

# 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:  | Rowan Care Limited  |  |
| The provider was registered on:                         | 05/08/2019  |  |
| The following lists the provider conditions:            | There are no imposed conditions associated to this provider |  |
| The regulated services delivered by this provider were: | Rowan Care Limited  |  |
|   | Service Type  | Domiciliary Support Service                        |
|   | Type of Care  | None   |
|   | Approval Date   | 05/08/2019   |
|   | Responsible Individual(s)                                   | Anna Rose  |
|   | Manager(s)  |  |
|   | Partnership Area  | North Wales  |
|   | Service Conditions  | There are no conditions associated to this service |

## Training and Workforce Planning

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| 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 | Identify The Knowledge, Skills, And Abilities Needed To Meet the support. As a company our employees may have gaps in their knowledge, skills, and abilities. Figure Out What Employees Know and where what needs refreshing. This is normally done in 1;1 or team meetings. Also matching or training to the needs of our service users is a priority and training needs can also be identified with in management meetings , at review for service users or while updating personal plans as needs can change. |
| Describe the arrangements in place during the last financial year for the recruitment and retention of staff employed by the service provider                        | We care for our staff wellbeing and have prioritized our staff having a good work life balance by ensuring all rotas are done a minimum of four weeks in advance, we also have a staff benefits scheme and an open door to any of the management team whenever needed weather work related or not.   |

## Service Profile

### Service Details

|  |                    |
|--|--------------------|
| Name of Service  | Rowan Care Limited |
| Telephone Number   | 01492573704        |
| 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? | 8 |
|--|---|

### Fees Charged

|   |       |
|---|-------|
| The minimum hourly rate payable during the last financial year? | 19.18 |
|---|-------|

|   |       |
|---|-------|
| The maximum hourly rate payable during the last financial year? | 21.24 |
|---|-------|

### Complaints

|   |   |
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| What was the total number of formal complaints made during the last financial year? | 2 |
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|   |   |
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| Number of active complaints outstanding | 0 |
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|                             |   |
|-----------------------------|---|
| Number of complaints upheld | 1 |
|-----------------------------|---|

|                                       |   |
|---------------------------------------|---|
| Number of complaints partially upheld | 0 |
|---------------------------------------|---|

|                                 |   |
|---------------------------------|---|
| Number of complaints not upheld | 1 |
|---------------------------------|---|

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| What arrangements were made for consulting people who use the service about the operation of the service during the last financial year? | We send feedback forms out to service users every 2months now and also ask the service user if they would like a visit for the team leaders or RI to help complete the form. |
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### Communicating with people who use the service

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| Identify any non-verbal communication methods used in the provision of the service |
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|  |    |
|--|----|
| 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

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| The Responsible Individual must prepare the statement of compliance. |
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| CIW have published <a href="#">guidance</a> on completing the quality of care review which provides advice on what could be contained within the statement of compliance. |
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| Set out your statement of compliance in respect to the four well-being areas below. |
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| 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. | On our last service user survey and last feedback forms this came back at 100% that people think their voices are heard. |
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| 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. | On our last service user survey and last feedback forms this came back at 100% |
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|  |  |
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| The extent to which people feel safe and protected from abuse and neglect. | On our last service user survey and last feedback forms this came back at 100% |
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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) 5

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  | 5   |
|                               | No. of posts vacant   | 4   |
|                               | <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   | 5   |
|                               | Equality, Diversity & Human Rights  | 5   |
|                               | Manual Handling   | 5   |
|                               | Safeguarding  | 5   |
| Dementia                      | 5   |     |
| Positive Behaviour Management | 5   |     |
| Food Hygiene                  | 5   |     |

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| <p>Please outline any additional training undertaken pertinent to this role which is not outlined above.</p> | <p>Acquired Brain Injuries and Autistic Spectrum Training<br/> Allergen Awareness<br/> Autism Understanding<br/> Basic Life Support<br/> Bedrails<br/> Brain Injury Awareness<br/> Caldicott Principles for Care<br/> Care Certificate Competency Assessments<br/> Communication<br/> Complaints Handling<br/> Complaints Handling Training<br/> COSHH<br/> Data Protection<br/> Dementia Awareness<br/> Dementia in Care<br/> Diabetes Awareness<br/> Diabetes Awareness Training<br/> Dignity in Action<br/> Disciplinary and Grievance Investigations<br/> Display Screen Equipment<br/> Emergency Life Support Training<br/> End of Life Care<br/> Epilepsy Awareness<br/> Epilepsy Awareness and Buccal Midazolam Administration<br/> Epilepsy Awareness Training<br/> Equality and Diversity<br/> Equality and Diversity for Managers<br/> Fire Safety<br/> Fire Warden<br/> Fire Warden for Care<br/> First Aid<br/> Food Safety for Support Workers<br/> Handling Information and Confidentiality<br/> Health &amp; Safety, Fire, Infection Control &amp; Manual Handling Objects Training<br/> Health and Safety Awareness<br/> Infection Prevention and Control<br/> Information Governance Social Care<br/> Introduction to Positive Behaviour Support (PBS) &amp; Behaviour as Communication<br/> Learning Disability Awareness<br/> Level 2 Conflict Management<br/> Level 3 Award in Emergency First Aid at Work<br/> Lone Worker<br/> Managing Violence and Aggression<br/> Manual Handling &amp; Moving People Safely<br/> Manual Handling Objects<br/> MAPA Management of Actual and Potential Aggression (Units 1-7+10)<br/> MAPA Refresher (Units 1-7+10)<br/> MAR Charts<br/> MCA &amp; DoLS<br/> Medication Administration Competency Assessor Training<br/> Medication Administration for Care<br/> Medication Competency Assessment PASS<br/> Medication Support and Administration Training<br/> Mental Capacity Act And Deprivation Of Liberty Safeguards For Care Provider Managers<br/> Mental Health, Learning Disabilities and Dementia Training<br/> Moving and Positioning People<br/> Nutrition Awareness<br/> Oral Health Awareness<br/> Peer Mentoring<br/> Person Centred Planning Training<br/> Pressure Ulcer Prevention<br/> Risk Assessment in Care<br/> Safeguarding Adults at Risk<br/> Safeguarding Adults for Alerters Training<br/> Safeguarding adults for Care Managers<br/> Service User Risk Assessment<br/> Supervision and Appraisal Training</p> |
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|  |   |
|--|---|
| <div style="border: 1px solid green; padding: 2px;">Contractual Arrangements</div> |   |
| No. of permanent staff   | 0 |
| No. of Fixed term contracted staff   | 5 |
| No. of volunteers  | 0 |

|   |    |
|---|----|
| No. of Agency/Bank staff  | 1  |
| 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)   | 2  |
| 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               | 5  |
| 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?   | No |
| Senior social care workers providing direct care  |    |
| Does your service structure include roles of this type?   | No |
| Other social care workers providing direct care   |    |
| Does your service structure include roles of this type?   | No |
| Other types of staff  |    |
| Does your service structure include any additional role types other than those already listed?                              | No |