Annual Return 2023/2024

Provider Information to be published

The following information relates to information CIW held about this provider and its associated services on the 31st March 2024.

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:		Mental Health Care (Avalon) Limited	
The provider was registered on:		04/04/2019	
The following lists the provider conditions:	There are no imposed conditions associated to this provider		
The regulated services delivered by this provider were:	Avalon		
	Service Type	Care Home Service	
	Type of Care	Adults Without Nursing	
	Approval Date	04/04/2019	
	Responsible Individual(s)	Gemma O'Malley	
	Manager(s)	Tracey Roscoe	
	Maximum number of places	5	
	Service Conditions	There are no conditions associated to this service	

Training and Workforce Ranning	
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	There are service level and provider level arrangements in place t o monitor the frequency and availability of training and developme nt opportunities, this is through Responsible Individual Visits, Car e Governance, Senior Management Team Meetings as well as MH C Board Meetings. Ongoing professional development is also inco rporated into staff supervisions, appraisals and staff meetings, wh ere needs are identified and plans are put into place to ensure tra ining provision is made available.
Describe the arrangements in place during the last financial year for the recruitment and retention of staff employed by the service provider	Recruitment and retention are discussed at a service level and pr ovider level to review and plan strategies to ensure adequate res ources are available. This is through Responsible Individual Visits , Care Governance, Senior Management Team Meetings as well a s MHC Board Meetings. All of these forums regularly review key st affing and resource data to inform decision making. There was a pay increase from 1st April 2024.

Service Profile

 Service Details

 Name of Service

 Service Telephone Number

 01745356164

 What is/are the main language(s) through which your service is provided?

 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?	5

Fees Charged

The minimum weekly fee payable during the last financial year?	2316.98
The maximum weekly fee payable during the last financial year?	6181.25
If you wish to add further detail or comment regarding the scale of charges please do so below	

Complaints

Number of active complaints outstanding	0
Number of complaints upheld	1
Number of complaints partially upheld	2
Number of complaints not upheld	1
Total number of formal complaints made during the last financial year	4
What arrangements were made for consulting people who use the service about the operation of the service during the last financial year?	Personal Planning, Keyworker Meetings, Resident Surveys, Stake holder Surveys, Resident Meetings, Activity Planning, Review Mee tings, Responsible Individual Visits, Complaints, Compliments, Inte rview Processes, Daily Records, MHC Newsletter, Social Media, E nvironment Choices.

Service Environment

How many bedrooms at the service are single rooms?	5
How many bedrooms at the service are shared rooms?	0
How many of the bedrooms have en-suite facilities?	1
How many bathrooms have assisted bathing facilities?	0
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	Garden, patio, shed, seating, plants.
Provide details of any other facilities to which the residents have access	None.

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	Yes
British Sign Language (BSL)	No
Other	Yes
List 'Other' forms of non-verbal communication used	Easy Read Pictoral

Statement of Compliance

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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 service employs a staff matching technique to attempt to m atch residents and staff on interests. This provides the resident with inclusion and ensures their social needs are met. Resident s also have relationship maps within their files which is a spider diagram and details the people important to them within their lif e, this can include family members, friends, staff etc.
	We tailor our care to meet each person's specific needs. The P erson-centred approach focuses on the immediate and the futu re, considering the needs, thoughts, concerns, and opinions of the individual, and consulting their family and friends and other s within their 'personal network'. The plan will describe the pref erences of each resident in relation to their choices, outcomes t hat are specific, measurable, achievable, lifestyle specific supp ort needs and risk assessments. These plans enable us to sho w how we intend to support the health and welfare needs of eac h person living at Avalon. These plans are reviewed regularly (minimum three monthly) with the resident, their families, and oth er stakeholders. We have a process for asking and recording w hat is working and not working from the resident's perspective.
	Each resident will have a named Keyworker, who will allow them to have choice in how care and support is structured around th em. An activities schedule will be created with the residents' pre ferences central to its functioning. Avalon will use a total comm unication package which allows us to help develop how a reside nt communicates and allows us to demonstrate choices.
	The residents have access to aromatherapy sessions at Avalon . This activity is enjoyed and utilised consistently, whilst being a n important part of meeting the sensory needs of the residents. Individual short breaks and longer holidays are also organised and tailored to the individual. A weekly programme of activities i s designed around the choices and interests of the residents. A ctivities of choice may include music, art, further education, work experience, bowling, holiday s, shopping, cinema, crafts, walking, day trips, social groups, sp orts and many more. One resident is attending higher educatio n and completing English, Maths for 1 day a week.
	The residents that live at Avalon are involved in the selection of applicants by viewing application forms and CV's and deciding who to short list. Residents have developed their own interview questions based upon what they value the most from staff.

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.	Residents are supported to register with a GP and dental practi ce of their choice where capacity allows, alongside other health care amenities. In addition to this, each resident will be provide d with a hospital passport which contains information required s hould they be admitted to hospital, or should paramedics come to Avalon.
	All residents are fully supported where necessary to attend hea th appointments. All health appointments are documented in te rms of outcomes and any follow up action that may be required (a timeline). Each resident has a daily diary which monitors mea Is, fluids, appointments, specific testing (such as blood monitori ng glucose), weekly vital checks, monthly weight monitoring and peak flows. If there are any issues then we are able to contact t he GP or wait for a weekly call with the doctor.
	All individuals receive an Annual Health Check from the GP, alt hough there have been some challenges during the year relati ng to the availability of these checks. Each person has a Health Action Plan in place to support the ongoing monitoring of physi cal health and wellbeing.
	The support of resident's emotional health has been very impor tant so our close links with the local community mental health te ams and residents' bespoke clinical teams have been very ben eficial, as keeping the lines of communication open has meant t hat any of our residents' mental health needs can be addresse d as and when concerns occur.
	In relation to diet and exercise, most of the residents eat a well- balanced diet. Choices in relation to diet intake are respected, and advice is provided along the way to educate individuals ab out a balanced diet. Individuals take part in 'shop and cook' acti vity to develop their skills. This is promoting the person's indep endence, helping with money recognition, teaching new skills wi th regards to budgeting and the cost of living and helping to ha ve more knowledge and insight of healthy living, including prep aring and cooking more independently.
	Each resident has an activity planner. These plans are put toge ther by residents with support from the staff. New activities, exp eriences, and work experience provide opportunities for them t o engage in a range of activities that support their overall well-b eing.

The extent to which people feel safe and protected from abuse and neglect.	MHC have a robust recruitment process that ensures all new employees are vetted appropriately prior to commencing employment with us. These background checks consist of two written mployment references and an application is made to the Disclosing and Barring Service to ensure all employees are consider d safe to work in the care sector. All residents are made aware of the safeguarding and complaits process and there are posters on display within the service or rect process to follow should they have any safeguarding and/r complaints requests. Further to this MHC contracts with an in ependent advocacy service NWAAA and all residents have account of the safe to the safe t
	ess to IMHA and where necessary IMCA services. All staff as part of the recruitment and induction process have full enhanced DBS check and receive training in Safeguarding Equality and Diversity and Information Governance, plus a ple
	hora of other mandatory training sessions. We believe that Avalon has a positive culture, which positively mpacts on the lives of residents, families, and staff. Features of the positive culture are strong leadership, a homely and friend y environment, skilled staff and teamwork, and positive staff-re- ident relationships, who can listen and translate views into acti n are all important in improving choice and retaining control. We believe culture is key to protecting adults at risk living in a re- idential setting. We feel this is reflected in our 'Team Purpose' poster and feedback from questionnaires from family/friends a d residents and can be evidenced in questionnaires and the s nage of personal documents. Working with residents has impro- ved experiences of care. This includes involving residents in p anning care and managing personal risks. Choice and control re well embedded in the culture of the home and a person-cer red approach to risk focuses more on what can be done than hat can't. Joint risk assessments coproduced with residents ar family support this shift.
	All residents are familiar with the RI who visits the home on a r gular basis and have the contact details of this person and kn w that they would be available to access at any time, should th y require the RI's support.
	Staff are aware and encouraged to speak openly and honestl about any concerns they have. In addition, staff supervisions ovide another more formal opportunity to discuss concerns.
The extent to which people live in accommodation that best supports their wellbeing and achievement of their personal butcomes.	Achieving a homely feeling care environment is incredibly important to us. We want residents to have a safe, appropriate home which meets their needs, and which delivers positive outcomes. Homely aesthetics can immediately make residents feel more omfortable, giving a sense of community amongst residents, with is integral to improving quality of care and quality of life.
	During the past year, environmental improvements have conti ued, making the outdoors spaces nicer as well as planning for a new kitchen.
	Outcomes will vary from person to person because there about what matters to the individual acknowledging residents' streng hs and working with the person to agree a plan to help them d the things that matter most to them. Personal outcomes involv having meaningful conversations with residents, in day-to-day onversations, meetings and reviews.
	It is also important to establish outcomes that are realistic, ach evable, meaningful, and forever evolving and changing, accep ng that nothing stays the same.
	Avalon is a community facing home and is served well by local public transport and has its own vehicle. Most residents have eir own bus passes and can access the community whenever ey wish. Residents who are not able to access the community dependently receive support. Activities programmes support n sidents' choices; however, they are not set in stone and are hi hly flexible.
	Each individual has regular reviews with their social worker, which includes a review of the placement and it's suitability to meet the needs of the individual. All individuals have a pre-admission assessment, reviewing their existing personal plans and identiated needs. This ensures that Avalon can provide a placement accordance with people's needs, wishes and in-keeping with their outcomes.

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)

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.

f Туре	Service Manager	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 po	pecifically to this role type only. Unless otherwise ssition as of the 31st March of the last financial yea		
	Filled and vacant posts			
	No. of staff in post	1		
	No. of posts vacant	0		
	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	1		
	Equality, Diversity & Human Rights	0		
	Infection, prevention & control	1		
	Manual Handling	1		
	Safeguarding	0		
	Medicine management	0		
	Dementia	0		
	Positive Behaviour Management	1		
	Food Hygiene	0		
	Please outline any additional training undertaken pertinent to this role which is not outlined above.			
	Contractual Arrangements	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 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		
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?	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 titon 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	
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 train not outlined above'.	y have been undertaken. Any training not listed	
Induction	0	
Health & Safety	1	
	1	
Equality, Diversity & Human Rights	1	
Infection, prevention & control Manual Handling	1	
Safeguarding	1	
Medicine management	1	
Dementia	0	
Positive Behaviour Management	0	
Food Hygiene	0	
Please outline any additional training undertaken pertinent to this role which is not outlined above.	·	
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)	0	
staff		

Outline below the number of permanent and fixed term contact staff by hours worked per week.	
No. of full time staff (25 hours or more per upok)	1
No. of full-time staff (35 hours or more per week) No. of part-time staff (17-34 hours per week)	0
No. of part-time staff (16 hours or under per week)	0
No. of part-time stan (10 hours of 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	1
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
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Professional Boundaries	
1	
0	
0	
0	
0	
Outline below the number of permanent and fixed term contact staff by hours worked per week.	
1	
0	
0	
Typical shift patterns in operation for employed staff	
Rolling rota, early, late and long days.	
0	
1	
Yes	
cifically to this role type only. Unless otherwise tion as of the 31st March of the last financial year.	
19	
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Positive Behaviour Management	5
Food Hygiene	7
Please outline any additional training undertaken pertinent to this role which is not outlined above.	Autism, Diabetes, Epilepsy, Personality Disorder, I -Polar, Active Support, First Aid, FFSC, Accurate a nd Defensible documentation, Information Govern nce, DoLS/MCA
Contractual Arrangements	
No. of permanent staff	13
No. of Fixed term contracted staff	0
No. of volunteers	0
No. of Agency/Bank staff	6
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)	13
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.	Rolling rota, early, late and long days Nights 10pm to 8am
Staff Qualifications	
No. of staff who have the required qualification to be registered with Social Care Wales as a social care worker	11
No. of staff working towards the required/recommended qualification	8
Domestic staff	
Does your service structure include roles of this type?	No
Catering staff	
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