

# 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:  | Pentwyn Care Ltd  |  |
| The provider was registered on:                         | 20/12/2018  |  |
| The following lists the provider conditions:            | There are no imposed conditions associated to this provider |  |
| The regulated services delivered by this provider were: | Pentwyn House Nursing Home                                  |  |
|   | Service Type  | Care Home Service                                  |
|   | Type of Care  | Adults With Nursing                                |
|   | Approval Date   | 20/12/2018   |
|   | Responsible Individual(s)                                   | Bindu Branch                                       |
|   | Manager(s)  | Lisa Thomas  |
|   | Maximum number of places                                    | 43   |
|   | 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 Home Manager hold the Training Matrix and the Home uses a n E Learning Platform which prompts reminders for Training that i s expiring or has expired. Staff are also prompted by email and ar e always aware of the deadlines.                       |
| Describe the arrangements in place during the last financial year for the recruitment and retention of staff employed by the service provider                        | Local recruitment has been negligible and hence the Home obtain ed a Sponsorship Licence for Care Assistants from abroad. This has proved to be very successful and the new staff are already wil lingly and happily immersed into the ethos of the Home. |

## Service Profile

### Service Details

|  |                            |
|--|----------------------------|
| Name of Service  | Pentwyn House Nursing Home |
| Telephone Number   | 01633680217                |
| What is/are the main language(s) through which your service is provided? | English Medium             |
| Other languages used in the provision of the service                     | None                       |

## Service Provision

### People Supported

|  |    |
|--|----|
| How many people in total did the service provide care and support to during the last financial year? | 39 |
|--|----|

#### Fees Charged

|  |      |
|--|------|
| The minimum weekly fee payable during the last financial year? | 1050 |
| The maximum weekly fee payable during the last financial year? | 1400 |

#### Complaints

|  |   |
|--|---|
| What was the total number of formal complaints made during the last financial year?  | 16  |
| Number of active complaints outstanding  | 0   |
| Number of complaints upheld  | 1   |
| Number of complaints partially upheld  | 0   |
| Number of complaints not upheld  | 15  |
| What arrangements were made for consulting people who use the service about the operation of the service during the last financial year? | The Home Manager regularly liases with the residents and their family by emails and Coffee Mornings |

#### Service Environment

|  |   |
|--|---|
| How many bedrooms at the service are single rooms?                         | 33  |
| How many bedrooms at the service are shared rooms?                         | 5   |
| How many of the bedrooms have en-suite facilities?                         | 2   |
| How many bathrooms have assisted bathing facilities?                       | 3   |
| 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    | The Home is set on a very large plot and has beautiful manicured gardens including a Gazebo and a recently constructed pond |
| Provide details of any other facilities to which the residents have access | A large conservatory that is used as a quiet space by our residents.  |

#### 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)   | 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.   | Resident meetings are held regularly and surveys are conducted annually. All suggestions are reviewed and implemented where necessary. All suggestions and actions are recorded on the SIP<br>Feedback is encouraged from residents and their families.  |
| 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. | Care Plans are audited regularly and families have an input into the residents Care Plans. The Home has an enhanced GP service and all residents are seen at least monthly. Professionals such as the Nurse Assessors, Dentists, Opticians visit the Home often.   |
| The extent to which people feel safe and protected from abuse and neglect.   | Residents surveys are indicative of how the residents feel regarding their safety. Safeguarding training is completed by staff annually. General consensus from the families and visiting professionals is that the Home is safe and people are protected by the staff. The Home reviews its dependency frequently and staffing is based on the projected levels |
| The extent to which people live in accommodation that best supports their wellbeing and achievement of their personal outcomes.  | As mentioned above. Recent example is that the Residents asked for a Pond and we actioned this within a matter of weeks.   |

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) | 49 |
|--|----|

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.<br>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  | 31  |
|                                 | Health & Safety  | 31  |
|                                 | Equality, Diversity & Human Rights   | 43  |
| Infection, prevention & control | 53   |     |

|  |   |
|--|---|
| Manual Handling  | 33  |
| Safeguarding   | 49  |
| Medicine management  | 10  |
| Dementia   | 23  |
| Positive Behaviour Management  | 25  |
| Food Hygiene   | 44  |
| Please outline any additional training undertaken pertinent to this role which is not outlined above.  | Dysphagia & IDDSI 3 Years<br>MCA DoLs<br>Emergency first aid/Basic Life Support<br>Falls Prevention<br>Person centred Care<br>Oral Care<br>Sepsis |
| <b>Contractual Arrangements</b>  |   |
| No. of permanent staff   | 49  |
| 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   |
| <b>Outline below the number of permanent and fixed term contact staff by hours worked per week.</b>  |   |
| No. of full-time staff (35 hours or more per week)   | 49  |
| No. of part-time staff (17-34 hours per week)  | 0   |
| No. of part-time staff (16 hours or under per week)  | 0   |
| <b>Staff Qualifications</b>  |   |
| 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  | 3   |
| <b>Deputy service manager</b>  |   |
| Does your service structure include roles of this type?  | No  |
| <b>Other supervisory staff</b>   |   |
| Does your service structure include roles of this type?  | No  |
| <b>Nursing care staff</b>  |   |
| Does your service structure include roles of this type?  | Yes   |
| <b>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.</b> |   |
| <b>Filled and vacant posts</b>   |   |
| No. of staff in post   | 31  |
| 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   | 14 |
| Health & Safety   | 14 |
| Equality, Diversity & Human Rights  | 14 |
| Infection, prevention & control   | 14 |
| Manual Handling   | 14 |
| Safeguarding  | 14 |
| Medicine management   | 14 |
| Dementia  | 14 |
| Positive Behaviour Management   | 14 |
| Food Hygiene  | 13 |
| Please outline any additional training undertaken pertinent to this role which is not outlined above. |    |

#### Contractual Arrangements

|   |    |
|---|----|
| No. of permanent staff                                  | 14 |
| 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)  | 14 |
| 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 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. | 7am to 7pm 10 care staff<br>7pm to 7am 5 care staff |
|---|---|

#### 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  | 0  |

#### Registered nurses

|   |     |
|---|-----|
| 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   | 1  |
| <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   | 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.   |  |
| <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.   | 7 am to 7pm 1 Nurse<br>7pm to 7 am 1 Nurse |
| <p>Senior social care workers providing direct care</p>   |  |
| Does your service structure include roles of this type?   | No   |
| <p>Other social care workers providing direct care</p>  |  |
| Does your service structure include roles of this type?   | No   |
| <p>Domestic staff</p>   |  |
| 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 | 8 |
| 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     |
| Infection, prevention & control   | 8     |
| Manual Handling   | 8     |
| Safeguarding  | 8     |
| Medicine management   | 0     |
| Dementia  | 8     |
| Positive Behaviour Management   | 0     |
| Food Hygiene  | 0     |
| Please outline any additional training undertaken pertinent to this role which is not outlined above. | COSHH |

#### 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 | 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)       | 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 |
|---|-----|

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  | 4                               |
| No. of posts vacant   | 1                               |
| <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   | 4                               |
| Health & Safety   | 4                               |
| Equality, Diversity & Human Rights  | 4                               |
| Infection, prevention & control   | 4                               |
| Manual Handling   | 4                               |
| Safeguarding  | 4                               |
| Medicine management   | 0                               |
| Dementia  | 4                               |
| Positive Behaviour Management   | 4                               |
| Food Hygiene  | 4                               |
| Please outline any additional training undertaken pertinent to this role which is not outlined above.   |                                 |
| Contractual Arrangements  |                                 |
| No. of permanent staff  | 4                               |
| 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)  | 4                               |
| 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                               |
| Other types of staff  |                                 |
| Does your service structure include any additional role types other than those already listed?  | Yes                             |
| List the role title(s) and a brief description of the role responsibilities.  | Activities Staff<br>Maintenance |
| 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 |
| Infection, prevention & control   | 3 |
| Manual Handling   | 3 |
| Safeguarding  | 3 |
| Medicine management   | 0 |
| Dementia  | 3 |
| Positive Behaviour Management   | 3 |
| Food Hygiene  | 3 |
| Please outline any additional training undertaken pertinent to this role which is not outlined above. |   |

#### Contractual Arrangements

|   |   |
|---|---|
| No. of permanent staff                                  | 3 |
| No. of Fixed term contracted staff                      | 0 |
| No. of volunteers                                       | 0 |
| No. of Agency/Bank staff                                | 0 |
| No. of Non-guaranteed hours contract (zero hours) staff | 0 |

Outline below the number of permanent and fixed term contact staff by hours worked per week.

|   |   |
|---|---|
| No. of full-time staff (35 hours or more per week)  | 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               | 3 |
| No. of staff working toward required/recommended qualification | 0 |