



A home where care matters

Statement of Purpose

Homelands Nursing Home a beautiful Manor House and Coach House set in 11 acres of grounds overlooking the glorious West Sussex countryside.

We provide outstanding care in a warm and nurturing environment. The Manor House has recently been extended and refurbished with comfortable lounge and dining areas. There are en-suite rooms available.

Our Care Services

Nursing Care
Dementia Nursing
Palliative Care
Respite Care
Physical Disabilities
Mental Health
Learning Disabilities



Horsham Road,
Cowfold,
West Sussex,
RH13 8AJ

info@homelandsnursinghome.co.uk
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Contents

| | |
|-------|--------------------------------------|
| 1 | Contents |
| 2 | Philosophy of Care |
| 3 | Registered Provider details |
| 3 | Manager's details |
| 3 | Staffing |
| 4 | Who's who at Homelands |
| 5 | Organisational structure of the Home |
| 6 | Service Users Accommodated |
| 6 | Range of needs met at Homelands |
| 7 | Accommodation available |
| 8 | Admissions Procedure |
| 9 | Prior to commencement of service |
| 10 | On arrival |
| 11/12 | Complaints procedure |
| 13 | Paperwork |
| 13 | Emergency admission |
| 14 | Admissions procedure |
| 14 | Trial visits |
| 15 | Choice |
| 15 | Civil rights |
| 16 | Diversity |
| 17 | Social activities |
| 18 | Hobbies and interests |
| 19 | Advocacy |
| 20 | Fire policy and prevention |
| 20 | Accident procedure |
| 21 | Visitors |
| 22 | Compliments procedure |
| 23/24 | Care plans and planning |
| 25/26 | Fulfilment |
| 26/27 | Resident's room |
| 28 | GP attendance |
| 28 | Privacy |
| 29 | Dignity |
| 29 | Confidentiality |

Philosophy of care

We at Homelands believe that life is for living and our role is to ensure our residents lead a meaningful life whilst in our care:

- We aim to enable our residents to live their lives in as fulfilling a way as they are able, by providing the opportunity to socialise and participate in recreational therapy.
- We aim to create and maintain an environment that is comfortable and secure with a domestic family atmosphere, enabling the residents to add their personality to their own private space and treat it as their own home.
- We aim to enable our residents to be a part of the Homelands community, contributing when and where they can and taking into account their individual needs and the needs of the community they live in.
- We aim to preserve the resident's rights to privacy, dignity and freedom of choice. We aim to enable our residents to make informed decisions and take assessed risks to achieve their aims.
- We aim to meet the assessed needs of our residents' i.e. nursing, personal care, social and spiritual care. This will be achieved by comprehensive assessment and an ongoing evaluation of care.
- Staff will be employed in sufficient numbers with varying skills to deliver the care required by residents. Staff will work in a positive learning environment, updating their skills and learning new ones to continually enhance the care provided to residents.
- We will seek to provide affordable and accessible accommodation to all our residents, irrespective of their race, gender, culture, sexual orientation and religion.

Registered provider

Medicrest Ltd
104 High Street,
West Wickham,
Kent,
BR4 0NF

Telephone: 01883 621306
Fax: 01883 620793

Manager

Mrs Frances Price RN1. RMA
C/O Homelands Nursing Home
Horsham Road,
Cowfold,
West Sussex,
RH13 8AJ

The manager is a Level 1 nurse and has been at Homelands for several years, first as deputy manager, then as manager from the first of November 2007. Previous to this, Frances has been employed in care provision since 1976.

Staffing

In addition to the manager the home employs trained nurses who have overall responsibility for clinical nursing care. There are 11 registered nurses, both general and mental health trained, working full and part time to provide a 24-hour nursing service for both houses.

The trained staff are supported by experienced care assistants. Most of the care assistants have NVQ Level 2 and 3.

We also employ students from over-seas who are working under supervision to enable them to gain their registration in the UK. Our catering and domestic staff support the care staff to ensure there is a clean environment and a high standard of nutrition. An activity organiser arranges social activities.

Who's Who at Homelands

F Price RN1

Registered Care Manager

Trained Nurses

| | |
|-------------|-----------|
| L Hallett | DCM |
| E Alcodia | DCM |
| E Bateman | RGN |
| S Gander | RMN |
| J Joseph | RN1 |
| C Rampersad | RMN |
| K Tingley | RNMS, RMN |
| L Cristobal | RN1 |
| J Varghese | RN1 |
| G Varkey | RN1 |
| R Chacko | RN1 |

The Care Staff

| | |
|-------------|--------------|
| C Bandiola | Student |
| G Beeney | Senior Carer |
| S Bomyer | Carer |
| D Boston | Carer |
| S Devassy | Senior Carer |
| C Filipino | Student |
| C Gear | Carer |
| J Ilar | Student |
| J Jose | Student |
| P Jose | Carer |
| J John | Student |
| R Keen | Carer |
| S Kimmons | Carer |
| P Merritt | Carer |
| S Romero | Student |
| H Rowntree | Carer |
| S Tofts | Carer |
| E Turczanik | Carer |
| S Turner | Carer |
| F Woolger | Senior Carer |
| L Monroe | Bank Carer |

1 Bank, 44 others = 45 31/12/12

Organisational structure of the home

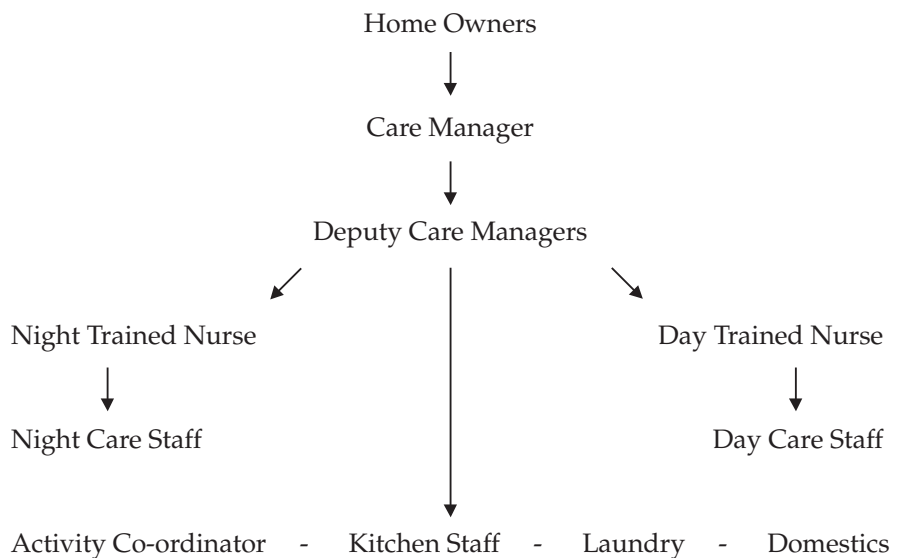
The manager works from Monday to Friday at the home but is contactable through the nurse-in-charge at all times. The responsible person visits the home monthly to observe and monitor standards of care.

Each house has a dedicated team of nurses and care staff. Each resident is allocated a named nurse who has specific responsibility for assessing, planning and evaluating care for that resident. Each resident also has a care assistant who acts as a key worker and is responsible for the social care needs of the resident.

A trained nurse, working with a group of care assistants, leads each shift. The day shift starts at 8am and the night shift at 8 pm. Staff work either 6 or 12 hour shifts and all night staff on duty are waking staff and are supported by the manager on call. Staff are recruited using government guidelines and the National Minimum Standards and are subjected to a Criminal Record Bureau check along with professional and character references. All staff are employed on a three-month trial basis. Staff receive a yearly appraisal and have clinical supervision every 2 months with their immediate supervisor.

Homelands believes that staff development is the key to high standards of care and the manager ensures that statutory training takes place along with professional and vocational training

Home Organisation structure



Service Users Accommodated

The home provides care for older adults. In particular we provide care for older adults with nursing needs and older adults with dementia requiring mental health nursing input. We are able to take both male and female residents.

Range of needs that can be met at Homelands

Main House

The main house is able to meet the needs of people assessed as needing low, medium and high levels of nursing care. This includes management of continence, wound care, tissue viability, pain control and physical disability, due to strokes, Parkinson's disease and post-operative orthopaedic surgery.

We also care for people with diabetes, cardiovascular disease, pulmonary disease, and chronic and progressive illnesses e.g. multiple sclerosis and MND. We are unable to meet the needs of residents who need life support or intravenous therapy, although we can consider residents who require enteral feeding (PEG).

Coach House

The Coach House is able to care for residents suffering from a variety of dementias including Alzheimer's disease and vascular dementia.

Residents who have been assessed as needing nursing care with mental health input due to behavioural problems, wandering or challenging behaviour, can all be cared for.

All residents are assessed prior to admission to ensure that their specific needs can be met within the home, taking into consideration the care needs of residents already living there.

Accommodation available

The **Main House** has 31 rooms, all are single, 17 are en-suite with toilet and shower and 8 are en-suite with toilet.

The communal rooms in the Main house are the lounge on the ground floor with a connected conservatory, a first floor lounge, a second floor lounge/diner, a dining room on the ground floor, an activity/hairstressing room on the ground floor, a ground floor shower room, an assisted bathroom on the first floor, 3 communal toilets on the ground floor and 2 on the first floor.

The **Coach House** has 12 rooms, all of which are single and have en-suite toilets. There is a lounge/dining room on the ground floor with a conservatory attached, a shower room on the ground floor and a bathroom on the first floor. The Coach House is a secure facility and all exits are alarmed.

Both houses have a passenger lift and the Main House has an additional Platform lift.

The laundry is situated in the Main House away from the sleeping accommodation and the kitchen is situated in the Coach House.

In the Main House the manager's office is on the ground floor with the nurse's office on the first floor.

The nurse's office in the Coach House is situated on the ground floor.

Admission Procedure

We only get one opportunity to make a good impression to a new resident. The way we commence their care provision has a lot to do with how quickly and comfortably they settle into their new routines.

There are a lot of matters to attend to when someone comes into our care for the first time and everyone coming to us is different.

Therefore, there may be circumstances when it is better to leave some of the formalities to the day after those services (admission) commenced to give an opportunity for the person to settle in.

This is at the discretion of the most senior person on duty and any deviation from our standard procedure will be recorded on the care plan together with the reason/s why

The most senior person on duty will ensure that those on duty know that someone new is arriving, that they know their name and how they wish to be addressed before they meet them. This means if they have contact with the new person and greet them by their name it will help them settle in because they will feel known and welcome.

Prior to commencement of service

Prior to commencement of service (arrival), the most senior person on duty will ensure a nominated member of staff has checked the following:

- The term of addressing the person is known by all on duty
- Pre-admission requirements as per our policy are met
- Any requests for admission during pre-admission have been addressed
- The room is clean and tidy
- The room is aired
- The bed is made
- Towels are put out
- The room is at a reasonable temperature
- The television works
- The call system works
- Light fittings work, have bulbs in, are shaded etc.
- Plug points work
- Furniture is in good condition
- Coat hangers in wardrobe etc.
- Any personal items already sent to us are in the room
- Electrical equipment is tested and safe for use

Confirmation that this has all been implemented successfully will be entered on to the care plan by the most senior person on duty and a note made of where problems arose.

On arrival

On arrival, the most senior person on duty will greet the new person and anyone who has come with them. They will be shown to their room and offered refreshments, which provides the most senior person on duty the opportunity to leave them alone whilst arranging this.

Thus the new person and anyone with them are given time alone to look around their new room without feeling “overwhelmed” and that their surroundings are homely and pleasant.

On returning, having given them time alone, the most senior person on duty will discuss the following:

- Information gleaned during pre-admission
- Summoning help
- Smoking
- Alcohol
- Pets
- Valuables
- Insurance
- Meal arrangements
- Complaints

A tour of the facilities can then be undertaken. Not that the new person will necessarily take it all in but it gives them “a feel for the place”.

Complaint Procedure

Complaints can arise through simple misunderstanding or genuine dissatisfaction. Usually, discussing the matter determines its cause and a solution that satisfies can be found. If you are unhappy in any way at all, please tell us so we can do something about it for you.

Complaints often provide an opportunity to do something better in the future and as such form part of our policy to engender a culture of continuous improvement. Therefore, we operate a “no blame” policy so that any complaint allows full, thorough and open investigation because persons involved are not “threatened” by the outcome.

A separate file/record is kept of any complaint or concern which can be inspected at any reasonable time on request as well as on any relevant care plan, personal file etc.

Our service standard requires an acknowledgement from us of your complaint within 72 hours and resolution within 21 days through a nominated person.

Should the nominated person be absent through holiday or sickness etc., a temporary nominee will handle the matter in their absence in order that the service standard is maintained.

The Registered Manager reviews complaints and concerns on a monthly basis to ensure they are satisfied and that any issues upon which we can do better in the future are put into place as part of our policy of continuous improvement.

If you have a complaint or concern:

The person to discuss it with in the first instance is:

The Manager or, in their absence, the nurse in charge.

The manager is responsible for acknowledging your complaint within 72 hours and responding to it within 21 days.

To provide peace of mind that we have recognised your complaint we will keep a written record of it that you may inspect. We will also keep a record of what we have done to seek to satisfy the matter.

If our response fails to satisfy your concern:

If our efforts to satisfy your concern (complaint) fail to result in an outcome you are entirely happy with you should raise the matter with our Inspectorate, their details are:

Our Inspectorate: Care Quality Commission
South East Regional Contact Team

Contact: Duty Officer

Address:
Citygate
Gallowgate
Newcastle upon Tyne
NE1 4PA

Telephone: 03000 616161

Fax: 03000 616171

Email: enquiries.southeast@csc.org.uk

If at this stage you are still not satisfied with the outcome of your complaint at local level you can take the matter up with the Regional director of our Inspectorates whose details are above.

Paperwork

On returning to their new room the admission form can be completed, pre-admission details confirmed and the call system explained. By now they may feel the need for some personal space so check whether they want to unpack now or later and whether they would like some help.

Explain that any electrical equipment will need checking before it can be used and find out if they would like more refreshments. Let them see there is already a copy of our service users' guide in their room.

Emergency admission

Reassure them that there is no rush, which will naturally lead to the time when those with the person start to feel they are ready to leave.

At our discretion, where appropriate and reasonable, we accept emergency admissions be they intended short, medium or long stays. Our primary concern immediately upon admission is to settle the resident into their new surroundings.

Within 24 hours, we develop an initial care plan, which is finalised, at the absolute latest, within 7 days of emergency admission. It is a pre-requisite of any emergency admission that formal arrangements are already in place for full and formal medical assessment of the resident within 24 hours of their admission. Upon emergency admission, our standard non-emergency admission procedures apply.

The Admissions Procedure

Under government regulations we are required to thoroughly assess potential resident's needs before entering the home. This will provide the resident with the best possible information in order to make an informed choice about their future. The care manager will do the initial assessment for potential residents who are already in touch with the Social and caring services. We also need to follow this through with an assessment of our own to ensure that we are able to meet the assessed needs of the potential resident.

For residents who approach the home directly, appropriately trained staff will make a full assessment of needs and, with the resident's permission, speaking to professionals for specialist advice and reports.

The assessment will cover the range of health and social needs set out in the Department of Health guidelines. All information will be treated as confidential and will only be shared with the permission of the resident. This assessment enables the home to determine whether a potential resident's needs can be met, and enables us to draw up an initial plan of care that we will provide.

Trial Visits

Potential residents will be provided with as much information as possible to enable them to make an informed decision whether they wish to live at Homelands. We offer the opportunity to potential residents to visit the home and join other residents for a meal, if they wish; there will be no charge for this.

We also offer the opportunity for residents to move in on a trial basis; normally daily fees apply for trial visits. We actively encourage residents to involve family and friends in their decision-making and are happy to show them the facilities. If we feel that the home is not appropriate for a resident then we will try and offer advice on how to find somewhere more appropriate.

In the very exceptional circumstance of an emergency admission we will endeavour to ensure that the resident and their significant others are given full information about the home and it's facilities within 48 hours.

Choice

We aim to help residents exercise their right to choice in all aspects of their lives in the following ways:

1. Providing meals which enable the residents, as far as possible, to decide for themselves where, when and with whom they eat and drink the food and beverages of their choice.
2. Offering a range of leisure pursuits from which to choose from.
3. Enabling residents to manage their own time and not to be dictated by the routines of a care home setting.
4. Avoid treating residents as a homogeneous group.
5. Respecting individual, unusual and eccentric behaviour in residents. Retaining maximum flexibility in the routines of the daily life in the care home.

Civil Rights

Being in a home can subtly restrict residents' rights as citizens by intentionally or unintentionally limiting their access to public services and facilities. Homes need to take action to ensure that their residents maintain all of the benefits to which they are entitled by citizenship. A home should protect its residents' civil rights by, for example:

- Ensuring that residents face no impediment if wishing to exercise their right to vote in elections.
- Providing residents with access to the full range of local services such as libraries, adult education and transport.
- Encouraging residents to use health services in all ways appropriate to their medical, nursing and therapeutic needs.
- Providing easily usable facilities for residents and their friends and relatives to complain about any aspects of their care or services with which they are dissatisfied.

Helping residents to participate as fully and diversely as they wish in carrying out their duties as members of a mutually dependant society through voluntary work, religious observance, involvement in associations and charitable giving.

Diversity

Diversity is now the most frequently used term for the value which encapsulates both giving every service user equal opportunities irrespective of ethnic background, language, culture, faith, gender, age, sexual orientation or any other lifestyle feature which might be a pretext for discriminatory attitudes or behaviour, and respecting and welcoming the varied contributions individuals can make precisely because of their differences.

It is formally enshrined as a main principle or value in the Scottish and Welsh National Minimum standards, and implied throughout the equivalent English Standards.

A home should express its commitment to diversity by doing the following:

- Positively communicating to its residents that their diverse backgrounds enhance the worth of the community.
- Respecting the ethnic, cultural and religious practices of its residents and making practical provision for them to be observed.
- Ensuring that negatively discriminatory behaviour by staff, residents or others within the home is not allowed or when it occurs is speedily corrected.
- As far as possible accommodating individual resident's eccentricities and idiosyncrasies without censure.

Helping residents to celebrate events, anniversaries or festivals, which are important to them as individuals.

Social Activities

These are arranged for the enjoyment and quality of life of those in our care with the intention of reflecting their interests, wishes and capabilities.

At least four times a year, we meet and discuss with those in our care, staff, friends, and relatives etc, any social activities they would like us to arrange. We keep a record of these meetings to confirm who was there, what was agreed etc. This, of course, does not prohibit suggestions at any time, which we thoroughly welcome.

Planning and arrangements are then made to implement the activities programme, which is communicated and explained to everyone in various ways.

We have entertainment in the home from visiting musicians to organised events to mark major dates in the yearly calendar.

The home has a collection of large print books, games, jigsaw puzzles, music CDs and DVDs for residents to use.

A written list is kept of what activities, interests and opportunities for community contact etc. are available and who to contact to take advantage of them. The person to contact is a nominated named person known as our activities organiser. This person knows how to decide upon, organise and implement "activities".

A list of religious organisations available locally is kept on the resident's notice board in both houses.

The particular activities, interests etc. of the resident are recorded in the activity file.

All residents are entitled to use all of the communal areas in the home and grounds, but those who wish to remain in their rooms may do so.

Whilst we encourage participation in suggesting activities and being involved we recognise a person's right not to partake if they do not want to.

Hobbies and Interests

Anyone in our care will have had, at some time at least, hobbies and interests. We consider it a responsibility of ours to help them maintain/re-develop those interests wherever possible and, if circumstances arise, to explore new hobbies and interests. Just because someone is “in our care” does not mean they have lost the interest or necessarily the ability to partake in hobbies and interests. In fact, it may be highly beneficial for them to pursue such things as would be suitable. These could include:

- Gardening
- Model making
- Flower arranging
- Embroidery
- Radio / TV
- Playing / listening to music
- Reading / writing
- Drama
- Drawing / painting
- DIY
- Sport
- Games
- Visiting the pub

Advocacy

Those in our care are encouraged to manage their own affairs and to make their own decisions and we have to be careful not to “disenfranchise” them from doing so. On this basis they are self advocating.

However, a person may be or become unable to exercise their rights to their best interests and a person or persons may be appointed to speak for them in their best interests.

Such a person acting on behalf of another in this way is known as their “advocate” and may be a relative, friend, professional person etc. our policy is never to act as advocate for a person in our care because of the potential for conflict of interest.

The manager is able to contact external agencies that will act in advocacy for someone in our care.

Details of a person’s advocacy arrangements are kept in the appropriate confidential file for that person accessible by senior staff authorised by the Registered Manager and only then under appropriate documented circumstances.

Breaching confidential advocacy arrangements represents gross misconduct for which a member of staff may be dismissed.

Fire Policy

The purpose of our fire policy is to ensure that if a fire occurs everyone in the building is kept safe.

Fire can rapidly destroy our property and the people in it so we must all understand what to do if a fire occurs, "second chances" are not on offer.

Our policy, procedures and arrangements, relating to fire, address:

- Providing appropriate equipment and it's maintenance
- Training
- Detecting fire
- Raising the alarm
- Making people safe
- Escape

If you ever have to call 999, dial 9 before 999.

Give the details of the home. (The address and telephone number are kept by every telephone).

Overall the person responsible for the fire procedures and arrangements is Frances Price (Manager).

On a day- to-day basis, the most senior person on duty is in charge in case of a fire.

Fire Prevention

- Smoking only in designated areas (outside of the building).
 - Electrical equipment routinely inspected and tested
 - No multi-way block adaptors after rewire
 - Free standing heaters are not allowed unless they are nursing home approved
 - Furnishings are fire resistant
 - Hallways, exits etc. are not to be obstructed
 - Empty waste bins
 - Do not hoard unnecessary flammables
 - Do not prop open doors (door guards on situ on most doors).
- Accident procedure

Accident procedure

If an accident happens:

- Notify the most senior person on duty immediately
- The most senior person on duty takes charge
- Summon appropriate assistance (first aid, ambulance etc.).
- Reassure the person
- Complete accident book
- Notify our inspector immediately
- If relevant, contact HSE by calling 0845 300 9923
- Act to prevent reoccurrence

If the accident is by a service user:

- Notify relative etc.
- Record it immediately in the care plan
- If social services sponsored, notify the contract team immediately

Visitors

When a person comes into our care for the first time, they are encouraged to write to friends, relatives' etc. providing them with their new address and inviting them to visit.

Visitors are welcome at all reasonable times any day of the week. Provisions are made for those in our care to be visited in strict privacy and comfort, where they so choose.

For security, we may ask for proof of identity of any unrecognised visitor before allowing them access to our premises.

Whilst we want to maintain a relaxed and welcoming home environment there are responsibilities placed upon us in the interests of the well being of us all. Therefore, if you are visiting, we do ask you to co-operate by signing the visitors' book when you come into the building and again when you leave.

Not only does this assist us, and emergency services, in case of an emergency (a fire for example), but in following up matters such as infection if the need arose.

Where the resident would like a visitor to leave, for the sake of all others concerned, we do ask the visitor to respect and honour the resident's wishes.

If you are involved in an accident, notify a member of staff immediately who will inform the most senior person on duty who will take the appropriate action.

As a visitor, you should expect to be welcomed and treated with courtesy and offered refreshments during your visit.

If you have any matters you would like to raise please contact the most senior person on duty.

Compliments Procedure

It is always encouraging when you feel motivated enough to compliment us or a member of staff for something you feel they have done well “over and above the call of duty” etc.

Naturally, we want to ensure others know you have given us a compliment because they too will feel encouraged and this filters down to the standard of care we provide.

We are happy to receive any compliment in whatever manner you see fit. If it is possible that you can let the Registered Manager know of your compliment this helps us ensure that others may be encouraged too.

Of course, if you are that pleased, a letter to the Regional Director of our Inspectorate is very welcome. The details for such a letter are found in our complaints section on page 11.

Good news is always encouraging, if you could send us a copy of that letter, we can use it to encourage others too by passing the information on.

The Registered Manager keeps a separate file/record of any compliments received and you are welcome to look at this at any time as it is kept next to the visitor’s signing in book in the Main House.

Care Plans

Planning is essential to ensure that those we care for benefit from the best possible care available.

In itself, planning alone does not achieve anything – those plans only have value if they are implemented, checked, reviewed and changed when necessary. Furthermore, care planning for its own sake is merely a paper exercise which has to be avoided because the objective of the care plan is to provide the best possible care outcomes for the resident.

For example, one important function of the care plan is to develop, set, and agree realistic aims, objectives, and goals to promote the independence of the resident.

The Registered Manager is ultimately responsible for care planning and the on-going reviews and changes. All qualified nurses have been trained to assist the Registered Manager in care planning.

Care plans start before admission when we engage the involvement of a suitable assessor to make pre-service needs assessment for which we have a separate policy.

Managing a person's care involves working with the resident to balance the extent to which we assist them without reducing their independence whilst not exposing them to unnecessary difficulty.

Achieving this means we develop care plans, in a suitable and appropriate manner according to each circumstance, with the resident and other relevant parties such as relatives, friends, representatives, health care professionals etc.

Naturally, circumstances change, which means we review all care plans to an agreed regular programme and when circumstances change between those regular reviews. Again, the persons above are actively included in the development of the care plan to achieve the best possible outcome.

Staff need to be familiar with the care plans for those to whom they provide care services and they must be assisted to carry out those care plans properly. This means we provide relevant training on an ongoing basis with regards to care planning and its application.

Care plans are carefully recorded in. When something changes, the previous details are filed for reference and only the current plan is available for implementation. However, before we implement those changes, we notify the resident and/or their representative of the changes to be made in the care plan.

It is possible that something could go wrong, and we need to be sure that the integrity of the care plan is robust enough to demonstrate that we had done everything possible to prevent that which went wrong and that we were able to manage the situation effectively because of the integrity of the care plan.

For confidentiality and data protection, we keep a written list of who has access to what care plan information and under what circumstances.

As a basic minimum, the care plans must (wherever relevant) record the following:

- Residents involvement in own care
- Their family's involvement

Care Plans List of Possible Contents

Continued

- Their friend's involvement
- Their advocate's involvement
- Their G.P's involvement
- Their carer's involvement
- Other health professional's involvement
- The extent of "personal" care
- Physical well being of resident
- Dietary needs
- Dietary preferences
- Nutritional needs
- Weight and weight management objectives
- Sight
- Heating needs
- Communication with, to and from the resident
- Language needs
- Oral health
- Hand care
- Foot care
- Hair care
- Personal appearance
- Mobility circumstances and needs
- Dexterity
- Falls history
- Safe movement around the premises and beyond
- Continence management
- Toileting needs
- Medication
- Self medication
- Mental state
- Cognition
- Propensity to aggression
- Propensity to violence
- Interests
- Hobbies
- Social needs
- Cultural needs
- Ethnic needs
- Religious needs
- Personal safety
- Dressing / undressing
- Skin care
- Bathing
- Showering
- Eye care
- Ear care
- Shaving
- Nail care
- Pressure management
- Level/s of independence and dependence
- Scope for personal managed risk taking

This list is only a guide of what could be in a care plan and will vary according to need.

Fulfilment

We want to help our residents to realise personal aspirations and abilities in all aspects of their lives. We seek to assist in this in the following ways:

1. Informing ourselves, as fully as each resident wishes, about their individual histories and characteristics.
2. Providing a range of leisure and recreational activities to suit the taste and abilities of the residents and to stimulate participation.
3. Responding appropriately to the personal intellectual, artistic and spiritual values and practices of every resident.
4. Respecting our residents' religious, ethnic and cultural diversity.
5. Helping our residents to maintain existing contacts and to make new liaisons, friendships and personal and sexual relationships if they wish.
6. Attempting to always listen to the residents and attend promptly to any residents desire to communicate at any level.

Fulfilment or the opportunity to realise personal aspirations and abilities is the most difficult of residents' rights about which to generalise since it relates so specifically to the differences between individuals.

The losses which are often associated with the reasons why people go into a home – friends, social contacts, health, abilities, income and so on – tend to restrict access to many sources of fulfilment, and homes should attempt to compensate for these deprivations, studying and responding to each resident's own needs, capacities and hopes. A home should ensure that its residents continue to fulfil their aspirations and abilities by, for example:

- Organising a diverse programme of social and cultural activities within the home and facilitate the participation of residents in outside events of their choice.
- Making arrangements for each resident to participate without hindrance in practices associated with religion or spiritual matters, to celebrate meaningful anniversaries and other festivals and to specify how their death is, in due course, to be dealt with.
- Taking special effort to understand and respond to the wish of any resident to participate in any minority-interest event or activity.
- Encouraging residents to entertain relatives, friends and others and ensuring that the home provides welcoming and where appropriate private facilities for such visitors.
- Doing everything possible to enable each resident to achieve any unfulfilled task, wish or ambition before the end of his or her life.

A home which has incorporated into its philosophy respect for the rights which have been listed and is able to show evidence of their application in its way of operating is indeed likely to be able to provide its residents with a style and quality of life which responds appropriately to their needs and aspirations.

We recognise that food and drink play an important part in the socialite of the home. We try to provide a welcoming environment and ensure that mealtimes are a pleasant, unhurried occasion and an opportunity of socialising with other residents.

Fulfilment continued

Residents are free to choose where they eat their meal. We provide three full meals each day, a continental breakfast, a two-course lunch and a three-course supper. We have a four-week rolling menu that is reviewed at the end of each season. Residents have a choice of menu and we also provide a snack choice if preferred.

We are able to cater for therapeutic diets as advised by specialist staff as agreed in the resident's care plan and will endeavour to provide discreet sensitive help to those residents who need it. Hot drinks and snacks are available at all times of the day and night. Our aim is to make all food and drink that we provide attractive, appealing and appetising.

We will also endeavour to mark special occasions with appropriate changes to the menu; particularly we like to provide a birthday cake to all residents to mark their special day.

The Resident's Room

We are keen to make our caring environment as homely as possible. However, there are compromises that have to be made in that we are also a workplace and, therefore, are subject to various legal obligations and duties of care. These responsibilities can sometimes seem conflicting and we aim to manage them carefully and sensitively.

On a regular basis, the Registered Manager appoints a person to make a room-by-room inspection against a predetermined checklist to ensure we are satisfying the needs of our residents with regards to the contents of their rooms.

The Registered Manager is advised of omissions when the person has completed the inspections in order that remedial action can be taken. These inspections are kept on file together with the remedial actions taken so that the Registered Manager can be satisfied omissions have been remedied quickly and thoroughly.

The contents of the resident's room should include:

- A bed that is at least 900mm wide
- A bed that is clean and comfortable
- A bed that is in good working condition
- A bed that can be easily accessed from both sides
- If nursing care is provided, the bed can be height adjusted
- Bed linen that is clean and in good condition
- Bed linen that is regularly changed
- Lighting above the bed that is not directly in the Service Users face
- At least one side of the bed has bedside lighting
- All lighting is covered with a suitable shade
- All bulbs work
- Curtains and blinds are good quality
- Curtains and blinds open and close properly
- Curtains and blinds darken the room properly
- Mirrors are safely located and fixed
- Mirrors facilitate dressing, shaving, making-up etc.
- At least one good chair for the Service User

The Resident's Room continued

- At least one good chair for guests
- Table facilities are domestic in character
- Table facilities operate at chair/bed height
- Flooring is in good condition and not "taped-up"
- Flooring that is suitable to the circumstances
- No unpleasant flooring odours
- Rugs are not permitted for trip hazard reasons
- Sufficient drawers for storing clothes neatly
- Drawers are in good conditions
- Drawers are domestic in character
- Hanging space is sufficient for the clothes to be hung
- Suitcases are not stored in the resident's room
- Footwear is stored in an enclosed area
- There are at least two double electrical sockets
- There are no multi-way block adaptors after rewiring
- There are no trailing cables or wires
- Lockable self medication facilities exist, where needed
- Valuables can be locked away by the resident
- There are no freestanding heaters, radiators, blowers etc. that do not meet nursing home standards

This is not an exhaustive list but a minimum level of facilities available to the resident.

We recognise that risk taking is an essential part of anybody's life and that some residents may wish to take risks despite or because of their disability.

We do not aim therefore to provide a completely risk-free environment, but we do take care that residents are not exposed to unnecessary hazards.

When a resident wishes to take part in an activity which could involve a risk we will carry out a thorough risk assessment with the individual involving, if they wish a relative, friend or representative and will agree and record any action that appropriately balances the factors involved.

This assessment will regularly be reviewed in the light of experience.

GP Attendance Request

Where a GP is needed, the most senior person on duty will telephone the relevant doctor's surgery to arrange a GP visit.

The most senior person on duty will notify the resident and record this (including the time the visit was agreed) in the care plan.

The resident should be seen by the GP in private with the most senior person on duty on hand in case of query or need for further relevant information.

Before the GP leaves, the most senior person on duty must ensure, as best as possible, that the resident understands the outcome of the GP's visit. Additionally, after the GP has left, the care plan must be updated with the information given.

In compliance with the instructions of the GP, the most senior person on duty will make immediate arrangements for specimens, hospital transfers, changes and/or alterations to medication etc.

The most senior person on duty then notifies any relevant persons such as family etc. and records this on the care plan.

Privacy

Those in our care expect to enjoy the same standards of privacy we all generally expect to enjoy.

Being alone, free from intrusion or disturbance etc. are basic human rights and need to be reflected in our care practices and attitudes as pivotal to our standards of care.

By nature, being cared for can make it harder to enjoy privacy than, for example, living in one's own home totally independently.

We need to stay alert to this and sensitive to its significance.

Confidentiality, trust and gossip all contribute to both the reality and perception of privacy which is another dimension of why we take such matters so seriously.

Consultations with those in our care by the following professionals, and similar others, will always be strictly in private unless specifically requested otherwise:

- Health
- Social care
- Law
- Finance

Staff must always knock on resident's bedroom, bathroom and toilet doors before entering or being invited to enter.

Residents have privacy in reading and/or writing mail. This includes electronic mail (where accessible) with particular regards to the confidentiality of passwords.

Residents may have the private use of the telephone whenever they want by using the telephone located at either the nurses' station in the main house, or a mobile phone, which is available for both houses. Residents can dine and entertain privately if they so choose.

Dignity

We recognise the importance of maintaining the uniqueness and character of each and every person in our care. Thus we aim to uphold a standard of care that reflects this in practice.

Therefore, we are careful to avoid situations for those in our care that may lead to impairment of their self-esteem and sense of worth. Where such situations might occur we seek to diffuse them gently and sensitively.

The purpose is to uphold the dignity of anyone in our care. The spirit of this extends to staff, colleagues, visitors etc. as well.

This includes being mindful to their personal appearance, helping them manage genuine (or perceived) "stigmas" etc. that their circumstances may create.

We will not tolerate any practices that may impair a person's dignity whilst practices that contribute positively to a person's dignity are encouraged.

Consulting residents about the way the home operates is important to us and we aim to give residents the opportunity to participate in all aspects of life in the home.

We regularly consult with the residents on a one to one basis and as a group when we feel that changes need to be made.

A meeting is held every three months where residents, relatives and friends are all welcome and we value our resident's opinions and encourage them to comment at every opportunity.

Detrimentially affecting the dignity of a resident is an act of gross misconduct and may lead to dismissal.

Confidentiality

Trust is an integral part of our ability to provide consistent high standards of care and as such it must not be broken.

A person's trust is not a right but a special privilege, which means you must exercise care and thought in your handling of confidences. You must never divulge a confidence placed in you by a resident, colleague, relative etc.

Only where the nature of the confidence may have a detrimental impact upon the standard of care should you consider passing it on and then only to the Registered Manager, never anyone else.

The Registered Manager will determine the best way to handle the matter.

These high standards of confidentiality apply just as much to information recorded in care plans and client records.

Breach of confidence may result in gross misconduct and as such may lead to dismissal.

This does not affect your right regarding whistleblowing, for which we have a separate policy, which protects your right to expose unsound practice without detriment to yourself.