Annual Return 2022/2023

Provider Information to be published

The following information relates to information CIW held about this provider and its associated services on the 31st March 2023.

This section has been completed for you. There are no actions to complete. This information displayed will be included in the published Annual Return.

| Provider name: | | A C Counselling Ltd |
|---|---------------------------------------|--|
| The provider was registered | ed on: | 29/03/2019 |
| The following lists the provider conditions: | There are no imposed conditions assoc | iated to this provider |
| The regulated services delivered by this provider | Stanley Villa | |
| were: | Service Type | Care Home Service |
| | Type of Care | Adults Without Nursing |
| | Approval Date | 29/03/2019 |
| | Responsible Individual(s) | Janet De Vera Davey |
| | Manager(s) | Janet De Vera Davey |
| | Maximum number of places | 7 |
| | Service Conditions | There are no conditions associated to this service |

Training and Workforce Ranning

| Describe the arrangements in place during the last financial year for identifying, planning and meeting the training needs of staff employed by the service provider | We have a training program for all members of staff which is both online and face-to-face training. The training matrix is kept up to d ate. | |
|--|---|--|
| Describe the arrangements in place during the last financial year for the recruitment and retention of staff employed by the service provider | All staff have regular supervisions and appraisals and we have ret ained a full staff force during this last financial year. No new staff have been recruited since our last annual return. | |

Service Profile

Service Details

| I | Name of Service | Stanley Villa |
|---|-----------------|---------------|
| | | |

| Telephone Number | 01978312120 |
|--|---|
| What is/are the main language(s) through which your service is provided? | English Medium |
| Other languages used in the provision of the service | If English is not the first language of one of our clients, we are u sually able to provide literature in the language of their choice. |

Service Provision

People Supported

| How many people in total did the service provide care and support to during the last financial year? | 88 | |
|--|----|--|
|--|----|--|

Fees Charged

| The minimum weekly fee payable during the last financial year? | 850.00 | |
|--|---------|--|
| The maximum weekly fee payable during the last financial year? | 2950.00 | |

Complaints

| What was the total number of formal complaints made during the last financial year? | 1 |
|--|---|
| Number of active complaints outstanding | 0 |
| Number of complaints upheld | 0 |
| Number of complaints partially upheld | 0 |
| Number of complaints not upheld | 1 |
| What arrangements were made for consulting people who use the service about the operation of the service during the last financial year? | Quarterly Responsible Individual Report Community Meetings Morning Peer group meetings Client request forms Client satisfaction questionnaire |

Service Environment

| How many bedrooms at the service are single rooms? | 6 |
|--|--|
| How many bedrooms at the service are shared rooms? | 1 |
| How many of the bedrooms have en-suite facilities? | 6 |
| How many bathrooms have assisted bathing facilities? | 0 |
| How many communal lounges at the service? | 1 |
| How many dining rooms at the service? | 1 |
| Provide details of any outside space to which the residents have access | We have a secure, walled garden with seating available. Clients a re also taken to local parks for walks/sports etc. |
| Provide details of any other facilities to which the residents have access | The clients have the opportunity to access the gym which is alloca ted twice weekly. |

Communicating with people who use the service

| Identify any non-verbal communication methods used in the pr | ovision 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

Γ

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. | On admission, clients are involved in their care planning and inf ormed of what opportunities are available to them throughout tr eatment. They have different opportunities to talk freely about anything they are unhappy with i.e. 1-1 counseling sessions, co mmunity meetings, client request forms, speaking with admin/co unseling team/house managers, etc. |
|--|---|
| 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. | Our program is designed wholly person-centered in order for cli ents to independently maintain their ongoing recovery from add iction. |
| The extent to which people feel safe and protected from abuse and neglect. | Clients report that they feel safe and protected within the care of Open Minds. Any safeguarding issues would be dealt with in according with our policies and procedures. |
| The extent to which people live in accommodation that best supports their wellbeing and achievement of their personal outcomes. | All our bedrooms are comfortably furnished and provide ample space for clients. The communal spaces are well equipped and maintained so that the individuals always feel at home and the outside space gives them the room to move freely around the b uilding for fresh air and exercise. Clients are able to socialize to gether within the communal lounge which is equipt with a TV. T he office provides access to staff for support and also for conta ct with family and friends. |

The following section requires you to answer questions about the staff and volunteers working at the service.

Number of posts and staff turnover

| The total number of full time equivalent posts at the service (as at | |
|--|--|
| 31 March) | |

The following section requires you to answer questions about each staff type including information about the number of filled and vacant posts, the training undertaken, the contractual arrangements in place and the qualifications of those staff.

0

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 Yes type? 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 0 No. of posts vacant 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'. 0 Induction Health & Safety 1 1 Equality, Diversity & Human Rights

| Infection, prevention & control | 1 |
|--|--|
| Manual Handling | 1 |
| Safeguarding | 1 |
| Medicine management | 1 |
| Dementia | 1 |
| Positive Behaviour Management | 1 |
| Food Hygiene | 0 |
| Please outline any additional training undertaken pertinent to this role which is not outlined above. | |
| Contractual Arrangements | |
| No. of permanent staff | 1 |
| No. of Fixed term contracted staff | 0 |
| No. of volunteers | 0 |
| No. of Agency/Bank staff | 0 |
| No. of Non-guaranteed hours contract (zero hours) staff | 0 |
| Outline below the number of permanent and fixed | term contact staff by hours worked per week. |
| No. of full-time staff (35 hours or more per week) | 1 |
| No. of part-time staff (17-34 hours per week) | 0 |
| No. of part-time staff (16 hours or under per week) | 0 |
| | |
| Staff Qualifications | |
| No. of staff who have the required qualification to | 1 |
| be registered with Social Care Wales as a Service Manager | 1 |
| be registered with Social Care Wales as a Service | 0 |
| be registered with Social Care Wales as a Service Manager No. of staff working toward required/recommended qualification to be registered with Social Care | |
| be registered with Social Care Wales as a Service Manager No. of staff working toward required/recommended qualification to be registered with Social Care | |
| be registered with Social Care Wales as a Service Manager No. of staff working toward required/recommended qualification to be registered with Social Care Wales as a Service Manager | |
| be registered with Social Care Wales as a Service Manager No. of staff working toward required/recommended qualification to be registered with Social Care Wales as a Service Manager Deputy service manager Does your service structure include roles of this type? | 0 Yes |
| be registered with Social Care Wales as a Service Manager No. of staff working toward required/recommended qualification to be registered with Social Care Wales as a Service Manager Deputy service manager Does your service structure include roles of this type? Important: All questions in this section relate spec | 0 Yes cifically to this role type only. Unless otherwise |
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| Medicine management | 1 |
|--|---|
| Dementia | 1 |
| Positive Behaviour Management | 1 |
| Food Hygiene | 0 |
| Please outline any additional training undertaken pertinent to this role which is not outlined above. | |
| Contractual Arrangements | |
| No. of permanent staff | 1 |
| No. of Fixed term contracted staff | 0 |
| No. of volunteers | 0 |
| No. of Agency/Bank staff | 0 |
| No. of Non-guaranteed hours contract (zero hours) staff | 0 |
| Outline below the number of permanent and fixed | d term contact staff by hours worked per week. |
| No. of full-time staff (35 hours or more per week) | 1 |
| No. of part-time staff (17-34 hours per week) | 0 |
| No. of part-time staff (16 hours or under per week) | 0 |
| Staff Qualifications | |
| No. of staff who have the required qualification to | 1 |
| be registered with Social Care Wales as a Service Manager | |
| No. of staff working toward required/recommended qualification to be registered with Social Care Wales as a Service Manager | 0 |
| | |
| Other supervisory staff | |
| · | Yes |
| Other supervisory staff Does your service structure include roles of this type? Important: All questions in this section relate spe | |
| Other supervisory staff Does your service structure include roles of this type? Important: All questions in this section relate spe | cifically to this role type only. Unless otherwise |
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| Food Hygiene | 0 |
|--|---|
| Please outline any additional training undertaken pertinent to this role which is not outlined above. | |
| Contractual Arrangements | |
| No. of permanent staff | 1 |
| No. of Fixed term contracted staff | 0 |
| No. of volunteers | 0 |
| No. of Agency/Bank staff | 0 |
| No. of Non-guaranteed hours contract (zero hours) staff | 0 |
| Outline below the number of permanent and fixe | d term contact staff by hours worked per week. |
| No. of full-time staff (35 hours or more per week) | 0 |
| No. of part-time staff (17-34 hours per week) | 1 |
| No. of part-time staff (16 hours or under per week) | 0 |
| Staff Qualifications | |
| No. of staff who have the required qualification to be registered with Social Care Wales as a social care worker | 1 |
| No. of staff working towards the required/recommended qualification | 0 |
| | |
| 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? | No |
| Other social care workers providing direct care | |
| Does your service structure include roles of this type? | Yes |
| Important: All questions in this section relate spe stated, the information added should be the pos | cifically to this role type only. Unless otherwise ition as of the 31st March of the last financial year. |
| Filled and vacant posts | |
| No. of staff in post | 5 |
| No. of posts vacant | 0 |
| Training undertaken during the last financial yea Set out the number of staff who undertook releva provided is only a sample of the training that may can be added to 'Please outline any additional tr not outlined above'. | ant training. The list of training categories y have been undertaken. Any training not listed |
| | anning undertaken perunent för uns före which is |
| Induction | |

| Health & Safety | 5 |
|--|--|
| Equality, Diversity & Human Rights | 5 |
| Infection, prevention & control | 5 |
| Manual Handling | 5 |
| Safeguarding | 5 |
| Medicine management | 5 |
| Dementia | 5 |
| Positive Behaviour Management | 5 |
| Food Hygiene | 0 |
| 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 | 3 |
| Outline below the number of permanent and fixed | d term contact staff by hours worked per week. |
| No. of full-time staff (35 hours or more per week) | 1 |
| No. of part-time staff (17-34 hours per week) | 1 |
| No. of part-time staff (16 hours or under per week) | 0 |
| Typical shift patterns in operation for employed s | staff |
| Set out the typical shift patterns of staff employed at the service in this role type. You should also include the average number of staff working in each shift. | Day shift, 9am - 4pm, 1 staff. Night shift, 4pm - 9am, 1 staff. |
| 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 | 3 |
| Domestic staff | |
| Does your service structure include roles of this type? | No |
| | |
| Catering staff | |
| Catering staff Does your service structure include roles of this type? | No |
| Does your service structure include roles of this | No |