

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: | Hyland Residential Home Ltd | | | | | | | | | | | | | | | | |
| The provider was registered on: | 27/11/2018 | | | | | | | | | | | | | | | | |
| The following lists the provider conditions: | There are no imposed conditions associated to this provider | | | | | | | | | | | | | | | | |
| The regulated services delivered by this provider were: | <table><tr><td colspan="2">Hyland Residential Home Ltd</td></tr><tr><td>Service Type</td><td>Care Home Service</td></tr><tr><td>Type of Care</td><td>Adults Without Nursing</td></tr><tr><td>Approval Date</td><td>27/11/2018</td></tr><tr><td>Responsible Individual(s)</td><td>David Davies</td></tr><tr><td>Manager(s)</td><td>David Davies</td></tr><tr><td>Maximum number of places</td><td>5</td></tr><tr><td>Service Conditions</td><td>There are no conditions associated to this service</td></tr></table> | Hyland Residential Home Ltd | | Service Type | Care Home Service | Type of Care | Adults Without Nursing | Approval Date | 27/11/2018 | Responsible Individual(s) | David Davies | Manager(s) | David Davies | Maximum number of places | 5 | Service Conditions | There are no conditions associated to this service |
| Hyland Residential Home Ltd | | | | | | | | | | | | | | | | | |
| Service Type | Care Home Service | | | | | | | | | | | | | | | | |
| Type of Care | Adults Without Nursing | | | | | | | | | | | | | | | | |
| Approval Date | 27/11/2018 | | | | | | | | | | | | | | | | |
| Responsible Individual(s) | David Davies | | | | | | | | | | | | | | | | |
| Manager(s) | David Davies | | | | | | | | | | | | | | | | |
| Maximum number of places | 5 | | | | | | | | | | | | | | | | |
| 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 | Live Training Matrix that highlights trainings that are upcoming/overdue. This is checked on a regular basis and trainings assigned as and when needed. |
| Describe the arrangements in place during the last financial year for the recruitment and retention of staff employed by the service provider | <p>Recruitment - Adverts via indeed.com were published and applicants interviewed. Additional staff member recruited.</p> <p>Retention - Annual increase of hourly rate inline with inflation. Open discussions with staff members to ensure their needs are being met and that they feel appreciated and supported. Managing in a respectful and encouraging manner with focus on the positives and praising often.</p> |

Service Profile

Service Details

| | |
|--|---|
| Name of Service | Hyland Residential Home Ltd |
| Service Telephone Number | 01248858338 |
| What is/are the main language(s) through which your service is provided? | English Medium with some bilingual elements |
| 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?

4

Fees Charged

The minimum weekly fee payable during the last financial year?

711.75

The maximum weekly fee payable during the last financial year?

1817

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

0

Number of complaints partially upheld

0

Number of complaints not upheld

0

Total number of formal complaints made during the last financial year

0

What arrangements were made for consulting people who use the service about the operation of the service during the last financial year?

Questionnaires

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?

3

How many bathrooms have assisted bathing facilities?

1

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

Outside decking with outstanding south facing views of Yr Eryri mountain range. Small grass area up the top of the garden. Bottom garden with areas for home grown veg.

Provide details of any other facilities to which the residents have access

Smart TVs in both living room, conservatory and one in the kitchen. Living room is utilised for home workouts. High speed Fibre internet. Area in the conservatory for arts and crafts.

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. | Due to good continuity of care given by long term staff, the residents feel able to express their opinions and are respected when they do so. Residents' meetings are held weekly to raise any concerns they may have and resolutions to those raised. |
| 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 happy as they are supported to meet all their health needs. They are always provided with 1-2-1 care and transport to meet all their health appointments including dentist/opticians etc. Weekly health checks (weight, bp, blood o2 etc) are taken. All residents encouraged to exercise on a regularly basis. Healthy menus are planned with residents on a weekly basis. |
| The extent to which people feel safe and protected from abuse and neglect. | Residents are confident knowing there is a minimum of two staff members on duty at all times. Regular contact with family members provide opportunities to raise any issues they may have. Due to good continuity of care given by long term staff, feel protected from abuse and neglect. |
| The extent to which people live in accommodation that best supports their wellbeing and achievement of their personal outcomes. | Personal centred care provided for each individual resident as needed. This also includes an element of shared care to support their social needs. The residents feel happy in the accommodation knowing it is cleaned on a regular basis and that staff are health and safety conscious. Residents are supported with a number of activities. |

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) | 4 |
|--|---|

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.

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 | 0 |
| Manual Handling | 0 |
| 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. | I have allocated all the training needed and currently working through these. |

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 | 1 |

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 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 | 1 |

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 |
|---|----|

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 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 | 2 |
| No. of posts vacant | 0 |
| <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 | 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. | |
| 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 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. | Both seniors work alternate shifts to each other. Between them covering 85 hours a week. Is there either one or two staff on duty with them. |
| 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 |
| <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 | 2 |
| No. of posts vacant | 0 |
| <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 | 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. | |
| 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 | 1 |
| 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 |
| 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. | <p>One staff member works Mon-Fri 9am-5pm and so me overtime (incl. weekends).</p> <p>One staff member mostly works weekends currently .</p> |

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

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