The Care Home allows visiting pets/animals into the service and, special a rrangements are in place for residents who have previously ow ned a pet to have regular visits.

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)

34

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 spe stated, the information added should be the pos | cifically to this role type only. Unless otherwise ition as of the 31st March of the last financial year. |
| Filled and vacant posts | |
| No. of staff in post | 1 |
| No. of posts vacant | 0 |
| Training undertaken during the last financial year Set out the number of staff who undertook relevation provided is only a sample of the training that may can be added to 'Please outline any additional training that may not outlined above'. | ant training. The list of training categories |
| Induction | 1 |
| Health & Safety | 1 |
| Equality, Diversity & Human Rights | 1 |
| Infection, prevention & control | 1 |
| 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. | Care Certificate Autism Life Support Challenging Behaviour COSH Data Prevention Dementia Falls Prevention Fluids & Nutrition NCA & DOLS Oral Health PPE Pressure Ulcer Prevention |
| Contractual Arrangements | |
| No. of permanent staff | 1 |
| No. of Fixed term contracted staff | 0 |
| No. of volunteers | 0 |
| No. of Agency/Bank staff | 0 |
| No. of Non-guaranteed hours contract (zero hours) staff | 0 |
| Outline below the number of permanent and fixe | d term contact staff by hours worked per week. |
| No. of full-time staff (35 hours or more per week) | 1 |
| No. of part-time staff (17-34 hours per week) | 0 |
| No. of part-time staff (16 hours or under per week) | 0 |
| Staff Qualifications | |
| No. of staff who have the required qualification to be registered with Social Care Wales as a Service Manager | 1 |

| qualification to be registered with Social Care Nales as a Service Manager | |
|--|---|
| | |
| Deputy service manager | |
| Does your service structure include roles of this type? | Yes |
| Important: All questions in this section relate spe stated, the information added should be the posi | cifically to this role type only. Unless otherwise ition as of the 31st March of the last financial year. |
| Filled and vacant posts | |
| No. of staff in post | 1 |
| No. of posts vacant | 0 |
| Training undertaken during the last financial year Set out the number of staff who undertook relevation provided is only a sample of the training that may can be added to 'Please outline any additional training that may can be added to 'Please outline any additional training that may be added to 'Please outline any additional training that may be added to 'Please outline any additional training that may be added to 'Please outline any additional training that may be added to 'Please outline any additional training that may be added to 'Please outline any additional training that may be added to 'Please outline any additional training that may be added to 'Please outline any additional training that may be added to 'Please outline any additional training that may be added to 'Please outline any additional training that may be added to 'Please outline any additional training that may be added to 'Please outline any additional training that may be added to 'Please outline any additional training that may be added to 'Please outline any additional training that may be added to 'Please outline any additional training that may be added to 'Please outline any additional training that may be added to 'Please outline any additional training that may be added to 'Please outline any additional training training that may be added to 'Please outline any additional training traini | ant training. The list of training categories |
| Induction | 1 |
| Health & Safety | 1 |
| Equality, Diversity & Human Rights | 1 |
| Infection, prevention & control | 1 |
| 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. | Care Certificate Autism Life Support Challenging Behaviour COSH Data Prevention Dementia Falls Prevention Fluids & Nutrition NCA & DOLS Oral Health PPE Pressure Ulcer Prevention |
| 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 | d term contact staff by hours worked per week. |
| No. of full-time staff (35 hours or more per week) | 1 |
| No. of part-time staff (17-34 hours per week) | 0 |
| | |

| 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 | | |
| 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? | Yes | | |
| Important: All questions in this section relate spe stated, the information added should be the pos | ecifically to this role type only. Unless otherwise ition as of the 31st March of the last financial year. | | |
| Filled and vacant posts | | | |
| No. of staff in past | 2 | | |
| No. of staff in post | | | |
| 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 | 2 | | |
| Infection, prevention & control | 2 | | |
| Manual Handling | 2 | | |
| Safeguarding | 2 | | |
| Medicine management | 2 | | |
| Dementia | 2 | | |
| Positive Behaviour Management | 2 | | |
| Food Hygiene | 2 | | |
| Please outline any additional training undertaken pertinent to this role which is not outlined above. | Fire Assessment Oral Hygiene First aid End of Life Care Fall Prevention Fluid & Nutrition Person Centred Care PPE Pressure Ulcer Prevention | | |

| 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 | |
| | | |
| Typical shift patterns in operation for employed s | staff | |
| Set out the typical shift patterns of staff employed at the service in this role type. You should also include the average number of staff working in each shift. | 12 hour shifts | |
| Staff Qualifications | | |
| No. of staff who have the required qualification to be registered with Social Care Wales as a social care worker | 2 | |
| No. of staff working towards the required/recommended qualification | 0 | |
| 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 | 17 | |
| 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 | 12 | |
| Health & Safety | 17 | |
| Equality, Diversity & Human Rights | 17 | |
| Infection, prevention & control | 17 | |
| Manual Handling | 17 | |
| Safeguarding | 17 | |
| Medicine management | 17 | |
| Dementia | | |
| | 17 | |
| | 17 | |
| Positive Behaviour Management Food Hygiene | 17 17 17 | |

| Please outline any additional training undertaken pertinent to this role which is not outlined above. | Pressure Area Mental Capacity Fire Safety First Aid End of Life Care Diabetes |
|--|--|
| Contractual Arrangements | |
| No. of permanent staff | 17 |
| No. of Fixed term contracted staff | 0 |
| No. of volunteers | 0 |
| No. of Agency/Bank staff | 4 |
| No. of Non-guaranteed hours contract (zero hours) staff | 0 |
| Outline below the number of permanent and fixe | d term contact staff by hours worked per week. |
| No. of full-time staff (35 hours or more per week) | 13 |
| No. of part-time staff (17-34 hours per week) | 4 |
| No. of part-time staff (16 hours or under per week) | 0 |
| Typical shift notterns in appretion for any love to | ntoff |
| Typical shift patterns in operation for employed s | Stail |
| 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. | 8 - 12 hour shifts |
| Staff Qualifications | |
| No. of staff who have the required qualification to be registered with Social Care Wales as a social care worker | 12 |
| No. of staff working towards the required/recommended qualification | 4 |
| Domestic staff | |
| Does your service structure include roles of this type? | Yes |
| Important: All questions in this section relate spe stated, the information added should be the pos | ecifically to this role type only. Unless otherwise ition as of the 31st March of the last financial year. |
| Filled and vacant posts | |
| No. of staff in past | |
| No. of staff in post | 0 |
| No. of posts vacant Training undertaken during the last financial year Set out the number of staff who undertook relevation provided is only a sample of the training that mat can be added to 'Please outline any additional training the description of outlined above'. | ar for this role type. ant training. The list of training categories |
| Industion | 3 |
| Induction | 3 |
| Health & Safety | 4 |
| Equality, Diversity & Human Rights | 0 |
| Infection, prevention & control | 4 |
| Manual Handling | 4 |
| Safeguarding | 4 |

| Medicine management Dementia Positive Behaviour Management Food Hygiene Please outline any additional training undertaken pertinent to this role which is not outlined above. COSH Customer Service Autism Training Basic Life Support Collenging Support COVID - 19 DATA PROTECTION Contractual Arrangements No. of permanent staff No. of Fixed term contracted staff No. of Agency/Bank staff No. of Non-guaranteed hours contract (zero hours) staff Outline below the number of permanent and fixed term contact staff by hours worked No. of part-time staff (17-34 hours per week) No. of part-time staff (16 hours or under per week) Staff Qualifications No. of staff who have the required qualification 4 | d per week. | |
|--|-------------|--|
| Food Hygiene Please outline any additional training undertaken pertinent to this role which is not outlined above. Please outline any additional training undertaken customer Service Autism Training Basic Life Support Challenging Support COVID - 19 DATA PROTECTION Contractual Arrangements No. of permanent staff No. of Fixed term contracted staff No. of volunteers No. of Agency/Bank staff No. of Non-guaranteed hours contract (zero hours) of staff Outline below the number of permanent and fixed term contact staff by hours worked No. of full-time staff (35 hours or more per week) No. of part-time staff (17-34 hours per week) No. of part-time staff (16 hours or under per week) Staff Qualifications | d per week. | |
| Please outline any additional training undertaken pertinent to this role which is not outlined above. COSH Customer Service Autism Training Basic Life Support Challenging Support COVID - 19 DATA PROTECTION Contractual Arrangements No. of permanent staff No. of Fixed term contracted staff No. of volunteers No. of Agency/Bank staff No. of Non-guaranteed hours contract (zero hours) staff Outline below the number of permanent and fixed term contact staff by hours worked No. of part-time staff (17-34 hours per week) No. of part-time staff (16 hours or under per week) Staff Qualifications | d per week. | |
| pertinent to this role which is not outlined above. Customer Service Autism Training Basic Life Support Challenging Support COVID - 19 DATA PROTECTION Contractual Arrangements No. of permanent staff No. of Fixed term contracted staff No. of Volunteers No. of Agency/Bank staff No. of Non-guaranteed hours contract (zero hours) staff Outline below the number of permanent and fixed term contact staff by hours worked No. of full-time staff (35 hours or more per week) No. of part-time staff (17-34 hours per week) Staff Qualifications | d per week. | |
| No. of permanent staff No. of Fixed term contracted staff No. of volunteers O No. of Agency/Bank staff O No. of Non-guaranteed hours contract (zero hours) staff Outline below the number of permanent and fixed term contact staff by hours worked No. of full-time staff (35 hours or more per week) No. of part-time staff (17-34 hours per week) No. of part-time staff (16 hours or under per week) Staff Qualifications | d per week. | |
| No. of Fixed term contracted staff No. of volunteers 0 No. of Agency/Bank staff 0 No. of Non-guaranteed hours contract (zero hours) of staff Outline below the number of permanent and fixed term contact staff by hours worked to the fixed term contact staff by hours | d per week. | |
| No. of Fixed term contracted staff No. of volunteers No. of Agency/Bank staff No. of Non-guaranteed hours contract (zero hours) of staff Outline below the number of permanent and fixed term contact staff by hours worked No. of full-time staff (35 hours or more per week) No. of part-time staff (17-34 hours per week) No. of part-time staff (16 hours or under per week) Staff Qualifications | d per week. | |
| No. of Agency/Bank staff No. of Non-guaranteed hours contract (zero hours) 0 staff Outline below the number of permanent and fixed term contact staff by hours worked No. of full-time staff (35 hours or more per week) No. of part-time staff (17-34 hours per week) No. of part-time staff (16 hours or under per week) Staff Qualifications | d per week. | |
| No. of Non-guaranteed hours contract (zero hours) Outline below the number of permanent and fixed term contact staff by hours worked No. of full-time staff (35 hours or more per week) No. of part-time staff (17-34 hours per week) Outline below the number of permanent and fixed term contact staff by hours worked No. of full-time staff (15 hours or more per week) Staff Qualifications | d per week. | |
| No. of Non-guaranteed hours contract (zero hours) 0 Outline below the number of permanent and fixed term contact staff by hours worked 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) 1 Staff Qualifications | d per week. | |
| No. of full-time staff (35 hours or more per week) No. of part-time staff (17-34 hours per week) No. of part-time staff (16 hours or under per week) Staff Qualifications | d per week. | |
| No. of part-time staff (17-34 hours per week) No. of part-time staff (16 hours or under per week) Staff Qualifications | | |
| No. of part-time staff (17-34 hours per week) No. of part-time staff (16 hours or under per week) Staff Qualifications | | |
| Staff Qualifications | | |
| | | |
| No. of staff who have the required qualification 4 | | |
| | | |
| No. of staff working toward required/recommended qualification 0 | | |
| Catering staff | | |
| Does your service structure include roles of this type? Yes | | |
| Important: All questions in this section relate specifically to this role type only. Unless stated, the information added should be the position as of the 31st March of the last | | |
| Filled and vacant posts | | |
| No. of stoff in past | | |
| No. of staff in post 5 | | |
| 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 5 | | |
| Equality, Diversity & Human Rights 5 | | |
| Infection, prevention & control 5 | | |
| Manual Handling 5 | | |
| Safeguarding 5 | | |
| Medicine management 0 | | |

| [| 1_ | |
|--|---|--|
| Dementia | 5 | |
| Positive Behaviour Management | 5 | |
| Food Hygiene | 5 | |
| Please outline any additional training undertaken pertinent to this role which is not outlined above. | First Aid Fire Safety | |
| Contractual Arrangements | | |
| No. of permanent staff | 5 | |
| No. of Fixed term contracted staff | 0 | |
| No. of volunteers | 0 | |
| No. of Agency/Bank staff | 0 | |
| No. of Non-guaranteed hours contract (zero hours) staff | 0 | |
| Outline below the number of permanent and fixe | d term contact staff by hours worked per week. | |
| No. of full-time staff (35 hours or more per week) | 3 | |
| No. of part-time staff (17-34 hours per week) | 1 | |
| No. of part-time staff (16 hours or under per week) | 1 | |
| 2. 22 . 12 . 1 | | |
| Staff Qualifications | | |
| No. of staff who have the required qualification | 5 | |
| No. of staff working toward required/recommended qualification | 0 | |
| Other types of staff | | |
| | T | |
| Does your service structure include any additional role types other than those already listed? | Yes | |
| List the role title(s) and a brief description of the role responsibilities. | Maintenance Person - To co-ordinate/carry out rep airs, maintenance, improvement works and health a nd safety inspections in keeping people safe in a w ell maintained environment. | |
| | Activities Co-ordinator - To provide inspirational res ources and ideas to care staff for group and 1-1 so cial events. To assist residents who have dementia with activity sessions, reminiscence support, mobilit y, encouragement and general support within a residential home. | |
| | Administrator - To support the Home Manager and Deputy Manager in the general business operation s. | |
| Filled and vacant posts | | |
| No. of staff in post | 3 | |
| No. of posts vacant | 0 | |
| Training undertaken during the last financial year Set out the number of staff who undertook relevance provided is only a sample of the training that macan be added to 'Please outline any additional training the provided above'. | ant training. The list of training categories | |
| Induction | 0 | |
| Health & Safety | 3 | |
| Equality, Diversity & Human Rights | 3 | |
| Infection, prevention & control | 3 | |
| - 7 P | | |

3

Manual Handling

| Safeguarding | 3 |
|---|--|
| Medicine management | 0 |
| Dementia | 2 |
| Positive Behaviour Management | 2 |
| Food Hygiene | 2 |
| Please outline any additional training undertaken pertinent to this role which is not outlined above. | First Aid Customer Service Documents & Record Keeping Life Support Autism COVID - 19 Data Protection Dementia Falls Prevention Health & Safety Communication |
| 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 | d term contact staff by hours worked per week. |
| No. of full-time staff (35 hours or more per week) | 0 |
| No. of part-time staff (17-34 hours per week) | 3 |
| No. of part-time staff (16 hours or under per week) | 0 |
| Staff Qualifications | |
| No. of staff who have the required qualification | 3 |
| | |