

STANTON NURSING HOME

www.stantoncarehomes.co.uk

Telephone 01934 625640

Service User Guide

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Please Note that our latest inspection report available on request, is displayed in the outer porch of the home and on our web site – details above



Our Mission statement
To provide the appropriate specialist dementia
Care, and support for residents and their families

We have tried to make this a user friendly document. Your comments, both positive and negative would however be appreciated.

STANTON NURSING HOME STATEMENT OF PURPOSE

Stanton has been caring for the elderly since 1952 and since 2001 offers specialist dementia nursing care in a small home environment ideally suited to its category. At Stanton we believe in life after dementia, it is our intention to ensure that all residents enjoy normal life experiences. Residents are free to walk either inside the building or outside in our secure garden.

It is our fundamental ethos that those residents who live in the home should be able to do so in accordance with our statement of values.

Aims and objectives at Stanton

Our Overall Aim: To provide all our residents with a homely, secure, relaxed and happy environment in which their care is provided.

Our Care Service is designed to achieve the following objectives: -

We need to:

- ensure that every person feels supported within the home
- see past the condition of dementia and value the person
- form strong links with families and loved ones, to create an atmosphere of partnership and common purpose
- create a homely and relaxed environment
- promote a positive approach towards a person with dementia and to value their skills and abilities.
- provide the appropriate quality care
- make Stanton feel like home
- ensure comfortable and dignified end of life for all people.

At Stanton we believe in the normalisation of life. We aim to provide a lifestyle that is stimulating, comfortable and reflects the choice of the individual. Regular outings and social activities are at the forefront of our care.

Philosophy of care

We believe that unnecessary restraint whether chemical or physical, causes distress agitation and enhances feelings of hopelessness. Upon admission to the home a full medication review will take place to ensure that unnecessary medication is withdrawn. We endeavour to minimise restraint of movement within the building but occasionally access to some areas will be discouraged to minimise risk of harm to residents.



Choice and Capacity

Choice for the people in the home is paramount. All individuals are assessed as to whether they have capacity in all areas.

The promotion of choice and capacity are key principles at Stanton.

What is the mental Capacity Act?

- It was developed to bring together and simplify existing law.
- Puts the needs and wishes of a person who lacks capacity at the centre of any decision making process.

Core Principles of the Mental Capacity Act

- A person is assumed to have capacity. A lack of capacity has to be clearly determined.
- No one should be treated as unable to make a decision unless all practicable (reasonable) steps to help them have been exhausted and shown not to work.
- A person can make an unwise decision. This does not necessarily mean they lack capacity.
- If it is determined that a person lacks capacity then any decision taken on their behalf must be in their best interests.
- Any decision taken on behalf of a person who lacks capacity must take into account their rights and freedom of action. Any decision should show that the least restrictive option or intervention is achieved.

Human Rights Act Influences

Article 2 Right to life

Article 3 Prohibition of inhuman or degrading treatment

Article 5 Right to liberty

Article 8 Right to respect for private and family life such as autonomy and self determination

What is lack of capacity?

- An individual lacks capacity if they are unable to make a particular decision
- This inability must be caused by an impediment or disturbance of the mind or brain whether temporary or permanent.
- Capacity can vary over time and type of decision.

The Management team

Our Registered Nurse Manager - Ms Sammie Wyatt RMN

Sammie has eight years post registration experience working in a variety of areas.

Since qualifying in March 2000 she worked as a staff nurse at Brockley House Psychiatric Intensive Care Unit, where she trained as an Assessor and Mentor of Diploma and Degree level nursing Students. In 2002 she commenced my degree and also moved in to the specialism of working with Older Adults. She completed her degree in November 2005.

Since working with Older Adults she has had the opportunity to work within an assortment of settings across the service and into the community as Community Psychiatric Nurse and Care Manager. Establishing level of need service provision and buying into packages of care.

These experiences have enabled her to improve her knowledge base and networking abilities. I have a close link with the carer groups and voluntary service user groups. In 2004 she did a parachute jump in aid of the Alzheimers Society.

She recognises her ability to develop and sustain successful therapeutic and professional relationships, often engaging with complex and challenging patients and their carers. She aims to be sensitive to the needs of colleagues on an informal and formal level through clinical supervision.

She is a safe practitioner and adhere to national and local policy. She believes in being open and honest at every level and is comfortable with her own autonomy as well as being responsible ultimately for the education and practise of others.

She understands the value of effective time management by identifying priorities and the use of skilled delegation when appropriate. She has theoretical and practical experience of the challenges of service delivery and management and is sensitive to the requirements of multi-agencies.

She fully recognises the benefits of healthy and mature teamwork and believes that it is by mutual respect and support that a team can function. One of her particular interests is education and evidence has shown that if individual members of a team can feel knowledgeable and responsible as well as supported they are then

able to produce higher quality of work as moral is raised due to self-esteem. This in turn reduces absenteeism and sickness levels.

She is currently "link mentor" with the University West of England.

She fully appreciates the value of each individual team member and the wealth of knowledge that they possess and may with guidance continue to expand.

It is by supporting, facilitating and leading others to deliver high quality research based care either by role model, education or direction that she foresees herself being able to implement and develop the knowledge and experience she has accrued thus far.

Tessa Larkin is the proprietor and is trained to the NVQ4 standard in the management of care services. She also holds the CSCT accredited counselling skills and theory qualification. Mrs Larkin is also an NVQ assessor and the in house manual handling trainer. She is currently studying towards greater dementia understanding using the latest knowledge with the Alzheimer's society, and is a dementia trainer. Most recently she has qualified in dementia care mapping. Mrs Larkin co-ordinates the training in the home and has enrolled with the cutting edge University of Bradford to start her degree in dementia from September 2009.

Mrs Gill Page

As manager of 'Heathwood' our dementia residential home Gill takes an active role in the running of both homes. Many of our residents have also been cared for by Gill at Heathwood. We have found this offers families the continuation of care and the reduced worry of choosing a future care environment should this be necessary.

Gill has NVQ4 in care management and many years experience in running Nursing and residential homes. Gill has enrolled with the cutting edge University of Bradford and will commence her dementia diploma in September 2009.

All our team are available to discuss any concerns or simply be a listening ear in times of need.

Carers

Carers will strive to preserve and maintain dignity at all times. Carers will be appropriately qualified to deliver the highest standards of care. A continuous staff training programme is implemented to ensure that these standards are maintained in line with the latest initiatives and developments in care practices as laid down by appropriate legislation, and regulator guidelines. This will be monitored through a comprehensive policy of supervision, induction and training by the management team. All members of the team are encouraged to take part in the improvement process at Stanton therefore maximising the positive contribution that team members can bring.

Training

At Stanton we believe that training and information are vital components in the running of the home and delivery of care. All staff take part in workshops that explore the experiences of people with dementia and learn skills which improve communication. We favour the Alzheimer's society approach and Tom Kitwood's model for well being also plays its part.

All our staff are on the Alzheimer's training programme and some have now sat their exam which will give them a dementia certificate. Others will sit the paper in the coming months.

Most of our staff have competed or are studying for their NVQ2/3 qualification.

Privacy and dignity

We recognise the changes residents face when moving into a care home. To minimise the impact of those changes we will promote the philosophy of a 'home from home' environment. We will endeavour to retain as much privacy, dignity and freedom of choice as possible by:

- Helping people to personalise and furnish their rooms as they wish.
- Providing a secure place for their valuables or supervise their possessions in the event of them being unable to themselves.
- Giving residents the opportunity to have privacy when receiving visitors, making telephone calls, or opening and receiving mail.
- Ensuring that all team members understand the importance of knocking at doors before entering any occupied room.

- Making sure that residents receive personal care in their own rooms wherever possible.
- By enabling residents to rise in the mornings when they are ready and not allowing time constraints to dominate individual wishes.
- Respecting the confidentiality and security of resident records and information.
- Treating each resident as an individual and a respected member of the family circle.
- Assisting residents to maintain their dignity through their personal appearance and behaviour.
- Helping residents to overcome any shortcomings they may experience through age or disability.

Independence

We recognise the importance for all residents to retain their independence and the problems that group living can give. We will encourage residents to act and think as an individual by: -

- Maximising the opportunities for residents to self care.
- Helping residents to take reasonable and fully assessed risks.
- Ensuring residents maintain links with society outside the home, enjoying shopping, walks, church services, and visits to cafes and pubs.
- Helping residents gain access to outside agencies for care or social purposes.
- Giving all residents the opportunity to contribute to the records of their own care and express their own views on the care through residents meetings and individual talks. Where this is not practical relatives are encouraged to join care review meetings every three months and have their say.

Freedom of choice

We will recognise that every resident should have the opportunity to choose a home, which will meet their needs and can offer the care they require. They should be given the opportunity to exercise their right of choice in all aspects of daily living. To facilitate that choice we will;

- Provide families with a questionnaire relating to their perception of the quality of service being delivered.
- Provide comprehensive information on the home and the quality of services and care available.
- Provide each resident with a contract or a statement of terms of conditions of residency.

Facilities and services

Although registered for 26, the home currently provides nursing care for 24 residents.

There are currently 20 single and 2 double bedrooms with assisted bathrooms on every level. Residents are only placed in double



rooms by agreement, which is usually for company or purely on availability. The shared rooms are often an excellent way of keeping either family members or two good friends in close contact or alleviating the feeling of isolation that many dementia sufferers experience.

If it is felt that the safety of the resident permits, they are able to spend time in their rooms but more often than not they will seek out the company of other residents in the communal areas.

Picture signage on key areas is provided to assist with orientation.

There is ample communal space. The home has **three interconnecting lounges** which cater for all preferences, TV, music and a quiet area.

A modern **passenger lift** allows level access to all areas of the home. Although a converted property there is good disabled access throughout out the home and on entry and exit.

The dining room is another quiet area which when not in use is used for **activities** such as supervised arts and crafts.

Environment

The current room sizes are as follows

	Room Number	Proposed Room Size sq metres
Lower Ground Bungalow Ground	Bedroom 1	15.0+E
	Bedroom 2	13.86
	Bedroom 3	14.7
	Bedroom 4	11.4
	Bedroom 5	13.65
Ground Floor	Bedroom 6	12.0+E
	Bedroom 7	12.2+E
	Bedroom 8	13.0
	Bedroom 9	17.1
First Floor	Bedroom 10	16.6D
	Bedroom 11	20.7D
	Bedroom 12	12.4
	Bedroom 14	14.0+E
	Bedroom 15	14.0+E
	Bedroom 16	14.0+E
	Bedroom 17	14.0+E
	Top Floor	Bedroom 18
Bedroom 19		11.5
Bedroom 20		11.5
Bedroom 21		16.0+E
Bedroom 22		12.0
Bedroom 23		13.5
Communal Space	Conservatory	35.5
	Lounge 1	21.0
	Lounge 2	17.75
	Dining Room	25.0
	Hairdressing	6.27

E = ensuite

D = Double

Stanton enjoys a **large lawn and well stocked garden** to the front of the home which residents enjoy in warmer weather. Garden parties are arranged periodically and often residents will enjoy tea on the lawn.



More frequently the rear **secure garden area** is preferred. On the level and directly leading from the living space it has the benefit of raised beds for flower and vegetable gardening. In the summer residents enjoy meals outside and meeting with family members.

Residents are encouraged to pursue their hobbies and leisure interests in the home or garden and to bring small pets if they wish. The home inherited a pet dog called Janie from a previous resident who is still much loved and fed by all residents!



All residents enjoy the attention of the **qualified hairdressers** who visit on a weekly basis. We have a chiropodist who visits every six weeks.

The home has the benefit of a **mini bus fitted with wheelchair access** which is used at least weekly and more frequently in fairer weather.



Dining

Residents enjoy three superb and nutritionally balanced meals a day as well as a late supper of hot milky drinks and assorted sandwiches. Additional food is always available when required. All food is prepared by our long standing and **award winning catering staff**. Food is prepared from scratch with fresh fruit and vegetables and meat as a standard ingredient. Both the nursing and catering staff work hard to ensure that the nutritional needs of every resident are assessed and reviewed on a regular basis.

Our catering staff have every right to be proud of their work and they are commended by the CSCI in our inspection report.

Security

For the protection of all residents the exits from the home are electronically secured, although linked to the fire alarm in the event of emergency.

Spiritual needs

Stanton welcomes residents from all denominations. Eucharistic ministers will visit on request from residents or their families.

Service user rights

The rights of all our residents are the main priority in our philosophy of care. We will promote, protect and encourage all service users to exercise their rights in full.

Smoke Free Policy

At Stanton and Heathwood, we operate a smoke free policy to protect all our residents and their relatives, employees and all visitors from exposure to second hand smoke and to assist compliance with the Health Act 2006.

Visiting

Stanton has an open house policy and visitors are welcome at any time during the day.

Questionnaires on the quality of care are sent to relatives or significant others every six months.

We wish to include all interested parties and hold periodic social events for friends and relatives of our residents.

Admission Procedure

Admission to the home will take place after an assessment of nursing needs by a suitably qualified person .The home will propose a plan of care which will be forwarded to relevant parties with an offer of care, statement of purpose and service user guide.

We endeavour to complete this process as quickly as possible

We often find that the admission of a loved one to a home can be extremely distressing. We always offer any support to the family which includes introduction to other family members, telephone numbers of support groups, open visiting policy and sometimes just tea and sympathy.

Our staff are never too busy to listen or try to help.

Emergency admissions

If an emergency referral comes via social services a member of trained staff will liase with the social worker by telephone to carry out an assessment of the resident's needs. A verbal agreement will be reached and the resident will be admitted as usual .The plan of care will be completed within a week and the service user guide will follow in due course

AT STANTON NURSING HOME WE CAN PROVIDE CARE FOR RESIDENTS WITH DEMENTIA WHO ARE AGED OVER **65** AND EXPERIENCE THE FOLLOWING

1. Immobility.
2. Diabetes.
3. Psychiatric diagnosis with dementia.
4. Incontinence.
5. A desire to wander
6. A combination of dementia and general health
7. Disinhibited behaviour
8. History of behaviours that physically challenge

Stanton cannot provide care those experiencing the following:

1. Service users age 65 and under
2. Those who do not display any dementia

Stanton Care Homes

STANTON NURSING HOME
8 Queens Road Weston Super-Mare
North Somerset BS23 2LQ
Tel:01934 625640
RNHA Approved

Proprietors: Tessa & Charles Larkin Contract incorporating terms and conditions of admission

Dear

The acceptance of a person to stay in a Care Home involves a special relationship of intimate care. Our staff look forward to caring for you, meeting your relatives and friends and assuring that we do our utmost to ensure high levels of care at all times.

However, it is also necessary to define this relationship in business terms.

- 1 Whenever possible we assess the service user prior to admission to be aware of individual problems and needs. From our assessment, we aim to provide the appropriate care. All new admissions will be subject to a four-week trial period.
- 2 All drugs and other forms of medication for the service user must be handed in to the person in charge on admission. Relatives and friends are asked not to bring in medicines or food without prior consultation.
- 3 Service users are asked to discuss any personal requirements on admission and are advised that any personal stocks of alcohol or other similar items are usually held by the home and available on request. We operate a no smoking policy.
- 4 **The fees at date of admission for room number..... are £.....per calendar month in advance, plus the independently assessed nursing care element, which we will administer and collect direct from social services. Payments are requested within 14 days and standing orders are encouraged. Invoices will not normally be issued. Fees are due on the 1st of each month. We reserve the right to charge interest at the rate of 10% for the time being in force, on any sums outside the authorised period. Fees are subject to periodic review.**
- 5 Fees unless otherwise stated include accommodation, full board, laundering of personal items (dry cleaning extra), toiletries, and consumables. Registration with doctors can be private in which case the supply of drugs and medicines will also be private and the appropriate charge will be made. Residents treated under the NHS will receive medical attention, drugs and medications as available under the NHS although any charges will be passed on particularly for dressings etc.
- 6 Other services chiropody, hairdressing, clothing, outings etc, escorts and other personal requirements will be charged as extras on the resident's account and can be agreed prior to admission.
- 7 Visiting times are as flexible as possible. The most convenient times are between 9am & 9pm each day. If a relative wishes to visit outside these times it would help if you notify the home. Whilst visiting, if you wish to

talk privately about any issue, arrangements will be made for you to do so.

Terms and conditions of admission (continued)

- 8 Our existing insurance policy covers service user's effects up to a maximum of £250. If property of greater value is retained and, in particular jewellery etc., these must be covered by the service users own insurance. We cannot replace any sentimental value and urge you to consider this at admission. Every care is taken, but service users are asked not to keep cash or valuable items in their rooms. We cannot be held responsible for any cash, which goes missing. A detailed list of such items must be handed in on admission and updated as appropriate. Valuables can be locked away when not in use upon request to the person in Charge. No responsibility can be taken for items not handed in for safekeeping. Personal items such as glasses, teeth, hearing aids must be clearly marked and are frequently mislaid and whilst every care is taken, we can accept no financial responsibility for any loss.
- 9 **Personal clothing should be clearly marked with the service users name using tags** which are available from Browns of Weston in Meadow Street. Any clothing which needs to be marked on admission will be charged for at 50p per item. Two dozen spare tags will need to be provided on admission to mark any new clothing. Clothing will need to be 100% machine washable, as we cannot take responsibility for shrinkage.
- 10 Hospital or appointment escorts are not included in the contract. Escorts can be arranged, subject to availability. At April 2009 the charge is £12 per hour plus transport costs. We encourage family members to make their own arrangement whenever this is possible. We do reserve the right to cancel appointments when circumstances dictate.
- 11 Hospital or appointment escorts are not included in the contract. Escorts can be arranged, subject to availability. At April 2009 the charge is £12 per hour plus transport costs. We encourage family members to make their own arrangement whenever this is possible. We do reserve the right to cancel appointments when circumstances dictate.
- 12 Residence in the home does not constitute a tenancy within the meaning of the Rent Acts. We, therefore, reserve the right to terminate the licence to occupy a bed or room in the Nursing Home, on formal notice of Four weeks. Service user departure must be given by the same length of notice in writing, unless their stay is for a predetermined period otherwise agreed.
- 13 In the event that a patient vacates the room permanently for whatever reason we reserve the right to make a vacant room charge, not exceeding four weeks fees, where notice has, not or cannot be given. In the event of death the notice period is limited to ten days.
- 14 Queries and complaints should be dealt with in accordance with the home's policy clearly sited in the entrance porch or available on request.

Signed byDate.....

Print Name

Signed in capacity as

Address for Invoice

Signed for HomeDate.....

COMPLAINTS PROCEDURE STANTON NURSING HOME

The management of this home is committed to the maintenance of high standards throughout but from time to time, residents, their representatives, or members of staff may wish to make a complaint, in which case the following procedure should be adopted.

Informal Complaints

1. These are day to day complaints, which can be resolved relatively simply.
2. The person complaining should direct the complaint in the first instance to the person in charge of the shift.
3. The person in charge will discuss the matter with the complainant and try to resolve the problem there and then. If appropriate, details of the complaint will be noted so that there is no repeat of the problem.
4. If it is not possible to resolve the complaint, arrangements will be made for the matter to be brought to the attention of the who will investigate the complaint in more depth and again attempt to resolve the matter.
5. If the matter cannot be resolved the complainant should be dealt with as a formal complaint using the procedure below.
6. As an alternative to the above the person making the complaint may wish to make an entry in the complaint book which can be found in the office, so that it may be reviewed at the next staff meeting.

Formal Complaints

1. These are complaints of a more serious nature which cannot be resolved under the informal arrangements above.
2. All formal complaints should be made in writing on the form provided and addressed to the Registered Manager who is empowered to investigate the complaint on behalf of the owners.
3. On receipt of a formal complaint the manager will
 - (a) Acknowledge receipt of the complaint form promptly.
 - (b) Advise the complainant in writing of the action to be taken to investigate and resolve the matter.
 - (c) Conduct an investigation into matters surrounding the complaint and try to find a satisfactory solution.
 - (d) Inform the complainant in writing of the outcome.
 - (e) Unless specifically requested otherwise, record details of the complaint and the solution, if any in the relevant files.
4. If the matter remains unresolved, the complainant should submit the complaint in writing to the owners. They will do their best to find a satisfactory solution to the problem and bring it to a conclusion.
5. After all the procedures have been exhausted, the complainant has the right to take his/her complaint to the Commission for Social Care Inspection details below.
6. Finally it is possible for the complainant to appeal to the ombudsman for the matter to be considered by his office.

Exception/ Review

1. Where the complaint is of an urgent nature or where it is directed at a senior member of staff the owners should be approached directly.
2. All complaints will be reviewed annually and policies /procedures changed to prevent recurrence.

Complaints should be made in the following order

- ◆ Person in charge
- ◆ Ms Sammie Wyatt – Manager
- ◆ Mrs Tessa Larkin – Provider. Email: tessa@stantoncarehomes.co.uk
- ◆ *The Quality Care Commission, Colston 33, 33 Colston Avenue Bristol BS1 4UA Telephone 01179 307110*

Date January 2009

VISITOR POLICY

The management of the home recognises the right of the individual service user to live the lifestyle of his / her choosing, subject to an appropriate Health & Safety Risk Assessment of the individual. Specifically, this policy summarises the arrangements in place to enable service users to receive visitors of their choice at any hour:

1. Family, relatives and friends will be 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.
2. The views of a service user's family will be encouraged and taken into consideration when assessing the service user's daily activities of living as a basis for developing Service User's Plan of Care. Family and relatives will be encouraged to participate in the service user's daily routine as far as is practicable.
3. Visitors will be welcomed at all times, and are asked to let the person-in-charge know of their arrival to, and departure from, the home. They are encouraged to report any adverse circumstances to the person-in-charge, such as the service user finding a visit to be upsetting for any reason.
4. 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 user's wishes.
5. Under certain circumstances if, in the opinion of the person-in-charge, a visitation or a particular visitor may be contrary to the well-being of the service user, then the person-in-charge will report this fact to the proprietor who may, at his / her discretion, exclude the visitor(s) from the home. Such instances will be recorded in the Incident Log and the service user's personal notes, together with the reasons for exclusion.