



**STATEMENT OF PURPOSE FOR  
NORTHMORE RESIDENTIAL CARE HOME**

**2010**

**REGISTERED PROVIDERS: NORTHMORE CARE LIMITED  
77 BARNSOLE ROAD  
GILLINGHAM  
KENT. ME7 4EA**

**MS. S.R. DASSOUR  
77 BARNSOLE ROAD  
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**REGISTERED MANAGER: MR. V.K. DASSOUR  
77 BARNSOLE ROAD  
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# *NORTHMORE RESIDENTIAL CARE HOME*

## *INTRODUCTION*

*BY*

*MR. V.K. DASSOUR & MS. S.R. DASSOUR*

*HEADS OF HOME*

The National Minimum Standards for Care Homes for Older People specifies that the home produces a statement of purpose and makes it available for clients. This document is our statement of purpose which covers all of the areas of the National Minimum Standards for Care Homes for Older People and shows clients that the home is following the legislation.

For the first time there will be framework of standards that will apply to all care and nursing homes including local authority homes and those established under Royal Charter.

The Care Quality Commission was established as an independent nationally recognised regulatory body that will enforce the new standards through regional organisations that will replace the current local authority inspection units.

The Standards are described under seven headings:

- ✚ Choice of home
- ✚ Health and personal care
- ✚ Daily life and social activities
- ✚ Complaints and protection
- ✚ Environment
- ✚ Staffing
- ✚ Management and administration

We hope that we have incorporated into our philosophy respect for the rights of clients and are able to show evidence of their application. If this is not the case, the home will work towards achieving these standards within a set time scale.

Our operating style is also hopefully able to provide its clients with a style and quality of life which responds appropriately to their needs and aspirations.

# **NORTHMORE RESIDENTIAL CARE HOME**

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## QUALIFICATION OF REGISTERED PROVIDERS, MANAGER & STAFF

- ✚ **Head of Home:** Mr. V.K. Dassour: BTEC HNC Caring Services  
NVQ 4 Management  
Dip Business Coaching  
Induction Training Trainer  
CRB Enhanced Disclosure on file
  
- ✚ **Deputy Head:** Ms. S.R. Dassour: Certificate in Supervisory M'ment  
NVQ 3 Care  
CRB Enhanced Disclosure on file
  
- ✚ **Senior Carer:** TBA
  
- ✚ **Care Staff:**
  - Mrs. Linda Bell: CRB Enhanced Disclosure & POVA on File
  - Mrs. Jane Fullagar: CRB Enhanced Disclosure & POVA Checks on file
  - Mrs. Jayne Jefferies: CRB Enhanced Disclosure & POVA Checks on file
  - Miss. Caron Crowe: CRB Enhanced Disclosure & POVA Checks on file
  - Mrs. Rimpay Rajput: NVQ 2 Care  
CRB Enhanced Disclosure & POVA Checks on file
  - Miss. Sarah Provins: CRB Enhanced Disclosure & POVA Checks on file
  - Miss. Susan Harber: CRB Enhanced Disclosure & POVA Checks on File  
Undergoing NVQ 2 Care
  
  - Mrs. A. Weeks: NVQ 2 Care  
NVQ 3 Care  
Certificate in Supervisory M'ment  
Manual Handling Trainer  
CRB Enhanced Disclosure on file
  
- ✚ **Volunteers** Miss. Linda Brown: CRB Enhanced Disclosure on File

*All staff are also continually undergoing Statutory training as required on an ongoing basis.*



## *EQUAL OPPORTUNITIES POLICY*

- ✚ Northmore Residential Care Home is an equal opportunities care provider. The aim of our equal opportunities policy is to ensure that no applicant receives less favorable care or treatment on the grounds of sex, disablement, marital status, creed, colour, race or ethnic origins.
- ✚ Discrimination usually amounts to the exclusion in some form. We believe, quite simply, that it is wrong for people to be singled out for different treatment, merely because of personal characteristics.
- ✚ We also endeavour to ensure that no one individual is disadvantaged by personal conditions and limitations that cannot be justified.
- ✚ Admission criteria and policy are frequently reviewed by the home to ensure that individuals are selected on the ground of assessed needs and that no other factor plays a part in this.
- ✚ All clients are given equal opportunities of access to services and facilities within as well as outside of the home.
- ✚ Northmore is committed to an ongoing programme of action to make their equal opportunities policy remain effective.

## ACCESS TO HEALTH RECORDS

- ✚ The Access to Health Records Act came into force on November 1991 enabling clients the right to view, copy and correct their own medical and health records written after that date
- ✚ A client whose records are held on computer also has the right to view their records under the Data protection Act
- ✚ The Act does however allow the record holders to withhold information if they think it would cause serious harm to the physical health of the person in question or that of others. Appeals against the withholding of information may be made using the home's complaint procedure
- ✚ In the home records written by care staff, community nurses, doctors or district nurses must be made available to any client if they wish to see them. The opportunity for a client to refresh his or her memory regarding their illness must be welcomed
- ✚ Someone other than the client can also have the right to view a client's records on their behalf but this must be someone who has a legal right to see these records. Therefore management at the home will not disclose information about any of its clients to any other persons until that person has been granted permission from a court of law.

## *NEEDS CATERED FOR*

- ✚ Northmore Residential Care Home is registered to cater for older people over the age of 65 years only.
- ✚ The home will cater for older people on the grounds of old age and frailty and Dementia.
- ✚ The home will cater for people who require help with personal care tasks on an ongoing basis.
- ✚ Care staff will assist but wherever possible support the client's own capacity for self-care.
- ✚ The home will endeavour to care for clients as if being looked after by loving and caring families.
- ✚ The home will maintain personal and oral hygiene in consultation with professional help where required.
- ✚ To provide any appropriate treatment for the prevention of pressure sores in consultation with professional help where required.
- ✚ To manage continence and seek help and advice about the promotion of continence and to provide aids and equipment as needed.
- ✚ Clients identified as at risk of falling will be assessed to minimize the risks of falling and suffering injuries in the event of a fall.
- ✚ Any other specialist medical, dental, pharmaceutical, chiropody and therapeutic services and care from hospitals and community health services will be sought according to need.
- ✚ To provide access to sight and hearing tests where required and be provided with any appropriate aids.
- ✚ The home will not be able to guarantee that any clients' needs will be met if their mobility or ability to remain self-mobilising deteriorates at any time whilst a client at the home.

## *HEALTH & SAFETY*

- ✚ For the safety of clients, staff and all other visitors, it is essential to have fire practice drills every six months or so. All clients, with assistance where required are expected to participate.
- ✚ All clients are expected to act in a manner that promotes their own health and safety as well as the health and safety of others at the home.
- ✚ Smoking is permitted in the home as long as it is in the designated areas. Clients are not permitted to smoke anywhere else apart from these areas.
- ✚ Failure to comply with any reasonable health and safety issues whilst at the home may lead to a client's residency being terminated.

## *WHAT TO DO IN THE EVENT OF A FIRE OR THE FIRE ALARM SOUNDING*

- ✚ **Do not panic!**
- ✚ **Stay in the room that you are until a member of staff comes to assist you.**
- ✚ **Co-operate fully with what staff ask you to do**
- ✚ **Staff will either ask you to evacuate the building or lead you to a place of safety somewhere else in the building**
- ✚ **If you do have to evacuate the building, leave by the nearest fire exit. Do this by following the fire exit signs (green with a white running man)**
- ✚ **Leave all possessions behind**
- ✚ **The nearest fire exits to you will probably be the front door or the back door**
- ✚ **If you do have to evacuate the building, NEVER use the chair lifts!**
- ✚ **Do not re enter the building until you have been told that it is safe to do so**

## *ACCESS TO RELIGIOUS SERVICES*

- ✚ The home encourages continued religious participation and practice of religious beliefs and rites and the visiting of religious worship.
- ✚ The home also encourages ministers of religion to visit individual clients at the home.
- ✚ Although the above is promoted at all times, this cannot be guaranteed if these facilities are not located within close proximity to the home.
- ✚ In these circumstances, clients and/or their representatives will have to make alternative arrangements prior to taking up residency at the home.

## VISITING THE HOME




- ✚ The home openly encourages family and friends to visit their relatives and loved ones as often as possible. This gives the client a sense of actually being wanted, loved and allows them to have a link to life outside of the home.
- ✚ We exercise an open visiting policy between the hours of 8.00am and 8.00pm. Family and friends wishing to visit outside these hours will not be refused but we do ask that a prior appointment be made. This is just purely for security reasons and no other purpose. Other visitors wanting to visit clients will only be allowed on the permission of firstly the client, then by appointment with the manager or proprietors.
- ✚ Any client wishing to entertain their visitors between the hours stated are at liberty to do so providing they seek permission, which will be granted automatically unless it is deemed it would be detrimental to the client themselves, any other client, member of staff or the home itself.
- ✚ Visitors wanting to visit outside 8.00am and 8.00pm are to phone the home and notify staff giving their name, relation to the client and expected time of arrival. Failure to do this may mean a visitor not being allowed to visit. Again, this is purely done as a precautionary measure.
- ✚ In the instance where a client being unwell, close relatives and friends will have open visiting rights during the time they are unwell. If in the unlikely event of an outbreak of an infectious disease or illness, all visitors will not be allowed to visit the home until the appropriate authorities have given the all clear.
- ✚ The home also encourages continued contact and interaction between clients and their young relatives.
- ✚ Whilst we endeavour to achieve a safe and risk free environment for all our clients, potential hazards inevitably exist within the home, particularly for young children. We refer to chair lifts, wheel chairs, walking frames, lifting equipment, individual client's bedrooms and kitchen areas.
- ✚ We therefore request that all visiting relatives and friends accept responsibility at all times for accompanying children and minors.

## CARE PLAN REVIEWS

- ✚ In addition to the regular monitoring of clients' care plans on a day-to-day basis, the home will carry out reviews at least monthly.
- ✚ Reviews will involve the client, where appropriate, the manager and the key worker where the progress of the care plan will be discussed.
- ✚ Reviews will consider the appropriateness of the original plan of care, the objectives, the feasibility of the plan of care and the outcomes of any risks taken.
- ✚ Reviews will take into account any new information which is available and any significant changes in the client's needs, abilities and aspirations.
- ✚ Reviewing is a continual process of counting achievements, setting new goals and adjusting the care being provided.
- ✚ More formal care plan reviews will take place every month and may involve the manager, the key worker, the client, where appropriate, and/or their representatives.
- ✚ Clients' and/or their representatives will be expected to agree and sign any changes made to individual care plans after they have been reviewed. Any change/s made to any care plan will not be implemented until either the client or their representatives have agree and signed for those changes to take place.

## ACCOMODATION SPECIFICATION

**The following descriptions and sizes of the rooms listed below were correct at the time of this current statement of purpose being published:**

 <b>Ground Floor</b>	<b>Size</b>
Main Television Lounge	5.0m x 3.8m
Bedroom No. 1 (Single Room) with basin	3.3m x 3.0m
Dining Room	3.5m x 3.4m
Kitchen	3.0m x 3.0m
Conservatory/Sun Room	5.8m x 2.0m
Garden Area with accessible flower beds	
WC No. 1 with wash basin & Shower (Assisted)	
WC No. 2 with wash basin	
Stairs to first floor via client chair lift	
 <b>First Floor</b>	<b>Size</b>
Main Bathroom with hoist (Staff Assisted)	
Bedroom No. 2 (Single Room) with basin	3.2m x 3.0m
Bedroom No. 3 (Single Room) with basin	4.5m x 2.3m
Bedroom No. 4 (Single Room) with basin	4.1m x 2.4m
Bedroom No. 5 (Single Room) with basin	4.9m x 3.4m
Bedroom No. 6 (Single Room) with basin	3.7m x 2.9m
Bedroom No. 7 (Single Room) with basin	3.7m x 2.8m
Linen Room (Not for Clients)	
WC No. 1 with wash hand basin	
Stairs to second floor via client chair lift	
 <b>Second Floor</b>	<b>Size</b>
Bedroom No. 8 (Single Room) with basin	3.8m x 3.0m
Bedroom No. 9 (Single Room) with basin	4.8m x 2.5m
Bathroom No. 2 with hoist (Staff Assisted)	

Although some doorway widths of rooms at the home do not meet the required national standard of 800mm clear opening width, doorways into communal areas, service users' individual bedrooms, bathing facilities and other spaces where clients may wish to spend time are of sufficient width to allow wheelchair users adequate access. Although we do not object wheelchair users whose main source of independent mobility is a wheelchair from choosing our home as their place of permanent residence, it must be stressed that not all wheelchair users may find the home suitable to meet all of their individual assessed needs.

## *ACCESS TO THERAPUTIC THERAPIES*

- ✚ It may be required now and then to use the services of outside therapists in order to allow clients access to these services.
- ✚ It is hoped that the use of these services aid the rehabilitation and recovery of the client in question.
- ✚ This will only be done once a particular need has been identified and in consultation with the individual client, their doctor and their family.
- ✚ The use of these services may be carried out in-house or via the local hospital.
- ✚ Clients will be encouraged to use the help and advice given by any specialist, but clients have the choice of refusing the use of any kind of intervention that may be offered to them. Only when the home feels that refusal is going to be detrimental to the client's well being, will they inform, again in consultation with the client and their family, that client's own doctor.
- ✚ It is hoped that by using the services of outside specialists, we are doing as much for our clients as is possible as far as allowing them to be as independent as is possible and to give them a sense of well being.

## CLIENT'S RIGHTS

- ✚ We place the rights of clients at the forefront of our philosophy of care. We seek to advance these rights in all aspects of the environment and the services we provide and to encourage our clients to exercise their rights to the full.
  
- ✚ The home is more than which someone lives; it is the opportunity to select from a range of options. We therefore ensure that all staff at the home should carry out the following:
  - To listen and discuss with clients their rights and needs.
  - Allow clients to take part in local and Government elections.
  - Welcome all church visitors and introduce members of the appropriate religion to church officials.
  - Encourage clients to say what they think and adopt a friendly and open attitude with clients.
  - Spend time with clients listening and talking to them.
  - Use quiet periods (away from tasks) talking to clients.
  - Be aware that talking to clients and listening to them is of paramount importance.
  - To allow clients access to the home's written complaints procedures and to be able to advise clients of the same.

## PRIVACY

- ✚ We recognize that life in a communal setting and the need to accept help with personal tasks are inherently invasive of a client's ability to enjoy the pleasure of being alone and undisturbed. We, therefore, strive to retain as much privacy as possible for our clients in the following ways:
  - Giving help in intimate situations as discreetly as possible.
  - Helping clients to furnish and equip their rooms in their own style and to use them as much as they wish for leisure, meals and entertaining.
  - Offering a range of locations around the home for clients to be alone or with selected others.
  - Providing locks on clients' bedrooms.
  - Guarantee clients' privacy when using the telephone, opening and reading post and communicating with friends, relatives and advocates/advisors.
  - Ensuring that confidentiality of information the home holds about its clients.
  - Understand and recognize the need for confidentiality.
  - Always knock on client's bedroom doors and wait to be invited in.
  - Always ask permission of clients' before showing officials or other visitors to their bedrooms.
  - Introduce official visitors to clients.
  - Not routinely enter a client's bedroom at night to 'check', only if illness or other conditions necessitate it. If a client requests no night checks their wishes should be respected.
  - Be alert to the needs of the client and action any areas that may benefit the client.
  - Be sensitive to discuss matters with clients in public areas. Take time to clearly distinguish between confidentiality and privacy.
  - Make clients feel that they can openly discuss problems privately with management.

## DIGNITY

- ✚ As recognition of the respect and intrinsic value of people, regardless of circumstances or standing in life, their uniqueness and their personal needs will be respected in the following ways:
  - To involve all staff in new admissions and to help clients and their families feel at 'home'
  - Get to know all clients by familiarizing ourselves with written known information and by talking to them as individuals. Staff will know about the client's background and lifestyle
  - Treat all clients' property and clothing with great respect and always ensure clients' clothing is returned to them
  - Address all clients as they wished to be addressed in their preferred mode of address
  - Respect their territory (their room is their home)
  - Allow all clients to choose their menus within the availability that day
  - Allow all clients to choose who bathes them, should they have a preference
  - Handle all complaints sensitively and try within our limits to find a resolution
  - Not make people rise from or retire to bed to suit 'routine'. Clients' wishes and needs must be taken into account at all times
  - Handle the confused client sensitively remembering the phrase "there but for the grace of...!"
  - Keep an eye on clients' appearance such as clothing, personal appearance and dressing properly
  - Handle clients who are behaving unconventionally with quiet sensitivity
  - Give clients time to do things for themselves.
  - Contribute information about clients that affects care decisions but remembering confidentiality at all times.

## INDEPENDENCE

✚ We are aware that our clients have given up a good deal of their independence in entering a group living situation. We regard it as all the more important to foster our clients' remaining opportunities to think and act without reference to another person in the following ways:

- Providing as tactfully as possible human or technical assistance when it is needed.
- Maximizing the abilities our clients retain for self-care, for independent interaction with others, and for carrying out the tasks of daily living unaided.
- Helping clients take reasonable and fully thought out risks.
- Promoting possibilities for clients to establish and retain contacts beyond the home.
- Using any form of restraint on clients only in situations of urgency when it is essential for their own safety or the safety of others.
- Encouraging clients to have access to and contribute to the records of their own care if they wish to and are capable of doing so.
- Be aware that clients must be allowed to do things for themselves.
- Staff should do things 'WITH' clients and not for them.
- Encourage clients to serve themselves and each other at the table where possible.
- Ask clients their views and wishes.
- Be aware that clients may want to handle their own financial affairs.
- Facilitate and assess the patterns of care and aid the client to self-care rather than adopt the attitude that it is quicker for staff to do it for them.
- Encourage the clients to help with 'small jobs' around the home.
- Be aware that clients may come and go as they please.

## SECURITY

- ✚ Many clients have sought admission to the home as an escape from elements in their previous living arrangements which may have threatened their safety or may have caused them fear. We, therefore, aim to provide an environment and structure of support which responds to this need in the following ways:
- Offering assistance with tasks and in situations which would otherwise be perilous for clients.
  - Avoiding as far as possible the dangers especially common among older people, notably the risk of falling.
  - Protecting clients from all forms of abuse and from possible abusers.
  - Providing readily accessible channels for dealing with complaints by clients.
  - Creating an atmosphere in the home which clients experience as open, positive and inclusive.

## CIVIL RIGHTS

- ✚ Being old, having disabilities and residing in a home can all act to deprive our clients of their rights as citizens. We, therefore, work to maintain our clients' place in society as fully participating and benefiting citizens in the following ways:
  - Ensuring that clients have the opportunity to vote in elections and to brief themselves fully on the democratic options available to them.
  - Preserving for clients full and equal access to all elements of the National Health Service.
  - Helping clients to claim all appropriate welfare benefits and social services.
  - Assisting clients' access to public services such as libraries, further education and life long learning.
  - Facilitating clients in contributing to society through volunteering, helping each other and taking on roles involving responsibility within and beyond the home.

## CHOICE

- ✚ We aim to help clients exercise the opportunity to select from a range of options in all aspects of their lives in the following ways:
  - Providing meals which enable clients as far as possible to decide for themselves where, when and with whom they consume food and drink of their choice.
  - Offering clients a wide range of leisure activities from which to choose.
  - Enabling clients to manage their own time and not be dictated to by set communal timetables.
  - Avoiding wherever possible treating clients as a uniform group.
  - Respecting individuals, unusual or eccentric behaviour in clients.
  - Retaining maximum flexibility in the routines of the daily life of the home.
  - Be aware that clients have the right to choose where they live and that clients enter the home on a 'trial basis' which works either way and allows clients easy freedom to leave the home if they wish.
  - Be aware that clients have the choice to use their bedrooms whenever they wish and may entertain visitors and have their meals there.
  - Ask clients who require assistance to dress and select their own clothing.
  - Be aware that clients may choose their own GP.
  - Advise clients of the various options available to them if, for example, they wish to avoid television or just 'get away' from activities.

## *FULFILMENT*

- ✚ We want to help our service users to realize personal aspirations and abilities in all aspects of their lives. We seek to assist in the following ways:
  - Informing ourselves as fully as each client wishes about their individual histories and characteristics.
  - Providing a range of leisure and recreational activities to suit the tastes and abilities of all clients and to stimulate participation.
  - Responding appropriately to the personal, intellectual, artistic and spiritual values and practices of every client.
  - Respecting our clients' religious, ethnic and cultural diversity.
  - Helping our clients to maintain existing contacts and to make new liaisons, friendships and personal relationships if they wish.
  - Attempting always to listen and attend promptly to any client's desire to communicate at whatever level.
  - Where appropriate, involve the client in the plan of their care.
  - Discuss matters with clients' families bearing in mind confidentiality and the wishes of the client at all times.
  - Empower clients to do things for themselves.
  - Listen to clients' ideas that they may have and to act appropriately.
  - To allow all clients to the following health care facilities if they need them:
    - Physiotherapy
    - Occupational therapy
    - GP of their choice and an 'out of hours GP'
    - District nurse
    - Chiropodist
    - Visual & hearing advisors
    - Dentists
    - CPN (Community Psychiatric Nurse)
    - Speech therapist
  - Make all relatives and friends welcome and offer refreshments if facilities to make their own are not available.

## QUALITY CARE

- ✚ We wish to provide the highest quality of care, and to do this we give priority to a number of areas relating to the operation of the home and the services we provide.

## CHOICE OF HOME

- ✚ We recognise that every prospective client should have the opportunity to choose a home which suits their needs and abilities.
- ✚ People usually move into care because of failing health and increased dependency. If a prospective client is unsure of this they could obtain more information from their GP.
- ✚ To facilitate that choice and to ensure that our clients know precisely what services we offer, we will do the following:
  - Provide detailed information on the home by publishing a Statement of Purpose and a detailed Service User Guide.
  - Give each client a Contract of Residency of terms and conditions specifying the details of the relationship.
  - Ensure that every prospective client has their needs assessed before a decision on admission is taken.
  - Demonstrate to every person about to be admitted to the home that we are confident that we can meet their needs as assessed.
  - Offer trial visits to prospective clients and avoid unplanned admission except in cases of emergency.

## *HEALTH AND PERSONAL CARE*

- ✚ We draw on expert professional guidelines for the services the home provides. In pursuit of the best possible care we will do the following:
  - Produce with each client, where possible, regularly update, and thoroughly implement a client care plan, based on initial and then continued assessment.
  - Seek to meet or arrange for appropriate professionals to meet the health care needs of each client.
  - Establish and carry out careful procedures for the administration of clients' medicines.
  - Take steps to safeguard clients' privacy and dignity in all aspects of the delivery of health and personal care.
  - Treat with special care clients who are dying, and sensitively assist them and their relatives at the time of death.

## *DAILY LIFE AND SOCIAL ACTIVITIES*

✚ It is clear that clients may need care and help in a range of aspects of their lives. To respond to the variety of needs and wishes of clients, we will do the following:

- Aim to provide a lifestyle for clients which satisfies their social, cultural, religious and recreational interests and needs.
- Help clients to exercise choice and control over their lives.
- Provide meals which constitute a wholesome, appealing and balanced diet in pleasing surroundings and at times convenient to clients.

## COMPLAINTS AND PROTECTION

***Despite everything that we do to provide a secure environment, we know that clients may become dissatisfied from time to time and may even suffer abuse inside or outside the home. To tackle such problems we will do the following:***

- ✚ If you feel that any aspect of the care that you are provided with once resident at the home is in your opinion, not what it should be or of substandard quality you should expect the following to take place.
- ✚ You complaint should always be investigated by the home
- ✚ You should always be given a satisfactory answer to what is/has been done
- ✚ This answer should be given to you within 21 days of the home first receiving the complaint
- ✚ The home should keep a record of what happened and how they responded
- ✚ You should not feel afraid of the consequences of complaining

If any of the above is not taking place you should speak to the home's management who should be able to give you an answer.

***You should take the following steps in the event of a complaint being made:***

- ✚ If you are a client at the home and are not happy with any aspect of the way the home is run or the care that you are being provided with, but feel you cannot deal with the complaint yourself, get a friend or relative to help you
- ✚ If the complaint is about the way you are being treated or the behaviour of staff at the home let them know immediately
- ✚ Let the home manager or owner know about any complaint that you may have
- ✚ If you feel that a criminal offence has been committed you should contact the police

***If you are still not satisfied with any of the previous steps your next step is to do the following:***

- ✚ Inform the Registration & Inspection authority of the Care Quality Commission. The home should have the address and telephone numbers
- ✚ You should do this in writing or in person
- ✚ You may want a Registration & Inspection Officer to come and speak to you in private
- ✚ When they have gathered all the information, they will carry out a full investigation
- ✚ The home will be informed that a complaint has been made against them
- ✚ You can remain anonymous but this will usually make the investigation more difficult to carry out
- ✚ If the complaints concern allegations of abuse the investigation will not be normally be carried out by registration & Inspection but will be passed over to the appropriate authorities
  
- ✚ Please remember to remain calm when making a complaint. It makes the problem seem even worse if you are in an angry or distressed state. You will find it a lot easier to make your points clear if you stay calm. If you cannot deal with making the complaint, get a friend or relative to do it for you.

Finally, although most home owners and managers value complaints as it helps them to improve the quality of service they provide, remember they will be equally pleased to know when they are doing things right!

## THE ENVIRONMENT

- ✚ The physical environment of the home is designed for clients' convenience and comfort. In particular, we will do the following:
  - Maintain the building and grounds in a safe condition.
  - Make detailed arrangements for the communal areas of the home to be safe and comfortable.
  - Supply toilet, washing and bathing facilities suitable for the clients for whom we care for.
  - Arrange for specialist equipment, if and when necessary, to be available to maximize clients' independence.
  - Provide individual accommodation which at least meets the National Minimum Standards. Where this may not be the case, the home will ensure that it does meet these standards in consultation with officers of the Care Quality Commission, and within a given time limit.
  - See that clients have safe, comfortable bedrooms, with their own possessions around them.
  - Ensure that the premises are kept clean, hygienic and free from unpleasant odours, with systems in place to control the spread of infection.

## STAFFING

- ✚ We are aware that the home's staff will always play a very important role in clients' welfare. To maximize this contribution, we will do the following:
  - Employ staff in sufficient numbers and with the relevant mix of skills to meet the clients' needs.
  - Ensure as far as is possible that a prospective employees' identity is checked as being authentic prior to offering them employment.
  - Ensure as far as is possible that satisfactory references & CRB (Criminal Records Bureau) Enhanced Disclosures have been received prior to offering employment to prospective employees.
  - Ensure that a POVA (Protection of Vulnerable Adults) check is carried out and that satisfactory results have been received prior to offering employment to prospective employees.
  - Provide at all times an appropriate number of staff with qualifications in health and social care.
  - Ensure that we are working towards reaching the national minimum standards as far as staff achieving these qualifications.
  - Observe recruitment policies and practices with both respect equal opportunities and protect clients' safety and welfare.
  - Offer our staff a range of training which is relevant to their ongoing needs and future development.
  - Offer any new staff employed by the home a range of training which may be relevant to their induction, foundation experience and future development.

## *MANAGEMENT AND ADMINISTRATION*

- ✚ We know that the leadership of the home is critical to all its operations. To provide leadership of the quality required, we will do the following:
  - Always engage as registered manager a person who is qualified, competent and experienced for the task.
  - Aim for a management approach which creates an open, positive and inclusive atmosphere.
  - Install and operate effective quality assurance and quality monitoring systems.
  - Work to accounting and financial procedures which safeguard clients' interests.
  - Offer clients appropriate assistance in the management of their financial affairs.
  - Supervise all staff and voluntary workers regularly and carefully
  - Keep up-to-date and accurate records on all aspects of the home and its clients.
  - Ensure that the health and safety and welfare of clients and staff are promoted and protected.

## *FOCUS ON SERVICE USERS*

- ✚ We want everything we do in the home to be driven by the needs, abilities and aspirations of our clients, not by what staff, management or any other group would desire. We recognize how easily this focus can slip and we will remain vigilant to ensure that the facilities, resources, policies, activities and services of the home remain client need led.

## *FITNESS FOR PURPOSE*

- ✚ We are committed to achieving our stated aims and objectives and we welcome the scrutiny of our clients and their representatives. This may be done via confidential discussions with management at the home, using a quality assurance questionnaire before and after permanent admission into the home, and if you do have anything good to say about the home, making this known in the 'Compliments' book.

## *COMPREHENSIVENESS*

- ✚ We aim to provide a total range of care, in collaboration with all appropriate agencies, to meet the overall personal and health care needs and preferences of our clients.

## *MEETING ASSESSED NEEDS*

- ✚ The care that we provide is based on the thorough assessment of needs and the systematic and continuous planning of care for each client.
- ✚ Clients will be assessed, by a person trained to do such assessments. If it is possible, the prospective client should be seen in their own home or place of residency for pre admission assessment. This will allow the home to ascertain whether the prospective client's care needs will be appropriately met by the home.
- ✚ For individuals who are self-funding or not, a senior member of staff from the home who is suitably experienced to carry out this assessment will carry out an initial assessment. All successfully placed clients will be expected to sign the home's Contract of Residency Agreement once resident at the home.
- ✚ As long as the results of this initial assessment have been considered and conclude that the home can meet the individual needs of the assessed person, only then will they be offered a place at the home.
- ✚ Following any referrals from the local authority's social services department and as long as the plan of care accompanying that individual deems that the home is able to meet the assessed needs of that individual, only then will they be offered a place at the home.
- ✚ One week after taking up residency at the home, another care plan assessment should be carried out on the client to ascertain whether or not any changes have taken place that could affect the care being offered.
- ✚ Around 4 weeks after taking up residency, care plan and all associated risk assessments should be drawn up in consultation with the client depending on their mental capability.
- ✚ Following an emergency placement by the local authority's social services department, the home will only admit a client as long as the person's needs have been assessed by social services and that they can be met by the home.
- ✚ All clients will be allowed around 4 weeks to decide whether or not they like the home via a 'trial period'. This will allow for mutual agreement for everyone concerned.

The home has the right to refuse admission to any individual who it feels, whose needs following assessment, would not be possibly met by the home.

## *QUALITY SERVICES*

- ✚ We are continually aiming for a progressive improvement in the standard of training at all levels of our staff and management.
- ✚ An ongoing programme of improvements is currently taking place to improve the physical standards of the home.

## CONCLUSION

- ✚ The management of a care home and the records and procedures under which it operates play a major part in achieving its central objective as a business-to provide its clients with the care and attention they require to live happy and fulfilling lives.
- ✚ For a home to be successful in obtaining that objective, its management must give attention to creating and maintaining the environment in which the care takes place, to building up and sustaining the group of staff who will be chief agents in delivering and supporting care, and to establishing and keeping under review the systems necessary to making these possible.
- ✚ Our aim must always be to promote a way of life for clients which permit them to enjoy, to the greatest extent possible, their rights as individual human beings.
- ✚ We hope that this Statement of Purpose has provided you with useful information and a source of reference .
- ✚ At the time of publication, details were correct but changes may be made during the year.
- ✚ This Statement of Purpose will be reviewed at the beginning of every year or more often if it is necessary to make changes.
- ✚ We welcome any comments by readers regarding this Statement of Purpose. These can be made either in person at the home or in writing to the home manager at the address given at the front of this guide.