



Statement of Purpose

| About the provider | |
|------------------------|--|
| Service provider | GWERNLLWYN CARE HOME |
| Responsible individual | Trudy Williams |
| Legal Entity | Limited Company |
| Manager of service | Julie Edwards |
| Name of service | Gwernllwyn Care Home |
| Address of service | Llandeilo Road Cross Hands Llanelli Carmarthenshire SA14 6RD |

Description of the location of the service

Gwernllwyn Care Home is situated in the village of Cross Hands, Carmarthenshire. Although a rural area, it is well served by major road systems and is conveniently close to the M4. The towns of Llanelli, Carmarthen and Llandeilo are less than a 30-minute drive away and are easily accessible. The village has a variety of Supermarkets, convenience stores, small shops, eateries, coffee shops, pharmacies and a post office along with some interesting local attractions.

The Mynydd Mawr Woodland Park to the west of Cross Hands was a former colliery that was regenerated as a mix of broadleaved woodland and grassland which is home to a diverse collection of wildlife. The area includes footpaths, picnic facilities, information points and is perfect for a stroll.

At the heart of Llyn Llech Owain Country Park which is a short drive from Gwernllwyn, in the neighboring village of Gorslas, there is a lake surrounded by heathland and woodland. A network of footpaths provides for enjoyable walking and many paths are well surfaced and accessible for wheelchairs. There is a cafeteria and numerous picnic sites, all with provision for people with restricted mobility.

Another local attraction is The National Botanic Gardens of Wales which is set in the countryside of Llanarthne. The Gardens contain a range of themed areas, the world's largest single-span glasshouse, a tropical Butterfly House, play areas and a national nature reserve. The National Botanic Gardens for Wales has a packed program of events and courses throughout the year.

About the service provided

a) Range of needs we can support

At Gwernllwyn Care Home we provide residential care and accommodation for a maximum of 68 individuals. We support adults; both men and women.

Gwernllwyn Care Home aims to provide a service which supports individuals to achieve the best possible outcomes in respect of their individual needs. We do this by providing a care and support service which meets the assessed needs in a way that each individual prefers. We also risk assess and mitigate, as far as possible, any risks associated with meeting the assessed needs. Our overall aim is to support individuals to be as independent as they are able to and wish to be, for as long as possible. To do this we provide training and development for our staff team to ensure that they can meet needs safely and in accordance with the law. We strongly believe that Gwernllwyn Care Home provides a safe environment for all who use and provide our service.

At Gwernllwyn, we understand that individual's needs fluctuate and change, therefore, we adopt a flexible approach to the support that we offer. We accept that continuous review of needs individuals needs is essential. We work closely with the local health board in meeting the needs of people who may have clinical requirements within their care plan, such as Diabetes management for example. The local health board would also be called on for support with meeting end of life needs. Gwernllwyn Care Home does not however offer nursing care.

Our first floor is known as Ty Pilipala which is home to individuals living with dementia. Butterflies have a powerful representation of life and its transformation, at every stage.

b) Age range of people using the service

Adults

How the Service is provided

Vision

Our Vision is for Gwernllwyn to be a positive choice for older people and to be recognised and respected for outstanding practice that has positive outcomes for each individual we care for.

Ethos

We understand that moving to a new house is a major life-change, which is why we have created a 'home from home' where each individual is affirmed, feels valued and respected and is given the support and encouragement to become all that they can be and to live their lives with meaning and purpose.

Values

We believe that people's value and individuality should not diminish as a result of their increased need for support.

We aspire to:

- To listen beyond the words.
- To be open and accessible.
- To work with integrity.
- To be professional in all that we do.
- To look to the future, adapt and remain relevant.

Aims

- We aim to provide and maintain homely, first class accommodation.
- To recruit, train and retain staff so that individuals can enjoy skilled continuity of care that will enable them to achieve their optimum state of health and wellbeing.

Care Objectives

- To provide a safe, caring and stimulating environment that recognises the need for personal fulfilment
- To recognise the uniqueness of individuals and treat them with dignity and respect at all times.
- To respect individual requirement for privacy and treat all information relating to individuals in a confidential manner
- To respond, sensitively, to individuals physical, emotional, social, intellectual and spiritual needs.
- To listen to and support individuals to express their wishes.
- To respect and encourage the right of all individuals to independence.
- To enable individuals to develop meaningful relationships with staff and experience warmth and attachment.
- To create a living environment that is collaborative, supportive and empowering, thereby upholding the human and citizenship rights of all who live, work and visit here.

Person centred care

We practice person-centred care at Gwernllwyn. This approach will always be the foundation of the care we provide. What we do is dependent on each individuals' preferences, needs and wants. Our practice empowers individuals to take control and makes them the expert in their own lives. This model of care has its origins in the work of psychologist Carl Rogers. Being person-centred

is about focusing care on the needs of people as unique individuals. We ensure that each person's preferences, needs and values guide decisions, to provide care that is respectful and responsive.

Arrangements for admitting, assessing, planning and reviewing people's care

We are required under Regulation 14 of The Regulated Services (Service Providers and Responsible Individuals) (Wales) Regulation 2017 to have a policy and procedure about how individuals are admitted to the service. A copy of this policy and procedure can be provided on request. Before agreeing to provide a service we must make an informed decision about whether we can meet the required care and support needs. This process is called the **Initial Assessment** and must take into account all of the following:

- a. Any care and support plan produced by the placing authority.
- b. If there is not a current care and support plan, we must undertake an initial assessment of individual needs and personal outcomes. This assessment will include; health, personal care and support needs, any specialist support required, communication, emotional, educational, social, cultural, religious and spiritual needs and personal outcomes and aspirations. The assessment will be carried out by someone who is; trained, skilled, competent and experienced to do so.
- c. Any health, specialist or other relevant interventions are included so that we can assess if we can support these activities.
- d. Individual wishes and feelings about what matters are noted and influence how the personal plan is designed.
- e. Any risks to wellbeing are assessed and support measures identified.
- f. Any risks to the wellbeing of other individuals within the home are also assessed.
- g. Any reasonable adjustments which we could make to enable us to meet specific care and support needs are identified
- h. Our policy and procedure on admissions to our service is consulted.

As well as considering the risks to wellbeing we must also consider the risks to others, these include other individuals and also to the staff team. We must also consider whether an individual will be compatible with other individuals using the service and the potential impact on the community. As part of our assessment we will assess communication needs and we will provide this information in a format that makes it accessible to each individual.

If an individual lacks the mental capacity to make specific decisions about care and support and no lawful representative (Lasting Power of Attorney/ Court Appointed Deputy for Health and Welfare) has been appointed, we will work with others to decide which is in the individual's best interests in line with the Mental Capacity Act 2005.

If it is decided that the service is suitable, and the assessment proves that we can meet the individual's needs, then we will work with the individual, their representatives, existing care provider, placing authority and others to ensure a smooth transition to the service.

After we have carried out the initial assessment and made a decision based on that information, we will confirm that decision.

Emergency placements – if a placement is urgent or an emergency then we will make every effort to secure the relevant assessments prior to the commencement of the placement to ensure that the service can meet the identified needs.

Respite/ short stay placements – if a placement is of a short duration e.g. respite care, then prior to your first placement we will carry out the assessment process as described above. For subsequent placements we will review an updated care and support plan and make relevant amendments to provide assurance that the service can still meet the individual's needs.

A personal plan will be developed and reviewed in consultation with the individual and/or the individual's representative – The requirements regarding your personal plan are contained in Regulation 15 of The Regulated Services (Service Providers and Responsible Individuals) (Wales) Regulations 2017. The aim of the personal plan is to:

- provide information of the agreed care and support and the manner in which this will be provided;
- provide a clear and constructive guide for staff about the individual, their care and support needs and the outcomes they would like to achieve;
- provide the basis for ongoing review; and
- enable the individual, their representatives and staff to measure progress and measure whether personal outcomes are met.

We will develop an initial personal plan before the service begins using existing information, assessments and any care and support plans in place. The personal plan will then be developed further during the first week of using the service, this is called the provider assessment.

The provider assessment - We will undertake the provider assessment with the individual and their representative. This assessment will consider personal wishes, aspirations, care and support needs. The information from this is used to further develop the personal plan. The provider assessment builds on the information that informed the decision to provide a service. It is important that the provider assessment is proportionate to the nature of the placement and the individual's particular circumstances.

The provider assessment must identify:

- the individual's personal outcomes;
- the care and support needed to achieve personal outcomes;
- personal preferences (taking into account any religious beliefs) and how these can be achieved;
- any risks to well-being or risks to the well-being of others and how these will be mitigated; and
- areas which require more in depth or specialist assessment.

As with the initial assessment, the person undertaking the provider assessment will be; trained, skilled, competent and experienced to do so. If there are complex needs, then the person undertaking the provider assessment will have relevant training or will seek the advice and guidance of a relevant specialist.

We have developed an assessment tool to be compliant with Regulation 18 and we will keep this under review to make sure that it reflects good practice and legislation.

Review of the provider assessment – We will review and revise the provider assessment whenever there is a significant change in needs or where the personal plan is not supporting to achieve the identified personal outcomes. Following a review of the provider assessment we will revise and update the personal plan. The process for developing the personal plan is described below.

The personal plan – When we decide that our service can meet an individual's needs, an initial personal plan will be developed, co-produced with the placing authority (if applicable) and any representative (if appropriate) before the individual begins to receive care and support. In the event of an emergency placement, then we must ensure that the initial personal plan is in place within 24hrs of the service commencing. We must review the initial personal plan within 7 days of the commencement of the service. The personal plan will set out: -

- the actions required to meet well-being, care and support needs on a day to day basis. This includes the details of care needs (including self-medication), personal preferences and routines for how this will be provided;
- how achievement of personal outcomes will be supported;

- how wishes, aspirations and religious beliefs will be supported;
- steps to identify risks to well-being and how this will be managed;
- steps to support positive risk taking;
- steps to maintain, re-able and/or achieve independence.

When we develop or review a personal plan we will do this with the individual, the placing authority (if applicable) and the individual's representative, this is called co-production. We must provide the individual with a copy of their personal plan in a format that the individual can understand. As part of the provider assessment we will determine specific needs in respect of this. If there are valid reasons for not providing a copy of the personal plan, then these must be documented. Some valid reasons may be; the individual does not wish to have a copy of their personal plan, having access to a copy of the personal plan may be harmful to wellbeing or the lawful representative decides that the individual should not have a copy.

It is important that our staff know how they provide care and support on a daily basis, how to meet needs and support achievement of personal outcomes. To achieve this, we will make sure that every personal plan is accessible and in a clear format. We must also make sure that the personal plan takes into account any care and support plan prepared by a local authority under section 54 of the 2014 Act and any health or other relevant assessments and/or plans such as a behavioural support plan.

Ongoing assessment of care and support needs – Every personal plan will be kept under review and amended and developed to reflect changes in care and support needs and personal outcomes. Each plan will be reviewed every three months or sooner, if there is a change in needs, and in line with any reviews undertaken by the placing authority. Reviews will involve the individual, and, where appropriate, with agreement, representative. Reviews will take into account the information recorded on a daily basis relating to the individual achieving their personal outcomes. Where this differs significantly from any commissioning body's assessment and care and support plan, the relevant commissioner will be notified.

Standard of care and support

Our service is designed to ensure that individuals are provided with care and support which enables achievement of the best possible outcomes. The service we provide will be designed in consultation with the individual and will consider personal wishes, aspirations and outcomes and any risks and specialist needs which inform the care and support. This includes:

- providing care and support that meets personal outcomes;
- provision of staff with the knowledge, skills and competency to meet individuals well-being needs;
- ensuring staff have the appropriate language and communication skills;
- planning and deploying staff to provide continuity of care; and
- consultation with and seeking support from relevant agencies and specialists where required.

Our approach to standards of care and support, including any positive behaviour support, is clearly set out in this Statement of Purpose. Our policies and procedures are underpinned by the ethos of supporting the individual to achieve personal outcomes and have been developed to be in line with current legislation, national guidance and reflect evidence-based practice. In supporting the achievement of personal outcomes, we will ensure that our service is responsive and proactive in identifying and mitigating risks, and in supporting positive risk-taking and independence where it has been determined this is appropriate.

We will ensure care and support is provided in keeping with any assessment and personal plan, meets needs and supports each individual to achieve your personal outcomes in relation to:

- physical, mental and emotional well-being;
- cultural, religious, social or spiritual preferences;
- education, training and recreation needs;

- family and personal relationships;
- control over everyday life and where relevant participation in work;
- intellectual, emotional and behavioural development;
- rights and entitlements, in particular with regard to the European Convention on Human Rights (ECHR)
- protection from abuse and neglect.

Each personal plan will include sufficient detail to inform and enable staff to meet care and support needs and support achievement of the best possible outcomes. This will be based on relevant guidance, information or prescribed practice. The specific ways in which the service will provide care and support to meet the above outcomes is as follows:

Supporting individuals to be as physically, mentally and emotionally healthy as possible

We will ensure medical advice and professional help for individuals (*where appropriate*) or a referral to commissioners is made in a timely manner. Our arrangements are as follows: -

1. Need for referral identified by Social Care Worker
2. Social Care worker records the circumstance and reports to the Registered Manager (or delegated person).
3. Registered Manager (or delegated person) makes the appropriate referral
4. Record of referral being made is retained on CareDocs.

We will ensure care and support is delivered in a dignified and respectful manner in which staff have meaningful interactions and positive and caring attitudes towards individuals. Meaningful interactions mean that staff will respect each individual, their life history, background, wishes and aspirations and conversations will be about things which matter personally.

We will support emotional and mental well-being - we will support each individual to:

- Feel respected as an individual and that each individual's identity is recognised and valued;
- feel that every individual has choice and control and is listened to;
- feel secure and safe;
- feel that they belong and matter to others
- enjoy safe and healthy relationships with family and friends and to develop new relationships; and experience continuity.

We will recognise and respond positively to emotional needs especially during times of difficulty, for example when they are distressed, experiencing transition or loss, or experiencing anxiety, depression or other forms of mental illness. Our staff receive appropriate training to understand behaviours and adopt strategies to support behaviours that achieve positive well-being and outcomes. CareDocs allows staff to complete emotional mapping when entering daily notes which is effective in identifying patterns of behaviour. Positive behavioural support involves understanding the reasons of mood, emotion and behaviour. Generating these reports allows us to identify triggers and help establish the need for promotion of that event for example or avoidance of it. This inevitably will improve overall quality of life. The focus is always on creating physical and social environments that are supportive and capable of meeting people's needs, and teaching people new skills to replace the behaviours which challenge. It involves:

- understanding the reasons for behaviours which challenge
- assessing the broad social and physical context in which the behaviour occurs - including the person's life history, physical and mental health, and the impact of any traumatic life events
- planning and implementing ways of supporting the person which enhance quality of life for both the person themselves and their support team.

We will support a healthy diet and fluid intake –food and drink is provided and we will make sure that there is a choice which meets needs and preferences as far as possible. We will also make sure that healthy choices of food are available and are promoted. We believe that mealtimes should be a positive experience and, where required, each individual is supported sensitively to eat and drink. When we undertake an assessment of nutritional or fluid intake needs we will use nationally recognised tools and evidence-based guidance, to determine where nutritional or fluid intake could be compromised. If an individual is identified as being at risk of weight loss or dehydration we will implement effective monitoring of weight, nutritional and fluid intake, and take remedial action when concerns arise or persist. Where necessary, additional specialist advice will be sought to support care. Prescribed treatments and support, including specialist diets and food and drink preparation, will be adhered to.

We will manage skin integrity appropriately - Where skin integrity assessments are needed, they will only be undertaken using assessment tools approved by Public Health Wales. If an individual is assessed as being at risk, then a SKIN bundle (Public Health Wales) will be used. Staff completing the skin integrity assessment have the required skills and knowledge in both skin assessment, management and treatment of pressure ulcers/wounds. We will make sure that pressure relieving equipment is appropriate, in good working order and relevant to the risk assessment rating. Where necessary, additional specialist advice will be sought to support care.

We will maintain and manage continence - where appropriate, we will support individuals to maximise independence with personal toileting routines. We will do this by providing care and support with continence management in a way which protects the individual's dignity and privacy. Recommendations for managing continence, including the use of specialist aids and products, will be outlined in the personal plan as evaluated by the continence nurse in the community nurse team.

We will support identification and management of sensory impairment - where appropriate, we will ensure that each individual receives relevant checks and support to access ongoing reviews. We will identify in each personal plan how such aids are appropriately maintained so they may be used effectively. We will consider the potential impact on individuals with sensory impairment when planning the environment, for example, the effects of noise in communal areas on individuals who have a hearing impairment.

We will support an individual if they have a cognitive impairment - by using the information gained from the provider assessment, we will recognise and understand any specialist needs. Our staff are provided with appropriate training to understand cognitive impairment. This includes pain recognition and pain management, and how to communicate with, and employ strategies to support, individuals with cognitive impairment to help them achieve positive well-being and outcomes. We will seek expert assessments and advice, where appropriate, for individuals who have ongoing difficulties and/or cognitive deterioration. The outcome of any assessment prompts a review of the personal plan and of the support provided to the individual.

We will support effective oral hygiene and dental health - Every individual will be encouraged to care for their teeth and mouth and, where necessary, are provided with support to do so. We will check that appropriate oral healthcare supplies are readily available and kept in good condition. We will also make sure that oral healthcare is monitored as part of daily care and remedial action is taken where issues are identified. Where appropriate, an individual will be assisted to access regular dental health checks or to visit a dentist if pain or decay is suspected. We use a toolkit; 'A Lasting Smile' to support us with safe and effective mouthcare. This was produced by 1000 Lives Improvement in collaboration with Welsh Government and Community Dental Teams in Wales. A mouth care assessment is completed for each individual which outlines the care and level of support needed.

We will support the last days of life – where appropriate, as part of the provider assessment, we will ascertain wishes and preferences regarding end of life care and support. Each personal plan will reflect advance statements and advance decision making including details of any legal lasting

power of attorney for health and welfare. The care and support provided by our service reflects any current national guidance. Each person will be able to spend their last days of life at Gwernllwyn, if that is their wish, or at home, unless there is a medical reason why this should not occur. Each person will be supported in their own room and are able to have significant others present as they wish. We will work collaboratively with other agencies to provide end of life care and any palliative intervention.

Supporting individuals to be safe - It is critical to our service that we do everything reasonably possible to ensure safety and to make every individual feel safe. However, this must be balanced with people's rights especially the rights to take risks. The following paragraphs describe the way that we will do what is reasonably possible to ensure safety whilst at Gwernllwyn.

Safeguarding- We have developed a policy and procedure on safeguarding, a copy of this will be provided on request. Safeguarding is the protection of people from abuse, neglect and harm. Our safeguarding policies and procedures are aligned to current legislation, national guidance and local adult and children's safeguarding procedures. The safeguarding policy and procedures include the individual roles and responsibilities of staff or others working at the service in receiving and reporting allegations of abuse, neglect or improper treatment or suspected abuse, neglect or improper treatment. This will include instruction for staff on actions to be taken and mechanisms for referral to the local authority and other relevant partners and agencies. Our safeguarding policy provides information on how to raise a concern and the support which we will provide if a concern is raised. In summary, everyone is encouraged to speak out about any concerns which they have, this can be done to a member of our care staff, to the Registered Manager or to the Responsible Individual. If the concern is about our service then you can contact the local authority safeguarding team or the service regulator, this is Care Inspectorate Wales. Contact can also be made with the Ombudsman. The contact details for these bodies are in the Safeguarding Policy and have also been provided below:

| Body | Contact details |
|-------------------------------------|--|
| Local authority safeguarding | 5 Spilman Street Carmarthen Carmarthenshire SA31 1LE Tel: 0300 333 2222 Email: safeguarding@carmarthenshire.gov.uk |
| Care Inspectorate Wales | Government Buildings Welsh Government Office, Rhydycar Business Park, Merthyr Tydfil CF48 1UZ Tel: 0300 7900 126 Email: CIW@gov.wales |
| Public Services Ombudsman for Wales | Public Services Ombudsman for Wales 1 Ffordd yr Hen Gae, Pencoed, CF35 5LJ Tel: 0300 790 0203 Email: ask@ombudsman-wales.org.uk |

Our staff can access our up to date safeguarding policy and procedures and have received training relevant to their role at induction to understand safeguarding and protecting vulnerable individuals. This training includes both internal and local safeguarding arrangements including how to raise a concern (whistleblowing). Staff training is ongoing at regular intervals in line with local safeguarding recommendations. Staff are aware of their individual responsibilities for raising concerns to ensure the safety and well-being of individuals and we check this by day to day observations and the reflective practice part of formal supervision sessions.

If our staff raise concerns (whistleblowing) then we will support them appropriately, this means that we will listen to their concerns, investigate the concerns, refer as required and not treat the staff member who raised the concern any differently just because they raised a concern. We aim to work in partnership with other relevant professionals and agencies to assess and manage risk to every individual using the service and participate in the safeguarding process. We also keep records of safeguarding referrals and outcomes are maintained to enable oversight and scrutiny of safeguarding within the service.

We will ensure that any safeguarding referral will be communicated to any person involved and outcomes arising from the referral be communicated in an appropriate method so that it is understood. Individuals residing at Gwernllwyn have the right to Independent Professional Advocacy under the Social Services and Wellbeing (Wales) act 2014.

How we will support to manage your money – We have developed a policy on the management of money and finances, a copy of this is available on request. This includes:

- how each individual will be encouraged and supported to handle their own financial affairs as they wish/where possible;
- how each individual will be supported, including opening and managing individual bank accounts, budgeting and making spending decisions;
- how each individual is supported to understand and manage any associated risks; and
- how we will ensure that only appropriate individuals are involved with financial affairs.

Our procedures for making sure that we provide support to manage each individuals money in a safe way include; Where a person is not able to manage their own finances, records and receipts are maintained of any financial transactions undertaken. Where staff are supporting to manage money, this is recorded in the individuals personal plan, this will include the level of support needed and the specific procedures to be followed to provide this support. Arrangements are in place for oversight and review of management of finances by the Registered Manager. These arrangements include regular recorded checks of the records and any cash balances. Any discrepancies identified will be investigated and if required subject to a safeguarding referral. Where our service handles an individual's money, we must ensure that the personal finances of the individuals are not pooled with the finances of the service. To do this we will arrange that money is held in an account in the individuals name (or an account with clear demarcation of the money) and is spent as the individual wishes. Appropriate records and receipts are kept. There are arrangements in place for the safe storage of money and valuables. Records are be maintained of any possessions handed over for safekeeping. We can assist with signposting to support and access independent support and advice (advocacy) concerning financial affairs. To further protect individuals, our service, staff or others working at Gwernllwyn or involved with the service, they will not act as agents unless they have the lawful authority to do so. We will ensure that money donated to or collected specifically for the benefit of the individuals using our service is not used for routine expenditure.

We will support without the use of control and restraint - The legislation (Regulation 29) says that care and support must not be provided in a way which includes acts intended to control or restrain an individual unless this is necessary to prevent a risk of harm to an individual or another person and the acts are proportionate to the risk. At Gwernllwyn Care Home, we have a no restraint policy and procedure.

We will support health and safety - We have developed policies and procedures for health and safety and a copy is available on request. The legislation (Regulation 57) says that we must identify any risks to the health and safety of individuals and reduce these risks as far as reasonably possible. In practice this means that ensure that premises comply with current legislation and national guidance in relation to health and safety, fire safety, environmental health and any standards set by the Food Standards Agency. Examples include:

- required safe water temperatures;
- fitting and maintenance of window restrictors;
- fire evacuation and drills;
- safe disposal of clinical waste;
- safe storage, preparation of food; and

We also undertake regular health and safety risk assessments of the premises which include the grounds and equipment. Where improvements are identified these will be acted in according to the level of risk. We must also act upon the advice and views of external bodies such as; Health and Safety Executive, Environmental Health and other bodies that provide best practice guidance.

We will support with hygiene and infection control - The legislation (Regulation 58) says that we must have arrangements in place to ensure satisfactory standards of hygiene in the delivery of our service. We must also arrange for the appropriate disposal of general and clinical waste. We have developed set of policies and procedures for the control of infection and to minimise the spread of infection and we must ensure that the service is provided in accordance with these policies and procedures. Copies of these policies and procedures are available on request.

Our policies and procedures are intended to meet the requirements of the relevant regulatory authorities to ensure the health and safety of individuals residing at Gwernllwyn, staff and visitors, this includes procedures for the management of hazardous waste meet the requirements of relevant Health and Safety legislation and guidance. This includes, the safe handling and disposal of clinical waste; dealing with spillages, the provision of protective clothing and hand washing.

Our training and induction procedures for staff are based upon our policies and procedures and staff have training to understand safe working practices which is relevant to their role. This training and ongoing supervision stresses the importance of staff following our arrangements to control infection and minimise the spread of infection include the correct use of equipment required to maintain high standards of hygiene, for wearing and changing protective clothing, gloves and aprons. Equipment provided for cleaning and decontamination is suitable to meet the requirements of current legislation and guidance and relevant to the statement of purpose. In practice this means that we must make sure that it is easily accessible; and that it is cleaned and decontaminated after each use in line with current legislation, guidance and manufacturers' instructions.

Cleaning programmes are in place, with appropriate staff and equipment for the care and support provided, to ensure that standards of hygiene are maintained. Systems are established to monitor levels of cleanliness and to take action where shortfalls are identified. Systems are in place for the oversight and monitoring of standards of hygiene. Laundering facilities and hand washing facilities which are easily accessible and appropriately sited.

We will support with medicines - The legislation (Regulation 58) says that we must have arrangements in place to ensure that medicines are stored and administered safely. We must also ensure that our service is delivered in accordance with our policies and procedures. The arrangements which we must have in place include; maintaining a sufficient supply of medicines, effective ordering, re-ordering, recording, handling and disposal of medicines and regular auditing of the storage and administration of medicines. We have policies and procedures for the management of medicines and copies of these are available on request. Our medication policy and procedures are aligned to current legislation and national guidance. This includes the systems in

place for the management and oversight of ordering, reordering, storage (of both controlled and non-controlled medication), administration (including covert administration), reconciliation, recording, and disposal of medicines. Our medication storage and administration methods adhere to statutory and non-statutory national guidance.

Our arrangements are designed to where ever possible support and promote individuals to be independent in the management of medication, this includes liaison with relevant professionals to enable this if possible. Where covert medication is provided, it is administered in line with current best practice guidance and in accordance with the Mental Capacity Act 2005. Medication is only administered this way on the instruction and advice of the Local Health Board. Our staff receive training and are assessed as competent before managing, administering or supporting individuals to manage their own medication. Our staff have at least an annual review of their; knowledge, skills and competence in the management of medicines. This review may identify the need for further training. The review may be undertaken more frequently if there is a medication related safety incident. Systems are in place to ensure the oversight and audit of medicines management. These include; competence assessments which include observations of support being provided. Medication audits (internal and external). Where staff are taking on delegated activities from other professionals relating to medicine management this is in keeping with any current national guidance and/or professional codes of practice.

We will support individuals to be involved in activities, hobbies or individual interests - As part of the provider assessment we will identify any; activities, hobbies and interests that are important. We will determine how we can provide a service which supports to pursue these and other activities, hobbies and interests.

We aim to provide appropriate and reasonable support to undertake your chosen activities, hobbies and interests. We must undertake an assessment of the risks posed by the chosen activity, hobby or interest. We will make reasonable adjustments to mitigate such risks but, in the event, that the residual risk is too great then we may be unable to permit that particular activity, hobby or interest on our premises. We also provide a range of group activities, these include:

- Bingo
- Quizzes
- Arts and craft
- Movie nights
- Singing
- Baking and cooking
- Sewing and knitting
- Discussion groups

We will support individuals to access education, learning and development opportunities - It is important to our service that individuals are supported to fulfil their potential and do things that matter and make them happy. This can include being supported to participate in or complete education or lifelong learning, developing and maintaining hobbies, joining community activities and attending church. As part of the provider assessment we will identify wishes in respect of education, learning and development and we will include these in the personal plan. The personal plan will identify the support required to undertake education, learning and development and whether this is included in the service that we have been commissioned to deliver or not.

We will support individuals to have control over everyday life and where relevant participation in work -

Legislation (Regulation 23) requires us to ensure that individuals have the information they need to make or participate in assessments, plans and day to day decisions about the way care and support is provided and how each person is supported to achieve their personal outcomes. This includes making sure that they are supported to be able to make decisions about everyday life. We

will identify the support needed to make decisions about everyday life as part of the provider assessment. The personal plan will then set out the level and nature of the support that is required to be as involved in their life as they are able and as much as they wish. We will offer the opportunity to contribute views about the day to day running of our service, we will do this on a day to day basis via discussions with individuals and our staff, and formally via stakeholder meetings and surveys. We will make sure that the way in which we offer the opportunity to contribute views is consistent with individual preferred method of communication which we will identify in the provider assessment. This may be signposting in order to access relevant advocacy services or self - advocacy groups.

We will support to maintain linguistic, cultural and /or religious identity - As part of the provider assessment we will identify needs in respect of; linguistic, cultural and /or religious identity. We will also identify the support required to meet these needs. The personal plan will detail how our staff are to provide this support in the way in which the individuals prefer. Legislation (Regulation 24) requires us to take reasonable steps meet your language needs, and we provide more information on how we will do this below.

We will support to maintain family and personal relationships; and develop potential, learning and practice life skills - As part of the provider assessment we will identify needs in respect of maintaining family and personal relationships. We will also identify the support that is required to meet these needs. The personal plan will detail how our staff are to provide this support in the way in which each individual prefers.

Language and communication needs for people using the service

Regulation 24 requires us to take reasonable steps to meet language needs and to ensure that individuals are provided with access to such aids and equipment as may be necessary to facilitate your communication. As part of our determination as to whether we can meet your needs we will identify these communication needs. If we determine that we can meet an individual's needs, we will detail in the personal plan how we will assist you with the specific communication and language needs. This will include putting in place measures so that each individual is able to communicate effectively, these may include; language of choice and additional means of communication such as; writing, facial expressions, using technology such as an ipad.

We can provide a service which is consistent with the Welsh Language Active Offer. An 'Active Offer' simply means providing a service in Welsh without someone having to ask for it. The Welsh language should be as visible as the English language. It means creating a change in culture that takes the responsibility off people to ask for a service through the medium of Welsh. Providing a service that is person-centred is fundamental to the 'Active Offer'. What this means in practice is providing a tailor-made service that enables you to be assured that individuals are in control and fully understand the services being offered.

Making an 'Active Offer' means not making assumptions that all Welsh speakers speak English anyway. It ensures Welsh-speaking individuals are treated with dignity and respect by asking them what their preferred language is and acting on it. This requires a proactive approach that ensures language need is identified as an integral part of safe high-quality service provision. Making an 'Active Offer' is also about creating the right environment where individual feel empowered and confident that their needs will be met. We are doing this by including Welsh in the activities that we offer, greeting people in Welsh, identifying who in our team speaks Welsh, using simple Welsh phrases in everyday conversation, room names etc (Ty Pilipala) in Welsh and English (Butterfly House).

Staffing arrangements

a) Numbers and qualifications of staff

Responsible Individual – Trudy Williams

Trudy is the Operations Director and is committed to ensuring effective oversight of Gwernllwyn Care Home by focussing on quality and compliance. As the Responsible Individual, Trudy retains overall accountability and responsibility for the duties set out in the Regulation and Inspection of Social Care (Wales) Act 2016 and supervises the management of the service.

Trudy has lived in the Gwendraeth Valley for the majority of her life and is a fluent Welsh speaker. She graduated from Law School in 2006 and went on to complete the LPC before later qualifying as a Social Worker whilst living in Cardiff. Trudy has range of experience working with individuals who are experiencing life changing situations. Trudy has achieved a Level 5 Diploma in Leadership in Health and Social Care.

Trudy is passionate about improving the lives of people and empowering individuals to live the life they love.

Trudy's priority is to ensure that Gwernllwyn Care Home is well established, highly reputable, recognised for its excellence and place where individuals, families, staff and the community will be proud to consider, represent and support.

Registered Manager – Julie Edwards

Julie is the Registered Manager at Gwernllwyn Care Home and joined the team in octoberr 2021. Born in East London, Julie has worked in care settings in England, Portugal, England, Ireland and of course Wales. Julie has extensive knowledge and experience in caring for older individuals and has a natural affinity with people. Julie has also worked in domiciliary care and managed other residential care homes previously. Julie has a Level 5 NVQ in Health & Social care Leadership and Management and has a passion for helping people live well with Dementia.

Deputy Manager – Kimberly Owen

Kim joined the team as a support worker in 2016. Kim has experience in different health care settings and isLevel 5 NVQ in Health & Social care Leadership and Management.

Kim has experience in a variety of settings and was promoted to the position of Deputy Manager in 2019.

| Job title | Number | Qualifications |
|------------------------|-----------------|--|
| Senior support workers | A minimum of 6 | QCF Diploma in Health & Social Care at Level 3 With the opportunity to work towards achieving QCF Level 5 in leadership Medication Management & Administration Relevant experience within the sector. |
| Support workers | A minimum of 40 | QCF 2 Diploma in Health & Social Care with the opportunity to work towards achieving QCF Level 3 |
| Cook | 1 | QCF Level 2 in Kitchen Services Level 3 in Hospitality Supervision Level 2 Food Hygiene |
| Kitchen assistants | 3 | Level 2 Food Hygiene |

| | | |
|------------------------------------|----------------|--|
| Laundry Assistants | 2 | |
| Housekeeper | 3 | |
| Administrator | 1 | Diploma in Business Management Level 2 |
| Medication trained Support workers | A minimum of 7 | QCF Level 3 or working towards qualification |
| Bank staff | No set number | QCF 2 or above |

Staffing levels may be increased if there are particular or increased needs. The level of dependency is calculated by using the Barthel index tool. Care staff work on a rota system which ensures that the home is staffed by the appropriate number and skill mix throughout the day and night, including weekends and public holidays. New employees complete an induction and continue their learning and professional development throughout their employment. All staff are screened to ensure the protection of individuals. Housekeeping staff are employed to ensure the home is maintained in a clean and hygienic state. Staff members who are involved in food preparation are trained in food hygiene. All support workers have a personal training record which will be used during their supervision sessions and annual appraisals so as to identify their key training needs and monitor their continuing professional development. During the recruitment process all unqualified staff are required to make a commitment to work towards a QCF Social Care qualification. We aim to always recruit and retain a Bank Team of staff who we can call on for support during busy periods, annual leave or periods of sickness if needed.

b) Deployment of staff at service

The staff team at Gwernllwyn Care Home consists of smaller teams. Each team is formed with the appropriate skill mix. At times of full capacity and during the morning and afternoon shift there are 11 members of staff on each team. During the night time there is 6 members of staff on duty, one senior support worker and 3 support workers. Each staff team is headed by a senior support worker who takes charge of the home in the absence of the Registered Manager. We aim to have a medication trained member of staff on each team in order that the senior support worker is assisted with the duties of administering medication and will usually work on the floor opposite to the senior support worker. The remaining staff will be distributed between the ground and first floor and at the discretion of the senior support worker who may need to take into consideration incidents or emergencies.

c) Arrangements for delegated tasks

Our Registered Manager holds overall day to day control and responsibility of Gwernllwyn Care Home at Operational level. The Manager is supported by the Deputy Manager staff team a number of whom have responsibility for tasks delegated to them. However, the Registered Manager remains ultimately responsible for the tasks being undertaken correctly and compliance with the relevant laws and regulations.

| Job title | Delegated tasks |
|--------------------|--|
| Registered Manager | Day to day operation of the home and management of quality of care Oversight of ethos, culture and priorities |

| | | |
|--|-----------------|---|
| | | <p>Monitoring of compliance with legislation, standards and evidence-based practice</p> <p>Submissions of required notifications to CIW, RIDDOR, Safeguarding</p> <p>Management of the Duty of Candour process</p> <p>Acting as the Safeguarding lead for Gwernllwyn Care Home</p> <p>Undertaking supervisions and appraisals</p> <p>Day to day supervision of support workers and acting as a role model</p> <p>Assessing the training and development needs of staff members</p> <p>Monitoring the quality of service provision and undertaking the Quality of Care Review with the Responsible Individual</p> <p>Provision of information to the Responsible Individual to inform the Statement of Compliance</p> <p>Management of concerns, complaints, whistleblowing and other feedback</p> <p>Liaising with family, professionals and others involved in the care of the individuals living at the home.</p> <p>Provide support to staff who raise concerns</p> <p>Oversight of the assessment and care planning processes</p> <p>Undertaking assessments prior to provision of care and support</p> <p>Review of personal plans with individuals</p> <p>Generation of Personal Plans</p> <p>Oversight of the information management and records processes</p> <p>Arranging staffing to meet the needs of the individuals supported and in accordance with Regulation 41</p> <p>Ensuring adequacy of resources to meet the needs of individuals</p> <p>Engaging with individuals who use Gwernllwyn Care Home on an informal and formal basis</p> <p>Investigation of incidents and complaints</p> <p>Completion of regular management reports for the Responsible Individual</p> <p>Undertaking surveys of the views of individuals, representatives, staff and commissioners</p> <p>Undertaking internal audits of the quality of the care provision</p> |
| | Deputy Manager | <p>Supporting the Registered Manager</p> <p>To attend and contribute to staff training</p> <p>Monitoring of compliance with legislation, regulations and evidence-based practice</p> <p>Liaising with family, professionals and others involved in the care of the individuals living at the home.</p> <p>Arranging staffing to meet the needs of the individuals supported and in accordance with Regulation 41</p> <p>Ensuring adequacy of resources to meet the needs of individuals</p> <p>Engaging with individuals who use Gwernllwyn Care Home on an informal and formal basis</p> <p>Day to day supervision of support workers and acting as a role model</p> <p>Undertake day to day monitoring of staff absences, advising the Responsible for planning and monitoring staff training.</p> <p>Monitoring and adhering to all policies.</p> <p>To be well informed about the Individual needs of residents within the Home, collating records, providing information to other staff and liaising with families</p> <p>Maintain safe and secure environment within the home</p> |
| | Finance Officer | <p>Creation and submission of invoices for services provided</p> |

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| | | <p>Making and retaining records of the charges made by Gwernllwyn Care Home</p> <p>Managing staff payroll, taxes and auto enrolment</p> <p>Processing and making payment of invoices from suppliers</p> |
| | Home Administrator | <p>Provide the initial contact to the home via Reception and dealing with all types of enquiries.</p> <p>Liaising with family members and professionals</p> <p>Day to day management of the admin function of the Care Home</p> <p>Data Management in accordance with Data Protection and GDPR</p> <p>Supporting finance Department through maintenance of purchase ledger, credit control and invoice reconciliation.</p> <p>Providing the finance department with payroll data.</p> <p>Resource ordering and stock control.</p> <p>Manage Front of House (Reception)</p> <p>Management of internal finances</p> <p>Clerical Support to the Manager, Deputy Manager and Responsible individual</p> |
| | Senior Support Worker | <p>To be in charge of a designated shift of support workers, ensuring that their care practice is sensitive and safe.</p> <p>To delegate tasks to assistant support workers on their team during the shift</p> <p>To ensure that all team members work to a defined high standard of care and ensure that the philosophy of Gwernllwyn Care Home is always maintained.</p> <p>To dispense medication, ensuring that all policies and procedures are followed.</p> <p>To provide agreed level of support to individuals as identified in their care plan.</p> <p>To assist in obtaining, transmitting and storing information relevant to the delivery of care whilst maintaining confidentiality at all times</p> <p>To liaise with family members and keep them informed of any incidents, illnesses and medication changes concerning their relative.</p> <p>To accompany and liaise with professionals who visit the home and over the telephone.</p> <p>To liaise with the Management team to ensure effective communication for the benefit of service users and their families.</p> <p>To actively support with the health and safety management of the home and report any concerns to management.</p> <p>Assist with personal care of individuals</p> <p>To care for individuals who are palliative care and perform last offices</p> <p>Work in accordance with the Duty of Candour process</p> <p>Practice in accordance with policies and procedures</p> <p>Be accountable for standard of their support and work</p> <p>Understand the importance and take responsibility for own continuing professional development</p> |
| | Support worker | <p>Day to day care and support for individuals</p> <p>Making records of care and support provided as required</p> <p>Practice person centred care and work in accordance with the Code of Practice for Social Care workers</p> <p>Work in accordance with the Duty of Candour process</p> <p>Be accountable for standard of their support and work</p> <p>Understand the importance and take responsibility for own continuing professional development</p> |

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| | <p>In order to provide reliable and safe care to individuals Gwernllwyn Care Home will:</p> <p>At the start of each shift the senior support worker or shift leader will conduct a handover session which will detail any changes in need of individuals, any actions required to meet the needs of individuals, how the care and support needs of individuals will be met and by which staff members. The record of handover is available on CareDocs.</p> <p>Staff rotas are arranged in a Week 1 Week 2 pattern. They are generated and made available to the team at least one week in advance as they are subject to amendment for operational reasons.</p> |
| <p>d) Supervision arrangements</p> | <p>All staff will be provided with a formal recorded supervision session at least quarterly. This session will be conducted by their line manager or more senior manager, this person will be suitably trained, competent and experienced to conduct the supervision session. The purpose of all types of supervision provided at Gwernllwyn Care Home will be to promote safe, consistent and best practice throughout the entire workforce by:</p> <ul style="list-style-type: none"> • Reinforcing formal training regarding expectations of staff working individuals • Assisting staff to understand national and local expectations of a care and support worker • To ensure that each individual member of staff is clear about their roles, responsibilities and professional boundaries within Health and Social Care • To ensure that each member of staff understands the nature of the clinical specialism within which they work • To ensure individual staff members understand and accept accountability for their work • To identify ways to support the individual member of staff's personal development • To be a source of support for staff by encouraging them to reflect on the achievements and challenges of the job • To provide regular and constructive feedback to individual staff on their performance • To encourage staff to share any issues or concerns they may have <p>In addition, each staff member will have an appraisal conducted by their line manager or more senior manager, this appraisal will be at least annually. This will include; reflection on past performance, training and development, career development and how the ethos and culture of the service have been implemented in practice.</p> <p>A record of supervisions and appraisal will be made and retained on CareDocs.</p> |
| <p>e) Staff training</p> | <p>As part of our recruitment, induction, supervision and appraisal process we identify the training and development needs of our staff team. All staff are inducted in accordance with the All Wales Induction Framework and links have also been made to the QCF framework.</p> <p>All staff complete an induction prior to commencing employment which includes the mandatory training courses. Staff are rewarded when all training courses are completed and remain updated by an increase in hourly rate of pay. This offers an</p> |

incentive to keep knowledge current and ensures that staff maintain motivation and benefit the individuals supported at Gwernllwyn.
 An annual diarised training programme is in place and directly relates to the business and learning needs. Training comprises both core training and specialist training. Core training is training is that which is required to meet the requirements of legislation and which is appropriate for the work to be undertaken by the staff member. Specialist training is that which is required to enable the staff member to undertake specific tasks to meet the identified needs of individuals.

| Core and mandatory training | Specialist training |
|---|--|
| Induction Safeguarding Dementia Health and Safety Fire Safety Manual Handling First Aid at work Infection Control COSHH | Diabetes Parkinsons Meaningful engagement Caredocs Nutrition iStumble |

Facilities and services

Gwernllwyn Care Home is a residential home arranged over 2 floors. The ground floor has 20 large single bedrooms. Each bedroom has en-suite wet room facilities consisting of a toilet, wash basin and shower. The lounge/dining areas are spacious, with integrated facilities, including a kitchenette/coffee bar where individuals can entertain their families. There are two assisted bathrooms, an assisted shower room, and 3 disabled toilets on the ground floor.

Ty Pilipala on the first floor accessible by 2 shaft lifts, is specially designed to ensure it meets the needs of individuals with dementia. There are 21 single bedrooms all fitted with sensory lighting. All have en-suite wet room facilities consisting of a toilet, wash basin and shower. There is a dedicated activities area, a quiet area and a kitchenette area. Assistance will be discreetly given, and risk assessments undertaken. There are two assisted bathrooms, an assisted shower room and 3 disabled toilets on the first floor. There is a medication room on the ground and the first floor.

An additional 21 single ensuite bedrooms are situated on a separate wing.

A further 26 bedrooms have been added which are split equally over two floors in an additional wing. All bedrooms are equipped with ensuite bathroom facilities and are furnished to a very high standard. Personalisation is welcomed in personal spaces.

The onsite facilities are exceptional, there are three outdoor patio areas.

A function room with a licenced bar which hosts a variety of events, gatherings and entertainment forms part of the services.

A state of the art Hairdressing and Beauty Salon offers services to meet a variety of preferences equipped with adapted and professional fixtures and fittings.

A convenience shop is located within the home which will stock a variety of gifts and essential items. The first floor is home to an innovative Ten Pin Bowling Alley which consists of two half length lanes for family entertainment. The custom design alleys will be enjoyed by all ages and a great way to bring people together.

A coffee shop serving refreshments.

You will be blown away by the high quality amenities.

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| a) Number of single and shared rooms | Gwernllwyn Care Home has 68 Single Rooms. There are no shared rooms at the home. |
| b) Number of rooms with en-suite facilities | Gwernllwyn Care Home has 68 Rooms with en-suite facilities |
| c) Number of dining areas | Gwernllwyn Care Home has 4 dining areas |
| d) Number of communal areas | <p>Gwernllwyn Care Home has 4 communal areas; 2 on each floor. The ground floor communal area consists of a dining area and three sitting areas and a coffee bar area.</p> <p>The first-floor communal area consists of a kitchenette area, activities area, dining room and lounge. There is an additional seating area by the bay window overlooking the front patio.</p> |
| e) Specialist bathing facilities | <p>Gwernllwyn Care Home is equipped with 4 communal bathrooms; two on each floor. Specialist Gainsborough baths fitted in each of the bathrooms which are accessible to individuals who do not transfer independently.</p> <p>Each shower is equipped with a fixed shower chair offering support to individuals who may experience difficulty.</p> |
| f) Specialist equipment | The bedrooms in Ty Pilipala are equipped with sensory lighting which according to Stirling University can help to improve mood, evoke memories and engage people living with dementia. |
| g) Security arrangements in place and use of CCTV | <p>Gwernllwyn Care Home has the following security arrangements:</p> <ul style="list-style-type: none"> • Keypad operated locks on all external and select internal doors • All external doors are equipped with an alarm system which sounds if the door is opened without being deactivated • External areas are fitted with CCTV including entrance driveway and car park. There is no CCTV inside of the home. |
| h) Access to outside space and facilities at this service | <p>The outside spaces have been designed and arranged to enable it to be accessed by all of the individuals we support, this includes level accessed walkways, ramps, handrails and good lighting. Gwernllwyn Care Home has the following outside space which can be accessed by individuals:</p> <ul style="list-style-type: none"> • Patio area to the front of the home which is edged by flower beds and well furnished with seating and tables along with a large parasol which is in situ during the summer months • Rear garden with raised flower beds • Tarmacked outside area to the side of the home with seating and a large flower bed • There is a balcony area furnished with seating and tables on both the ground floor and first floor. |

Governance and quality monitoring arrangements

Regulation 6 of The Regulated Services (Service Providers and Responsible Individuals) (Wales) Regulations 2017 requires that Gwernllwyn Care Home must ensure that the service is provided with sufficient care, competence, skill, having regard to the Statement of Purpose. To us this means that we must have clear arrangements to oversee and govern the service to ensure that our culture is maintained and that our service achieves the best possible outcomes for individuals. The following paragraphs describe how we will do this.

1) Oversight and governance arrangements in place to establish and maintain a culture which ensures that the best possible outcomes are achieved for individuals.

- a. We have developed policies and procedures to achieve the aims of the statement of purpose and place people at the centre of our service. These policies and procedures are provided to our staff team and can be accessed via CareDocs and printed out if preferred. We also make these available to; individuals and their representatives on request. Our policies and procedures are subject to regular review and revision and the Registered Manager is responsible for the overall control of the policies and procedures although they may delegate some tasks to other staff members.
- b. We have developed systems for assessment, care planning, monitoring and review. These support evidence-based practice and are designed to support individuals to achieve their personal outcomes. The Registered Manager has overall responsibility for the assessment and care planning process on a day to day basis. We will always attempt to involve the individual in the process unless we have valid documented reasons not to do so.
- c. In order that our service delivers care consistently and reliably we have processes in place to recruit and retain staff who buy in to our ethos and culture and who carry out their duties professionally at all times. Our direct care staff have the job title of Support Worker and we look forward to the further professionalisation of the role with the forthcoming registration of Social Care Workers by Social Care Wales. Our staff are provided with training to ensure that they are equipped with the knowledge base and competence to meet the care and support needs of individuals using the service in the way in which the individuals prefer. Our Registered Manager has responsibility for staff development and undertakes supervisions on staff to ensure that our ethos and culture is being delivered on a day to day basis.
- d. Our quality and audit systems are designed to review progress and inform service development. Our Registered Manager has overall responsibility for this function. We carry out a wide range of internal audits of specific functions. These include; medication management, infection prevention, health and safety, care planning, record keeping, staff development, analysis of incidents, analysis of feedback (compliments, concerns and complaints). The aim of our quality and audit systems are to inform the Registered Manager, Responsible Individual and Gwernllwyn Care Home of the up to date level of compliance that our service has achieved with the regulations and to identify areas for improvement. We feel that there will always be areas where we can improve our service and our quality system is built upon this premise. Our internal quality monitoring and audit processes are augmented by external audits, these are undertaken 3 monthly and re undertaken by an independent social care professional. These audits look at all aspects of our service and a report is produced to identify areas for improvement.
- e. Our service ethos is built upon a proactive approach to equal opportunities and diversity. This means that we celebrate the fact that a strong society is one where everybody has equal rights and these rights include not being treated differently. We have a policy on Equality and this is backed up with staff training on how this policy is implemented in practice. For example, we will always make adjustments which are reasonable to ensure that people can have access to our service and facilities, if we cannot make an adjustment because it is not reasonable to do so we will always explain the reasons for this and look for alternative options. We have made a commitment to the Active Offer in

respect of the Welsh language and we encourage our staff team and the individuals we support to learn and communicate in Welsh. If we agree to provide care and support for someone who wishes to communicate in Welsh, then we will provide a staff member who can speak Welsh.

- f. Gwernllwyn Care Home must provide suitable and accessible premises, facilities and equipment in order that we can meet the needs of the individuals we support in a safe manner. The Registered Manager has overall responsibility for this and on a day to day basis this is delegated to Senior Support Workers. We engage the services of external professionals to undertake some of the testing, inspecting and auditing of some of our facilities and equipment but we recognise that overall responsibility lies with our service. Our staff team are provided with training in health and safety and this covers issues such as; legislation, employers responsibilities, employers' responsibilities, risk assessment, COSHH etc. Health and safety is also discussed in supervision.

2) How the responsible individual will maintain oversight of the management, quality, safety and effectiveness of the service including frequency of visits to the service;

- a. Gwernllwyn supports the Responsible Individual to undertake training which enables them to carry out their role effectively. This is so that they can and to meet the aims of the service as outlined in this Statement of Purpose and in line with practice guidance recommended by Social Care Wales. We have developed a training programme for the Responsible Individual which includes
 - i. legislative framework and requirements;
 - ii. specific duties of a responsible individual;
 - iii. service performance and quality management; and
 - iv. shaping service culture, etc.
- b. The Responsible Individual will follow Gwernllwyn Care Homes prescribed systems and processes to enable proper oversight of the management, quality, safety and effectiveness of the service. This includes, but is not limited to, ensuring that our service:
 - i. focuses on individuals' well-being and personal outcomes, by ensuring that assessments, care planning, risk assessment and reviews are always focussed on what matters to individuals and on their outcomes.
 - ii. listens to individuals, by always attempting to involve them in the care planning process (unless there are valid documented reasons not to do so), by consulting individuals about their views on their care and by responding positively to any concerns or complaints.
 - iii. does not place individuals at unnecessary risk, by undertaking and keeping under constant review any risks to individuals arising from their needs and/or care and support.
 - iv. achieves best possible outcomes for individuals, by supporting them to define what matters to them and what are the appropriate outcomes to support this.
 - v. fulfils the statement of purpose, by a regular review of the Statement of Purpose (at least once a year) and making changes as required.
 - vi. has adequate numbers of staff who are trained, competent and skilled to undertake their role, by undertaking a dependency-based assessment of staffing levels which is reviewed whenever the needs of individuals change, this is supported by our staff development and supervision processes
 - vii. has sufficient resources, facilities and equipment, by regular discussion at management team meetings, monitoring of budgets, financial performance and liaison with those who fund the service on the charges necessary to provide the service to the required standards.
- c. The Responsible Individual will visit the service at least once every 3 months. These visits will include a meeting with both staff employed at the service and individuals supported by the service. The purpose of these visits is to provide the Responsible

Individual with information on how the service is providing care and support in line with the Statement of Purpose and to inform the oversight, governance and review of quality of service provision. These visits will be logged and recorded with a copy retained in the service for inspection by Care Inspectorate Wales. During these visits the Responsible Individual will: -

- i. talk to, with consent and in private, individuals using the service and their representatives (if applicable) and staff.
- ii. Inspect the premises, a selection of records of events and any complaints records.

3) management structure of the service, lines of accountability, delegation and responsibility;

- i. We have established systems to ensure that the Responsible Individual has systems in place to review and assess the way in which the manager implements actions from the findings of internal quality assurance and external inspection reports, within required timescales. These systems require the Registered Manager to produce a SMART action plan to address improvement actions, this action plan will be reviewed at management team meetings
- ii. There are clear lines of accountability, delegation and responsibility between the responsible individual and the manager. These are as follows:
 1. Responsible Individual – responsible for oversight, governance and ensuring that the service is delivered in accordance with this Statement of Purpose and applicable legislation. The Responsible Individual is accountable to the service provider. The Responsible Individual must report without delay to the service provider; any concerns about the management or provision of the service, any significant changes to the way in which the service is managed and any concerns that the service is not being provided in accordance with the Statement of Purpose. The Responsible Individual has also set up systems to ensure that events which require a Notification are submitted as required.
 2. Registered Manager – responsible for the day to day operation of the service in accordance with the Statement of Purpose and applicable legislation, the Registered Manager may delegate some aspects of this to other named staff but the Registered Manager remains responsible for the delivery of the service. The Registered Manager is accountable to the Responsible Individual and to the service provider.
- iii. Arrangements are in place for the manager to have direct access to the Responsible Individual on an as required basis. Such access may include; face to face meetings, telephone conversations and email. This is in addition to the opportunity to meet formally as part of the responsible individual's quality reviews and regular management meetings.
- iv. Arrangements are in place to ensure that the Registered Manager is supported by supervision and training, and has opportunities to gain skills for professional development that will support them in their role. The Responsible Individual will undertake a supervision session with the Registered Manager at least once every 3 months, this supervision will be recorded and will include;
 1. A review of the quality of service provision
 2. Issues that have been addressed
 3. Issues that are still being addressed
 4. Staffing
 5. Premises, resources and equipment
 6. The Registered Managers professional development

4) the measures that will be used to monitor, review and improve the quality of care and support;

- i. The Responsible Individual has suitable arrangements in place to assess, monitor and improve the quality and safety of the service. This includes, but is not limited to:
 1. The collation and analysis of feedback on the quality of care and support provided and how this can be improved from;
 - a. the individuals who are receiving care and support,
 - b. any representatives of those individuals,
 - c. service commissioners, and
 - d. staff employed at the service,
 2. Reporting the views obtained to the service provider so that these views can be taken into account when making decisions on plans for service improvement.
 3. Identification of issues and lessons learned from the analysis of complaints and safeguarding matters
 4. Identification of patterns and trends identified through the analysis of incidents or near misses, for example falls or medication errors
 5. A review of the outcome of any inspection reports from regulators and the SMART action plan to be produced by the Registered Manager in response to such reports.
 6. The outcome of visits to monitor the service by the responsible individual and the SMART action plan to be produced by the Registered Manager in response to such reports.
 7. The audits of records, this comprises an audit of the quality of the records and the storage of records. The Registered Manager will conduct a monthly audit of records, which include: -
 - a. Complaints
 - b. Concerns
 - c. Feedback
 - d. Safeguarding referrals
 - e. Care plans
 - f. Risk assessments
 - g. Infection prevention
 - h. Medication
 - i. Health and safety
 - j. Staff training
 - k. Supervision
- ii. The Responsible Individual ensures that the audit systems and processes for monitoring the service give assurance that the service provides high quality care, achieves the best possible outcomes for individuals and improves their well-being by requiring that Gwernllwyn Care Home assesses whether outcomes were met in a way to improve wellbeing and if this was not the case, why this was and what action has been taken to address this.
- iii. The Responsible individual has suitable arrangements in place to ensure systems and processes are continually reviewed to enable the identification of areas quality and/or safety of services is being, or may be, compromised, and to respond appropriately without delay.

5) arrangements for dealing with complaints

- i. The Responsible Individual has established processes for dealing with complaints, these are described in detail in the Complaints Policy and in section 7 of the Service User Guide. All complaints will be responded to positively and

regarded and an opportunity to identify service improvements. The Responsible Individual requires the Registered Manager to notify the Responsible Individual of all complaints and the outcome of the investigation.

6) arrangements for consulting people using the service, staff and other stakeholders to affect the way in which the service is delivered and improved

- i. The Responsible Individual has put in place arrangements to enable feedback on all aspects of service provision and to ensure that these arrangements are accessible to, and inclusive to all stakeholders, these include;
 1. the individuals who are receiving care and support,
 2. any representatives of those individuals,
 3. service commissioners, and
 4. staff employed at the service,
- ii. These arrangements comprise the following;
 1. Quarterly surveys of the views of the above stakeholders on the quality of service provision
 2. Monthly meetings conducted by the Registered Manager with individuals who are receiving care and support
 3. Quarterly meetings conducted by the Registered Manager with representatives of individuals who are receiving care and support
 4. Monthly meetings conducted by the Registered Manager with staff employed at the service.
 5. The visits undertaken by the Responsible Individual at least once every 3 months
- iii. The Responsible Individual will ensure the methods used to engage with and gain the views of individuals using the service are appropriate to their age, level of understanding and take into account any specific condition or communication need. This means that the method used to engage with and gain the views of any individual will be consistent with their assessed communication needs.
- iv. The responsible individual has positive relationships with, and is accessible to, people outside the service. This includes but is not limited to:
 1. families or nominated representation;
 2. commissioners;
 3. regulators;
 4. Professional bodies.

About the service provided

2019 Addendum

In addition to providing long term residential care, we now offer day services. Individuals are now welcome to join us at Gwernllwyn Care Home on a day or days of choice, this may be to enjoy company, learn new skills and have fun in a friendly atmosphere.

- The day service includes: Support from the trained staff team in a friendly and homely environment.
- Person centred personal plan based on individual needs.
- Two course lunch and dinner.
- Refreshments throughout the day.

- Access to facilities, services and events at the home. Depending on the day of choice, activities, services and events may include – assisted bathing, showers, hairdressing, chiropody, therapy dogs, arts and crafts.