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: | | Pinefold Limited | |
|---|---|------------------|--|
| The provider was registered on: 17/07/20 | | 17/07/2018 | |
| The following lists the provider conditions: | There are no imposed conditions associated to this provider | | |
| The regulated services delivered by this provider | Emral House Nursing Home | | |
| were: | Service Type | | Care Home Service |
| | Type of Care Approval Date | | Adults With Nursing |
| | | | 26/07/2018 |
| <u>'</u> | Responsible Individual(s) | | Richard Nicholas |
| | Manager(s) | | Beverley Hughes |
| | Maximum number of places | | 45 |
| | 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

All members of staff are appraised annually and undergo periodic supervision sessions throughout the year. Together with informati on gleaned from staff meetings, these sessions help to identify training needs which form the basis of the staff training programme f or the ensuing 12 months. Priority is given to core training module s which all members of staff are required to regularly attend and s ervice specific training is arranged for nurses and carers appropri ate to their needs.

Describe the arrangements in place during the last financial year for the recruitment and retention of staff employed by the service provider

The home has a very stable core work force with many members of staff having been employed for many years or even decades. We receive more requests for jobs than we are able to fill and the occasional vacancies that do occur are usually relatively easy to fill and these are more often than not recruited by word of mouth.

Service Profile

Service Details

| Name of Service | Emral House Nursing Home |
|--|--------------------------|
| | |
| Telephone Number | 01978361442 |
| What is/are the main language(s) through which your service is provided? | 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? | 75 |
|--|----|
| support to during the last linaridal year? | |

Fees Charged

| The minimum weekly fee payable during the last financial year? | 953.57 |
|--|---------|
| The maximum weekly fee payable during the last financial year? | 1020.81 |

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? | In addition to informal conversations with service users and their f amilies, two comprehensive QA reviews were conducted in the spr ing and autumn. |

Service Environment

| How many bedrooms at the service are single rooms? | 39 |
|--|--|
| How many bedrooms at the service are shared rooms? | 3 |
| How many of the bedrooms have en-suite facilities? | 40 |
| How many bathrooms have assisted bathing facilities? | 5 |
| How many communal lounges at the service? | 6 |
| How many dining rooms at the service? | 1 |
| Provide details of any outside space to which the residents have access | Large sitting out lawn areas to front, side and rear of building |
| Provide details of any other facilities to which the residents have access | The home is located in the centre of town within easy walking dist ance of all amenities |

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) | No |
| Makaton | No |
| British Sign Language (BSL) | Yes |
| Other | Yes |
| List 'Other' forms of non-verbal communication used | RITA, tablets, signing, etc. |

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. | The residents are very well supported by their friends and famili es who due to our central and convenient location are able to vi sit at any time of day and for any length of time. Many elderly s pouses stay all day long and have their meals with us. This arrangement allows us to understand the needs of our residents be tter and so to cater for their needs more appropriately. We have always encouraged unlimited visiting access as this has been a cornerstone of our philosophy. Our management and nurses are easily accessible at all times. |
|--|---|
| 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. | From the feedback gained from both informal and formal QA re views, it is evident that most residents are as happy as it is pos sible to be given the circumstances which they find themselves in. |
| The extent to which people feel safe and protected from abuse and neglect. | From the feedback gained from both informal and formal QA re views, it is also evident that residents generally feel safe and pr otected from abuse and neglect. |
| The extent to which people live in accommodation that best supports their wellbeing and achievement of their personal outcomes. | Our Statement of Purpose under our 'Criteria for Admission' ha s always made it clear that residents should only be admitted if the multi-disciplinary admissions team is confident that admission to the home, either on a temporary or permanent basis, is the best or at least one of the best options in the circumstance. |

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)

50

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.

| Гуре |
|------|
| |

| Service Manager | |
|--|---|
| Does your service structure include roles of this type? | Yes |
| Important: All questions in this section relate sp stated, the information added should be the pos | ecifically to this role type only. Unless otherwise sition as of the 31st March of the last financial year. |
| Filled and vacant posts | |
| No. of staff in post | 65 |
| No. of posts vacant | 1 |

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'.

| That Gallinga above : | | |
|---|--|--|
| | - | |
| Induction | 7 | |
| Health & Safety | · | |
| Equality, Diversity & Human Rights | 0 | |
| Infection, prevention & control | 43 | |
| Manual Handling | 46 | |
| Safeguarding | 46 | |
| Medicine management | 5 | |
| Dementia | 46 | |
| Positive Behaviour Management | 0 | |
| Food Hygiene | 48 | |
| Please outline any additional training undertaken pertinent to this role which is not outlined above. | Fire, First Aid, COSHH, Challenging Behaviour, DO LS/Mental Capacity Act, Falls Prevention, Medicatio n, Dignity and Respect and numerous minor course s | |
| Contractual Arrangements | | |
| No. of permanent staff | 65 | |
| No. of Fixed term contracted staff | 0 | |
| No. of volunteers | 0 | |
| No. of Agency/Bank staff | 2 | |
| 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) | 50 | |
| No. of part-time staff (17-34 hours per week) | 15 | |
| 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 | 43 | |
| 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.

| No. of staff in post | 2 |
|---|---|
| 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 transfer outlined above'. | ant training. The list of training categories y have been undertaken. Any training not listed |
| Induction | 0 |
| Health & Safety | 2 |
| Equality, Diversity & Human Rights | 0 |
| Infection, prevention & control | 2 |
| Manual Handling | 2 |
| Safeguarding | 2 |
| Medicine management | 2 |
| Dementia | 2 |
| | 0 |
| Positive Behaviour Management | 2 |
| 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 | d 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 | 2 |
| No. of staff working towards the required/recommended qualification | 0 |
| Nursing care staff | |
| | Yes |
| Does your service structure include roles of this type? | 1 |
| Does your service structure include roles of this type? Important: All questions in this section relate spe stated, the information added should be the positive stated. | |
| type? Important: All questions in this section relate spe | cifically to this role type only. Unless otherwise ition as of the 31st March of the last financial year |

| 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 | 0 | |
| Equality, Diversity & Human Rights | 0 | |
| Infection, prevention & control | 9 | |
| Manual Handling | 9 | |
| Safeguarding | 9 | |
| Medicine management | 9 | |
| Dementia | 0 | |
| Positive Behaviour Management | 0 | |
| Food Hygiene | 9 | |
| Please outline any additional training undertaken pertinent to this role which is not outlined above. | None | |
| Contractual Arrangements | | |
| No. of permanent staff | 7 | |
| No. of Fixed term contracted staff | 0 | |
| No. of volunteers | 0 | |
| No. of Agency/Bank staff | 2 | |
| 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) | 6 | |
| No. of part-time staff (17-34 hours per week) | 1 | |
| 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. | DAYS 12.5 HOURS AND NIGHTS 12.5 HOURS | |
| Staff Qualifications | | |
| No. of staff who have the required qualification to be registered with Social Care Wales as a social care worker | 9 | |
| 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 | 11 | |
| No. of posts vacant | 0 | |
| Training undertaken during the last financial year Set out the number of staff who undertook releve provided is only a sample of the training that may can be added to 'Please outline any additional to not outlined above'. | ant training. The list of training categories | |
| Induction | 0 | |
| Health & Safety | 0 | |
| Equality, Diversity & Human Rights | 0 | |
| Infection, prevention & control | 11 | |
| Manual Handling | 11 | |
| Safeguarding | 11 | |
| Medicine management | 11 | |
| Dementia | 0 | |
| Positive Behaviour Management | 0 | |
| Food Hygiene | 11 | |
| Please outline any additional training undertaken pertinent to this role which is not outlined above. | NONE | |
| 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 fixe | d term contact staff by hours worked per week. | |
| No. of full-time staff (35 hours or more per week) | 9 | |
| No. of part-time staff (17-34 hours per week) | 2 | |
| 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. | 3 NURSES FOR 12.5 HOURS PER DAY AND 1 OR 2 NURSES FOR 12.5 HOURS PER NIGHT | |
| Senior 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 | 12 | |
| No. of posts vacant | 0 | |

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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 | 12 | |
| Equality, Diversity & Human Rights | 0 | |
| Infection, prevention & control | 12 | |
| Manual Handling | 12 | |
| Safeguarding | 12 | |
| Medicine management | 0 | |
| Dementia | 0 | |
| Positive Behaviour Management | 12 | |
| Food Hygiene | 12 | |
| Please outline any additional training undertaken pertinent to this role which is not outlined above. | Fire, First Aid, Challenging Behaviour, DOLS/Ment al Capacity Act, Falls Awareness | |
| Contractual Arrangements | | |
| No. of permanent staff | 12 | |
| 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) | 12 | |
| 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. | 9 X 12 HOUR DAY SHIFTS AND 4 X 12 HOUR NIGH T SHIFTS | |
| Staff Qualifications | | |
| No. of staff who have the required qualification to be registered with Social Care Wales as a social care worker | 9 | |
| 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 | 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

type?

| No. of staff in post | 33 |
|--|---|
| No. of posts vacant | 0 |
| Training undertaken during the last financial year Set out the number of staff who undertook releven provided is only a sample of the training that may can be added to 'Please outline any additional training that above'. | ant training. The list of training categories |
| Induction | 3 |
| Health & Safety | 30 |
| Equality, Diversity & Human Rights | 0 |
| Infection, prevention & control | 30 |
| Manual Handling | 30 |
| Safeguarding | 30 |
| Medicine management | 1 |
| Dementia | 0 |
| Positive Behaviour Management | 30 |
| Food Hygiene | 30 |
| Please outline any additional training undertaken pertinent to this role which is not outlined above. | Fire, COSHH, Falls Awareness, DLOS/MCA |
| Contractual Arrangements | |
| No. of permanent staff | 33 |
| 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) | 23 |
| No. of part-time staff (17-34 hours per week) | 10 |
| 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. | 7 X 12 HOURS DAY SHIFT AND 1 X 12 HOURS NIG HT SHIFT |
| Staff Qualifications | |
| No. of staff who have the required qualification to be registered with Social Care Wales as a social care worker | 31 |
| No. of staff working towards the required/recommended qualification | 2 |
| 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 sition 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 yea | |
| 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 transcription outlined above'. | y have been undertaken. Any training not listed |
| Induction | 1 |
| Health & Safety | 6 |
| Equality, Diversity & Human Rights | 0 |
| Infection, prevention & control | 6 |
| Manual Handling | 0 |
| Safeguarding | 0 |
| Medicine management | 0 |
| Dementia | 0 |
| Positive Behaviour Management | 0 |
| Food Hygiene | 6 |
| Please outline any additional training undertaken pertinent to this role which is not outlined above. | NONE |
| 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 | 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) | 3 |
| 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 | 1 |
| Catering 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 posi | cifically to this role type only. Unless otherwise ition as of the 31st March of the last financial year |
| Filled and vacant posts | |
| | T |
| No. of staff in post | 3 |

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 3 Health & Safety 0 Equality, Diversity & Human Rights 3 Infection, prevention & control Manual Handling 0 Safeguarding 0 Medicine management 0 0 Dementia 0 Positive Behaviour Management 3 Food Hygiene Please outline any additional training undertaken NONE pertinent to this role which is not outlined above. **Contractual Arrangements** No. of permanent staff 3 0 No. of Fixed term contracted staff No. of volunteers 0 0 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 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 0 No. of part-time staff (16 hours or under per week) Staff Qualifications

| qualification | |
|--|----|
| | |
| Other types of staff | |
| Does your service structure include any additional role types other than those already listed? | No |

3

0

No. of staff who have the required qualification

No. of staff working toward required/recommended