

Sefton Hall Residential and Nursing Home

Statement of Purpose



February 2007

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This document has been written in accordance with the Care Standards Act 2000. The document will be reviewed every six months unless circumstances dictate that it should be reviewed earlier.

Aims and Objectives

With many years experience, the management of Sefton Hall Nursing and Residential Home offer a highly professional care service for the elderly, with a personal touch. We are pleased to accept service users for long term, short term, for convalescence and holiday stays.

When people have worked hard throughout their life and have been committed to helping others, we think they deserve extra cherishing. They need a Home where individuality is emphasised, with staff who have time to give attention to small detail, and where they have the choice of enjoying the company of like-minded fellow service users.

Our main aim at Sefton Hall is to provide the highest quality of Care Home with a happy and homely atmosphere, in which each service user feels at home, cared for and contented.

- PRIVACY:** A service users room is their own personal place and personal privacy is respected at all times.
- DIGNITY:** The service user can expect to be treated with respect at all times.
- INDEPENDENCE:** We encourage service users to be as independent as they wish, and to keep up the outside activities they may have and generally to lead a happy and contented life in a way that suits their individual needs.
- CHOICE:** We will keep the service users informed generally of any important matters or developments and welcome any suggestions from the service users, their families and staff.
- RIGHTS:** We endeavour to maintain the rights of service users and all entitlements associated with citizenship.
- FULFILMENT:** We will encourage each service user to continue with hobbies both inside and outside the home, whilst providing a secure, clean and well-maintained environment, with privacy and hospitality to make visitors and friends feel welcome.

Philosophy of Care

Sefton Hall Nursing Home aims to provide its service users with a secure, relaxed, and homely environment in which their care, well-being and comfort are of prime importance.

Carers will strive to preserve and maintain the dignity, individuality and privacy of all service users within a warm and caring atmosphere, and in so doing will be sensitive to the service users ever-changing needs. Such needs may be medical/therapeutic (for physical and mental welfare), cultural, psychological, spiritual, emotional and social, and service users are encouraged to participate in the development of their individualised care plans in which the involvement of family and friends may be appropriate and is greatly valued.

This will be achieved through programmes of activities designed to encourage mental alertness, self-esteem, and social interaction with other service users and with recognition of the following core values of care, which are fundamental to the philosophy of our home:

CORE VALUES OF CARE		
PRIVACY	DIGNITY	RIGHTS
INDEPENDENCE	CHOICE	FULFILMENT

All Care Staff within the Home will be appropriately qualified to deliver the highest standards of care. A continuous staff-training programme is implemented to ensure that these high standards are maintained in line with the latest developments in care practices as may be laid down in appropriate legislation, regulations and the Commission for Social Care Inspection.

BELONGINGS: Service users are actively encouraged to bring in personal items of their own, such as a favourite chair, pictures and photographs etc, and to make their room as homely as possible. A copy of an inventory kept by each party will be necessary.

If the resident leaves the Home or dies leaving the effects in the Home, the Management shall make reasonable effort to contact the Resident's next of kin or solicitor for instruction. In the absence of instruction or if no provision has been made within 14 days, the Home's Management shall be entitled to treat the effects as abandoned. Any money received from the sale of such effects shall be used for Resident's outings or donated to charity.

In a case where a Resident wishes furniture to be brought into the Home this must be specifically agreed. The cost of transporting such furniture in or out of the Home is the Resident's responsibility.

The Management reserves the right to charge a Resident for the Replacement cost of any furniture, furnishings, defects or equipment which has been damaged by default, or wilful act of The Resident. This shall not apply to fair wear and tear.

BEDDING: Although bedding is provided, service users may use their own.

TELEPHONE: There is a service user's payphone for incoming and outgoing calls although service users can install their own telephone, if they wish to do so. Some service User's have their own mobiles.

ELECTRICAL: All electrical appliances need to be approved by the Home before use for safety reasons. Any appliances need to be agreed as to their suitability for use in the Home. Such an appliance shall be given a safety examination by a qualified electrician and may have to be paid for by the Resident.

HOSPITAL: Should the service user require a hospital stay their room would be kept available until assessment of the situation, and then the individual position would be reviewed in consultation with the service user or family as appropriate.

PETS: Some pets may be acceptable after prior consultation with Management. Visitors will be allowed to bring pets into the Home after prior consultation with the Manager.

SMOKING: For safety reasons, please be aware that smoking is not permitted in bedrooms either by service users, visitors or staff. Smoking is permitted as arranged with Manager to suit the individual.

DOMESTIC: If a service user wishes to help in any way, for example make their own bed or help in the dining room they are very welcome to do so.

HYGIENE: Service users may bath or shower as often as they wish.

All service users have a bath at least once a week, unless for medical reasons they are unable to do so.

We also carry out all personal laundry washing, which is usually returned the next day. We recommend that all clothing be labelled as soon as it comes into the Home. However, if a service user wishes to make other arrangements for their laundry, they may do so. Please discuss with the Manager any clothing that may require specialist cleaning.

INTERESTS: We hope service users will keep up all interests they may have, and also join in the many activities of the home.

- GOING TO BED:** Service users may go to bed whenever they wish.
- MEDICATION:** We take great care of all medication and distribute this daily whilst keeping precise records.
- GP:** A service user may keep their own GP if they are local, or we can arrange one for you from the local surgery with which we have a service contract. If a service user wishes to visit a GP or have an appointment at hospital, a member of staff will accompany them if required.
- MEAL TIMES:** Whilst these are flexible, in the main they are as follows:
- | | |
|-----------|-----------------|
| Breakfast | 08.00-09.30 am |
| Lunch | 12.30 - 1.30 pm |
| Tea | 4.30 - 5.30 pm |
- We use a four-week rotating menu, which is reviewed regularly. We cater for varied and special diets. Also meals can be put by for service users who are out or who may be late back.
- GOING OUT:** As in one's own home, a service user is welcome to come and go as they please, although a member of staff should be informed of their plans.
- VISITORS:** Visitors are always welcome at any reasonable time; preferably between the hours of 10am and 6pm. If any family member wishes to help tend their relatives outside these hours they are most welcome to do so.
- VALUABLES:** We discourage all service users to keep any valuables in the Home. However, if important valuables and money should be made known to the Manager as they can be kept locked in the he safe. The Home will not be responsible for any valuables kept in the service users bedroom. Pocket money may be kept in the Home for general use, however we do ask that this amount does not exceed £100.
- It is suggested that the family insures specialised hearing aids as they could become damaged.

Home Organisational Structure

Proprietor
Mr Geoffrey Cox

Director Of Nursing
Margot Whittaker

Director of Administration
Karen Bolt

Deputy Director of Nursing
Karen Bull

Consultant Organisational Psychologist
Dr I Anderson

Human Resources Manager
Mr D Leyland

Purchasing Officer
Mr R Stimpson

Accountant
Mr N Jones

Trained Staff

Maureen Cockrill
Grace Hayudini
Ponipas Fernando
Selin Joseph

Maintenance
Martin Rowe
David Walker
Zygmunt Grabski

Care Staff
Jean Williams
Merielle de Felipe
Ewa Luczak
Lynn Hazlewood
Maureen Brooks

Administrator

Ann Clark

Kitchen Staff
Glennis Cleave
Ali Rowe
Lucy Hellier
Rebecca Kingdon
Amy Rowe

Care Staff

Hope Prowse
Shyla Pillai
Marta Wachala
Natalie Knight

Chef

Simon Duke

Domestic Staff
Pat Dear
Eileen Sanders
Carly Jenkins

Care Staff

Joanna Skubek
Anna Adamczyk
Lizzie Coulthard
Stewart Williams

Details of Staff Numbers and Staff Training

The Home employs one Manager, four Registered Nurses grade 1, four senior care assistants, twenty two care assistants.

The Homes staff are selected for their qualities of reliability, integrity, skill, friendliness and professionalism. They are carefully screened and references are always checked thoroughly. During induction all staff are trained in-house by experienced qualified senior staff in the following critical subjects:

- ❖ The Southern Healthcare Ethos
- ❖ Care code of conduct
- ❖ Confidentiality
 - ❖ The rights of Service user's
- ❖ Manual Handling
- ❖ Fire Safety
- ❖ Diet & Nutrition
- ❖ First Aid
- ❖ Health & Safety
- ❖ Food Hygiene and Safety
- ❖ Personal Care Tasks
- ❖ Care Assistants Responsibilities

All new staff will complete an induction that follows the TOPSS guidelines. The Home insists that all Care Assistants hold a minimum of NVQ level 2 in Care. All new members of staff must train to achieve this important qualification.

The Home also sends all staff on external training courses for such topics as Food Hygiene, Lifting and Handling, Care of the Elderly, First Aid, Drugs Practice etc, and will continue to update their knowledge and skills in the care for the elderly. All staff will be assessed and appraised as appropriate. Senior members of staff will be continuously monitoring all other staff on a day-to-day basis.

Staff will adhere to their professional Code of Conduct and that of the Home. Any complaints about staff will be investigated immediately through our complaints procedure

Accommodation

Part of Sefton Hall building was built in Regency Times and many of the original features still remain. Originally two houses, one side was a Hotel and the other was the residence of Dr. F. M. Cann. Dr Cann had been the last Residential Surgeon at Guy's Hospital in London and built Sefton Hall in 1878; it is reputed that Sir Peter Hoare of Luscombe Castle who felt that the name of the 1878 Derby winner would be appropriate, suggested the name.

Dr. Cann was a member of the Local Board in Dawlish and one of the founder members of the Gentleman's Club on the Marine Parade.

He fell out with the other local Doctors over the management of the Cottage Hospital and founded a rival hospital, the Infirmary - now Belvedere Court in the High Street.

Dr. Cann had many eccentricities. He was the seventh son of a seventh son and is remembered as being cantankerous and brusque - however, kind-hearted to his poorer patients. He rode his 'rounds' on horseback, booted and spurred with a groom also on horseback in attendance. When he clanked up the stairs to a woman patient it was enough to frighten her out of bed.

He now rests in a grand Mausoleum inside the Cemetery gates on Oak Hill.

The property became a high class Hotel before the second world war, and some time after this was bought by the Coventry & Warwickshire Saturday Fund to house men for convalescence. The two houses were joined in 1966 since which time they have continued to provide care for older people. McCarthy & Stone purchased the Home in 1987 and Sefton Hall became the first dual registered home in South Devon. 20 sheltered housing flats were built adjacent to Sefton Hall and then the Home was sold to BUPA Care for the Elderly Ltd. in 1989.

Purchased privately in 1992, Sefton Hall has continued to provide the highest standards of care and introduced care for clients under the age of 60 with physical disability in 1994. Now again, since June 2005 part of Southern Healthcare (Wessex) Ltd.

The home has 49 bedrooms. Which comprise of 46 single rooms and 3 double rooms. We have a room, which is solely dedicated to Respite bookings and within our 3 double rooms we can accommodate couples, family members etc if preferred.

Ground Floor: Seven Single en suite rooms.

First Floor: Nine Single en suite rooms; Three Double en suite rooms; Ten rooms with handwashing facilities.

Second Floor: Twelve Single en suite rooms, two with access to a balcony; Eight rooms with handwashing facilities.

All room sizes exceed the national minimum standard.

Social Rooms:

There are three lounges, and a very large dining room, all centrally heated. Service users are encouraged to use these public rooms. However, service users who choose to stay in their own rooms may do so. Smoking is not allowed in these public rooms, only in the spacious grounds. All rooms and outside areas are connected to a nurse call system for the benefit and safety of service users. A lockable facility to secure valuables and personal items can be made available.

Admission

The Home provides accommodation for 52 service users. There are 24 Residential beds and 28 Nursing beds.

Long or Short stay can be accommodated and the Home has facilities to accommodate Respite Clients.

Emergency admissions may be accepted. The Home will require a needs assessment from the admitting body and confirmation from the Home manager or the Director of Nursing prior to admission.

Service user's interested in coming to Sefton Hall Nursing Home are encouraged to visit the Home to sample the atmosphere and level of service. A month's trial period is always given before taking permanent residency.

The Home is registered to accommodate 52 service users in the categories :- **Old age, not falling within any other category (26), Physical disability over 65 years of age and old age not falling into any other category (26), Physical disability under the age of 65 (28). Nursing (52) & Residential (52)**

Often a relative, friend or social worker will contact Sefton Hall and will arrange to view the Home. Any questions or individual concerns regarding the service users stay, such as medical needs/requirements are discussed with Matron at the time of the initial assessment. After a full assessment of the potential service user to ensure their needs can be met by the Home, as soon as a room becomes available a date will be arranged for the service user to move in. A deposit will secure the room agreed upon.

There will be an initial period of one month for all parties to ensure the service user is happy and becomes settled. If a service user is not happy at this point, they can of course leave without notice. After a month, a month's notice is required to be given either by the

service user or the Matron on behalf of the Home, if it is not suitable for the service users needs.

Privacy and Dignity

The staff are trained to strive to preserve and maintain the dignity, individuality and privacy of all service users within a warm and caring atmosphere, and in so doing will be sensitive to the service users ever changing needs.

Smoking and Alcohol

Sefton Hall follows a no smoking policy within the private and public rooms. Service Users may however smoke in our spacious grounds. Service users will normally make their own arrangements, should they wish to with regards to alcohol in line where appropriate with medical guidance.

Fire Safety

- ❖ The Home has a modern Fire Alarm System fitted, with “Fire Exit Notices” and “Fire Emergency Instruction Notices” displayed at strategic points throughout the Home, as advised by the local Fire Department.
- ❖ Staff are instructed during Induction training with regard to the Fire Prevention and Drills Policy which includes use of the Homes fire appliances, evacuation, muster points, raising the alarm, etc. Service users are informed of the emergency procedure during admission.
- ❖ A fire exercise is carried out weekly on each shift; this ensures all staff and service users have a comprehensive understanding of their responsibilities.
- ❖ All fire systems and alarms will be tested weekly by staff of the Home and 3 monthly by the local Fire Officer. Records are kept of all such testing as part of the Proprietor/Managers responsibilities.
- ❖ All fire fighting equipment will be checked annually by a qualified fire extinguisher maintenance engineer.
- ❖ Where possible, furniture, fixtures and fittings must be made of fire-resistant or fire-retardant fabrics and materials.
- ❖ A qualified instructor carries out three monthly fire-training sessions.
- ❖ All doors must be closed at all times (unless held open by an appropriate device)

Religion (Worship/Attendance at Religious Services)

Service users may attend religious services either within or outside the Home, as they so desire. If services are outside the Home, the service user should, if necessary and where possible, arrange for transport and accompaniment with friends or relatives. In the event of this not being possible, care staff may accompany service users on specific occasions if staffing levels permit.

Service users have the right to meet clergy of their chosen denomination at any time. If required, a private room will be made available for such meetings.

Contact With Family and Friends

Service user's family, relatives and friends are encouraged to visit the service user regularly and maintain contact by letter or telephone when visiting is not possible. In these cases, staff will offer to assist the service user to respond where help may be needed.

Visitors will be welcomed at all reasonable times, and are asked to let the person in charge know of their arrival and departure from the home. For Security and Fire Safety reasons, visitors must sign the visitor's book on each occasion.

The service user has the right to refuse to see any visitor, and this right will be respected and up-held by the person in charge who will, if necessary, inform the visitors of the service users wishes.

Children and pets are welcome, but please inform the Nurse in Charge so that she can make any necessary arrangements.

Service Users Plan Review

Once developed the service users care plan will be reviewed monthly and updated to reflect any changing needs and ensure that the objectives for health, personal and social care are actioned. Any plan that is developed includes the involvement of the service user.

Family and relatives will be encouraged to participate in the service user's daily routine as far as is practicable, and are invited to 6 monthly formal reviews, or as required. Service users and their Relatives are always welcome to chat with a member of the care staff if they have any concerns.

The service users plan is reviewed at three levels:

- ❖ Daily on a shift-to-shift basis. At staff shift changeover the service user's daily care notes are handed by the out-going shift to staff on the in-coming shift and the service user's

- ❖
- ❖ responses and activity patterns discussed as needed. Changes to the service users plan may be proposed at this point.
- ❖ At the end of the four week settling-in period.
- ❖ Thereafter a formal review is held with care staff on a monthly basis.

All amendments to the care plan will require the authorisation of the Home Manager. Certain amendments may require the authorisation of the service user's GP. All amendments to the service users plan are recorded in full.

Complaints

The Home operates a pro-active comments and complaints process in the hope of continually improving service.

If as a service user, relative or visitor, you feel that there is cause for complaint, you should first discuss the matter with the person in charge i.e. Matron. If the matter is in your opinion, a serious one, or if you remain dissatisfied, you can follow our complaints procedure a copy of which is kept in each room.

If after this investigation, you are still not satisfied, or if you feel that the complaint is of a serious nature and you wish to speak to a registration officer first, then you should contact the Commission for Social Care Inspection.

There are two comment books, one in the main hall and one in the visitor's entrance hall. There is also a confidential comments card post box in the main hall.

Should any matter arise that does not satisfy the service user, then the service user, a relative or social worker may contact a member of the Commission for Social Care Inspection. The local office of the CSCI is Unit 1, Linhay Business Park, Ashburton, TQ13 7UP. Tel: 01364 651800.

Therapeutic Activities

The Home policy on “Therapeutic Activities” takes into account the service user’s interests, skills, experiences, personalities and medical condition. The Home offers a wide range of activities designed to encourage the client to keep mobile, and most importantly take an interest in life.

Staff encourage and in certain instances help service user’s to pursue their hobbies and interests:

Service user’s can play the following games

- ❖ Cards.
- ❖ Scrabble.
- ❖ Bingo.
- ❖ Draughts.
- ❖ Or any other favourite board games.

Activities with the staff (On a Daily Basis)

- ❖ Chatting to Individual service users.
- ❖ Going for walks.
- ❖ Manicures
- ❖ Playing games.
- ❖ Armchair exercises.
- ❖ Reading letters/magazines/newspapers.
- ❖ Helping to choose Library books.
- ❖ Music and singalongs.
- ❖ Maintain life long hobbies, crossword puzzles etc
- ❖ Facials
- ❖ Aromatherapy
- ❖ Hair dressing
- ❖ Physiotherapy

Outings

All outings are geared to service user’s needs and capabilities and due to this a limited number of service user’s can go on any one outing.

Examples of outings are listed below:

- ❖ Visits to local Pub.
- ❖ Visit to a garden Centre.
- ❖ Visit to a pantomime or play.
- ❖ Bus journeys around the local countryside.
- ❖ Bus journeys to local beauty spots.

Monitoring and Quality

Within the Home, there are various systems and procedures; close monitoring of which, ensure that the Home's services are maintained at the highest level. Attention to the smallest detail is pivotal to everything that we do.

An important part of our quality programme is to involve the service users and their relatives. We regularly ask for comments on the Home, the staff and services we provide. We also annually circulate a service users questionnaire, which assists in assuring that we continue to provide a quality service.

Practices of the Home

- ❖ To hold current a registration certificate and adhere to its code of practice.
- ❖ To ensure bedrooms are treated as each individual's home. Knocking on doors before entering will be respected at all times.
- ❖ To ensure service users are addressed by staff in the way the service user chooses.
- ❖ That service users independence is promoted and avoiding set rules where possible: i.e. Bedtimes etc.
- ❖ That service users are encouraged to be as independent as possible, and to make their own decisions about themselves and their home.
- ❖ That service users are actively encouraged to participate in their care, and the planning of their care.
- ❖ That service users may smoke in appropriate designated areas.
- ❖ That service users may choose where they take meals, either in private or in the dining areas.
- ❖ That service users may have meals for a relative or friend.
- ❖ That all care and personal needs are assessed, monitored and evaluated, including the service user, and/or their advocate or relatives, as the service user chooses.
- ❖ To encourage Service Users to actively participate in issues affecting the Home via, questionnaires, Resident meetings and an open door policy adopted by Management.

Procedure and Record Keeping

- ❖ All procedures will be carried out, ensuring the service users' privacy and dignity are respected.
- ❖ All nursing procedures will be carried out in accordance with the Clinical Procedure Manual of the Royal Marsden Hospital.
- ❖ Service users may refuse any procedure or nursing intervention if they choose.
- ❖ Service users have the right to any information they seek regarding: -
 - Complaints procedure
 - Access to notes/documents
- ❖ All documentation will be confidential
- ❖ Service users may choose their own General Practitioner.
- ❖ Any procedure that restricts personal choice or infringes service users' rights will be discussed, agreed, recorded and reviewed.

Monitoring of Standards/Quality Assurance

Sefton Hall Home seeks to maintain high standards of care by: -

- ❖ Continually talking to service users, staff, advocates and relatives
- ❖ Identifying service users needs and care to be provided.
- ❖ Setting clear and explicit standards of care to be used as the criteria from which professional judgements can be made.
- ❖ To provide competent staff who are continually updated with training in the care of the elderly.
- ❖ Ensuring staff practices are in accordance with their code of professional conduct and to discuss practices at staff appraisals.
- ❖ To continuously discuss service users' rights, privacy, dignity, choice, independence and fulfilment at staff meetings.
- ❖ Diligently observe the general day-to-day care provided.
- ❖ Liase with all other services to ensure all requirements are being met.

- ❖ Provide meetings of staff, service users, relative's etc. to discuss standards of care and highlighting any areas of concern.
- ❖ Providing at random, questionnaires for staff, visitors, relatives and service users to complete.
- ❖ Ensuring policies such as the Complaints and Whistleblowing Policies are accessible to everyone and reviewed regularly.

Service User's Rights

1. Service users have the right to as much personal and physical independence as possible. This includes personal choice and responsibility for their own actions. Service users will not be compelled to undertake anything against their will.
2. Service users have the right to have their cultural, religious, political, sexual and emotional needs respected; permitting and facilitating chosen personal relationships, sexual or otherwise including marriage between service users and between service users acquaintances.
3. Service users have the right to freedom of conscience and to participate in chosen activities, religious or otherwise.
4. Service users have the right to be consulted about decisions affecting their daily lives, including participation in the planning and evaluation of care and treatment.
5. Service users have the right to have their personal dignity respected by others in every way possible, without discriminating on any grounds, whether gender, age, race, creed, language, religion or other status or political or other opinion.
6. Service users have the right to privacy for themselves, their belongings and their affairs, including the right to receive visitors in private and confidentiality of personal affairs and personal space will be respected.
7. Service users have the right to have the same services and facilities in the surrounding community as any other citizen. This may include registration with Medical Practitioners and a Dentist of their own choice, permitting and facilitating opportunities for social and other gatherings for whatever purpose inside and out of the home, placing no restriction.
8. Service users have the right to choose whether or not to mix with other people in the community either by going out or inviting people into the home.
9. Service users have the right to be addressed by staff in the way they choose.

10. Service users have the right to freedom of expression, the right to complain, to hold opinions and to receive and impart information and ideas, particularly regarding personal care and treatment.
11. Service users have the right to any information and are encouraged to exercise such right.
12. Service users have the right to have access to their nursing records.
13. Where it is deemed necessary, the interference or restriction of an individual's right for the protection of that person, or the rights or freedoms of others or for any other reason, such actions are recorded, explained to the individual and other interested parties and shall be reviewed regularly according to proper procedure.
14. Service users have the right to form their own representative group, to liaise with staff and give their opinions on how to help improve services to them.

How to look at your Contract

A contract is a legally binding agreement so look at it very carefully before you sign it. Please make sure that all areas of the Contract are clear to you before signing.

Fees are normally received and adjusted annually. If you have concerns about your fees, you may wish to talk in confidence to the Manager.

If, at any time, you wish to move to another bedroom in the home, you should ask the Manager if a move is possible. The reasons for the move should be recorded and you should indicate you are happy with the move by signing the amendment to your care plan. There may be a change to your fees when moving bedrooms, either an increase or decrease depending on the room you have chosen.

As a service user you should be satisfied that your care needs are being met and you are receiving the amount and quality of help required. The manager of the Home should be satisfied that they are able to provide the level of care required and that you will benefit from this care. It may take time to properly assess these care needs and to allow understanding to develop between each other.

SERVICES PROVIDED AND INCLUDED IN FEES

This contractual agreement is for Care. This means the day-to-day care of the service user that is required in respect of their individual and personal needs. It includes:

- 1 The provision of accommodation, decoration, furnishings, carpets, etc. Plus the use of our lounge and dining room facilities suitably furnished and decorated.

- 2 Meals are included and consist of breakfast, lunch and tea. Mid-morning, afternoon and evening hot drinks with biscuits. Suitable refreshments when required at other times of the day.
- 3 Domestic services such as laundering of personal clothing (not including dry-cleaning), bed linen and blankets, towels etc.
- 4 The provision of heating, lighting and electrical supply.
- 5 The cleaning of bedrooms, public rooms and corridors etc. is provided.
- 6 The provision of towels, face cloths, soap, toilet rolls, light bulbs etc. is included.
- 7 Fair 'wear and tear' on furnishings and equipment including soft furnishings is included in the fee.
- 8 The provision of personal care during the day and night is included. The amount and type of care will vary and depends on your needs.
- 9 When required, assistance with oral care, bathing, washing and dressing will be given. Assistance with mobility, help with toileting, provision of a commode when necessary.
- 10 We will also provide opportunities for exercise and physical activities. We will assess the needs in relation to nutrition and monitor weight gain or loss.
- 11 The health of each service user will be assessed on a daily basis and the service user's General Practitioner will be called in as and whenever necessary.
- 12 Medication and drugs will be safely stored and issued to the service user in accordance with the doctor's instructions and recorded as necessary. Records are kept on all medication used.

ADDITIONAL SERVICES NOT INCLUDED IN FEES

A service user may require services that are not detailed above and we facilitate access to these as required for an additional charge. Examples of such services are: hairdressing or haircutting, private chiropody or dentistry, private hearing or sight tests, newspapers and magazines, personal; telephone calls, personal television, incontinence pads, personal toiletries, clothing etc.

CARE DURING ILLNESS

Where an illness does not require hospital admission, care will continue to be provided within the Home. Co-ordination between the Home management and staff, the General Practitioner, the Community Nurse and other community service facilities shall be maintained for the benefit of the service user during the period of illness.

FEE REVIEW

Fees shall normally be reviewed annually and the new fee shall usually apply from April. In the case of service users in receipt of income support the review shall coincide with the DSS income support review. Additional care demands may necessitate a fee adjustment outside the annual review.

This will only apply in cases of a significant increase in care needs.

1 RESIDENTS OBLIGATIONS

The Resident shall:

- (a) From his/her own resources and/or personal allowance provide for medical requisites (other than medication by prescription)
- (b) Pay for such hairdressing and chiropody services and for such newspapers, clothing, personal toiletries, travel expenses and other items as the Resident shall from time to time require
- (c) Comply with all reasonable requests and requirements of the Matron and staff in the proper discharge of their duties to the Resident insofar as the same are consistent with the published Aims Objective and Philosophy of the Home.

3 GENERAL

- (a) This agreement shall continue in force until terminated by circumstances, or upon one month's written notice given by either party before the intended date of termination. If less than one month's notice is given, the 14 day period subsequent to departure from the Home shall remain payable.
- (b) Fees are to be paid monthly in advance by the Resident or their duly appointed representative on the 1st of every month by Standing Order. Fees paid in advance shall become refundable following a written request by the Resident or his/her lawfully appointed representative and on receipt of a copy of probate, if appropriate.
- (c) The fee stated herein shall apply until the next review and in which event the Proprietor shall give one month's written notice to the Resident or his/her lawfully appointed representative of such review.
- (d) Should the Resident at any time require being absent from the Home for hospital treatment, or for any other reason and in any event in excess of fourteen days, the Proprietor undertakes to retain the Resident's room upon payment of 50% of the weekly fee for a period of 4 weeks. Thereafter the normal fee will be charged.

4 ALLOWANCES

- (a) If you are self-funding and have been assessed as requiring Nursing Care, you or your lawfully appointed representative should apply to the DWP (Department for Works and Pension) to make a claim for Attendance Allowance. This is a non-means tested, non- taxable DWP benefit that is paid weekly. There are two rates, Low and High. The level of payment, if you are eligible, will depend on your Nursing requirements at that time.
- (b) If you are self-funding and have been assessed as requiring Nursing Care you are entitled to claim an element of your fee back from the NHS towards your Nursing Care. This payment is called Funded Nursing Care (FNC). You or your representative should liase with the Manager of the Home who will contact the local Primary Care Trust for you and arrange for a Nursing Assessment to be carried out to determine the level of care that you require. Depending on their assessment, you will be given a level of Care of either Low, Medium or High Band. This determines the level of payment FNC will refund you towards your Nursing costs. These payments are paid to the Home fortnightly by the relevant authority.
- (d) The proprietor shall reimburse the Resident or his/her lawfully appointed representative for any Funded Nursing Care payments paid to the Home by the relevant authority for the Resident, unless these are to be used as part of the fees. These payments are normally paid to the Home on a fortnightly basis by the relevant authority and refunded to the Resident or his/her lawfully appointed representative within no more than one calendar month of receipt by the home. The Proprietor shall also inform the Resident or his/her lawfully appointed representative of any changes to the rates of Funded Nursing Care.

5 CONCERNS

- (a) Should a Resident have any cause for concern or complaint, this should be taken up with Matron in the first instance, and if not resolved, then with the Proprietor, and ultimately with the Commission for Social Care Inspection.
- (b) The Home is a registered Nursing Home with the Commission for Social Care Inspection.

THE RESIDENT

ROOM NUMBER

WEEKLY FEE

EFFECTIVE DATE

DATED

SIGNED (Proprietor)

SIGNED (Resident)

SIGNED (Representative).....