

St John's Nursing Home

Statement of Purpose



*Rownhams Lane, Rownhams, Southampton, Hampshire, SO16 8AR
Telephone: 02380732330, Fax: 02381787921
email: st.johns.nh@btinternet.com, www.saintjohns.uk.net*

Manager – Mrs Elaine Evans RGN

St John's Nursing Home

Statement of Purpose

Index

<i>Page No.</i>	
2	<i>Index</i>
3	<i>Introduction</i>
4	<i>Aims and Objectives</i>
5	<i>Core Values</i>
6	<i>Residents' Charter</i>
7	<i>Registration Details</i> <i>The Client / Service User Base</i>
8	<i>Organisation Chart</i>
9	<i>Staff Qualifications</i> <i>Shift Rota Patterns</i> <i>Accommodation</i> <i>Bathrooms and Toilets</i>
10	<i>Room Sizes</i>
11	<i>Fire Precautions and Emergency Procedures</i> <i>Policy to Promote Non-Smoking</i> <i>Laundry and Hygiene Services</i>
12	<i>Medical Care Services</i> <i>Health and Personal Care Services</i> <i>Social and Recreational Activities</i>
13	<i>A Typical Day in the Life of St John's Nursing Home</i> <i>Visitors</i> <i>Daily Activities</i> <i>Religious Worship</i>
14	<i>Home-cooked meals</i> <i>Staffing</i>
15	<i>Medicines and Personal Requirements</i> <i>Sources of Information and Advice</i>
16	<i>Insurances</i>
17	<i>Residents' Facilities</i>
18	<i>Admission and Discharge Policies</i>
20	<i>Terms and Conditions of Residence</i>
27	<i>Inspection Report</i>
28	<i>Continuous Quality Improvement</i>
29	<i>Complaints, Concerns, Comments and Compliments</i>
30	<i>Complaints Procedure</i>

Introduction

St John's Nursing Home was first established as a Convalescent Home on 8th September 1868, with the present building opening on 1st June 1876. Since then it has been extensively modernised over the years to meet demand and legislative requirements and now offers residents a variety of facilities in a friendly and professionally managed Nursing Care Home.

St John's Nursing Home is situated in a quiet village location in the outskirts of Southampton. There are local shops, a church, community centre and various places of interest, which are all within walking distance.

St John's Nursing Home, which is a nursing home for the elderly, is registered with Care Quality Commission, CQC South East, Citygate, Gallowgate, Newcastle upon Tyne NE1 4P, email: enquiries.southeast@cqc.org.uk, Telephone no: 03000 616161, whose officers carry out regular inspections on the standard of care we provide.

The policy of the Home is to provide quality care, comfort and contentment throughout your later years.

The staff at *St John's Nursing Home* provides a warm and comfortable setting where residents are safe and secure and can enjoy a real family atmosphere. Many of the staff have enjoyed working at *St John's Nursing Home* for over a decade.

St John's Nursing Home

Aims and Objectives

The Registered Manager will manage the Care Home on a day-to-day basis supported by the Proprietors.

It is the objective of St John's Nursing Home to provide Person-Centred care to all service users to a standard of excellence which embraces fundamental principles of Good Care Practice, and that this may be witnessed and evaluated through the practice, conduct and control of quality care in the Home. It is a fundamental ethos that those service users who live in the Home should be able to do so in accordance with the Home's Statement of Values.

It is the objective of the Home that service users shall live in a clean, comfortable, stimulating and safe environment, and be treated with respect and sensitivity to their individual needs and abilities. Staff will be responsive to the individual needs of service users and will provide the appropriate degree of care to assure the highest possible quality of life within the Home.

To meet these service user needs the Care Service within the Home is designed to achieve the following objectives:

- 1. To deliver a service of the highest quality that will improve and sustain the service user's overall quality of life.*
- 2. To ensure that the Care Service is delivered flexibly, attentively and in a non-discriminatory fashion while respecting each service user's right to independence, privacy, dignity, fulfilment, and the rights to make informed choices and to take risks.*
- 3. To ensure that each service user's needs and values are respected in matters of religion, culture, race or ethnic origin, sexuality and sexual orientation, political affiliation, marital status, parenthood and disabilities or impairments.*
- 4. To ensure that the Care Service in whole is delivered in accordance with agreed Contracts for Nursing Care.*
- 5. To manage and implement a formal programme of staff planning, selection, recruitment, training and personal development to enable service user care needs to be met.*
- 6. To manage the Care Service efficiently and effectively to make best use of resources and to maximise value for money for the service user.*
- 7. To ensure that all service users receive written information on the Home's Procedure for Handling Complaints, Comments and Compliments, and how to use it.*

St John's Nursing Home

Core Values

St John's Nursing Home aims to provide its service users with a secure, relaxed yet stimulating, and homely environment in which their care, well-being and comfort is 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, 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:

<i>CORE VALUES OF CARE</i>		
<i>PRIVACY</i>	<i>DIGNITY</i>	<i>RIGHTS</i>
<i>INDEPENDENCE</i>	<i>CHOICE</i>	<i>FULFILMENT</i>
<i>SECURITY</i>	<i>RESPECT</i>	<i>EQUALITY</i>
<i>INCLUSION</i>	<i>EMPOWERMENT</i>	<i>DIVERSITY</i>

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 initiatives and developments in Care Practices as may be laid down in appropriate legislation, regulations and Care Standards.

Resident's Charter

Residents in St John's Nursing Home will:

1. *Be encouraged and helped to maintain a high quality of life.*
2. *Be encouraged to maintain independence.*
3. *Have their privacy respected.*
4. *Be treated with dignity.*
5. *Have their human, emotional and social needs respected.*
6. *Be encouraged to follow the religion of their choice.*
7. *Be addressed as they wish.*
8. *Not be discriminated against on grounds of race, religion, sex, colour or disability.*
9. *Be cared for in a manner similar to that which would be given by a caring relative in their home.*
10. *Be encouraged to handle their own medicines when competent to do so.*
11. *Be able to retain the doctor of their choice.*
12. *Receive medical and nursing care in private.*
13. *Be entitled to all the common facilities available to other people living elsewhere in the locality.*
14. *Be encouraged to discuss their care and needs with the owner/manager of the Home.*
15. *Be cared for by adequate and appropriately trained staff.*
16. *Be able to receive visitors at any reasonable time.*
17. *Have the right to consult their own solicitor.*
18. *Choose to reside in any home they wish.*
19. *Feel "at home".*
20. *Be provided with adequate accommodation.*
21. *Be encouraged to bring personal belongings into the Home.*
22. *Have access to a telephone.*
23. *Be provided with nourishing, appetising and adequate food.*
24. *Be encouraged to participate in recreational facilities.*
25. *Be able to complain about the quality of care received in a Home.*
26. *Be given value for money.*
27. *Enjoy a continued relationship with a Home.*
28. *Have a Contract of Residence and a brochure.*

Registration Details

St John's Nursing Home is registered with the Care Quality Commission as a Care Home with Nursing, in the following Service User Categories for both sexes:

<i>Maximum number registered</i>	<i>34</i>
<i>Old Age, not falling within any other category</i>	<i>34</i>
<i>Physical Disability</i>	<i>34</i>
<i>End of Life Care/Palliative</i>	<i>34</i>

St John's Nursing Home has been approved by the Countess Mountbatten Hospice in Southampton to take Service Users who require palliative care.

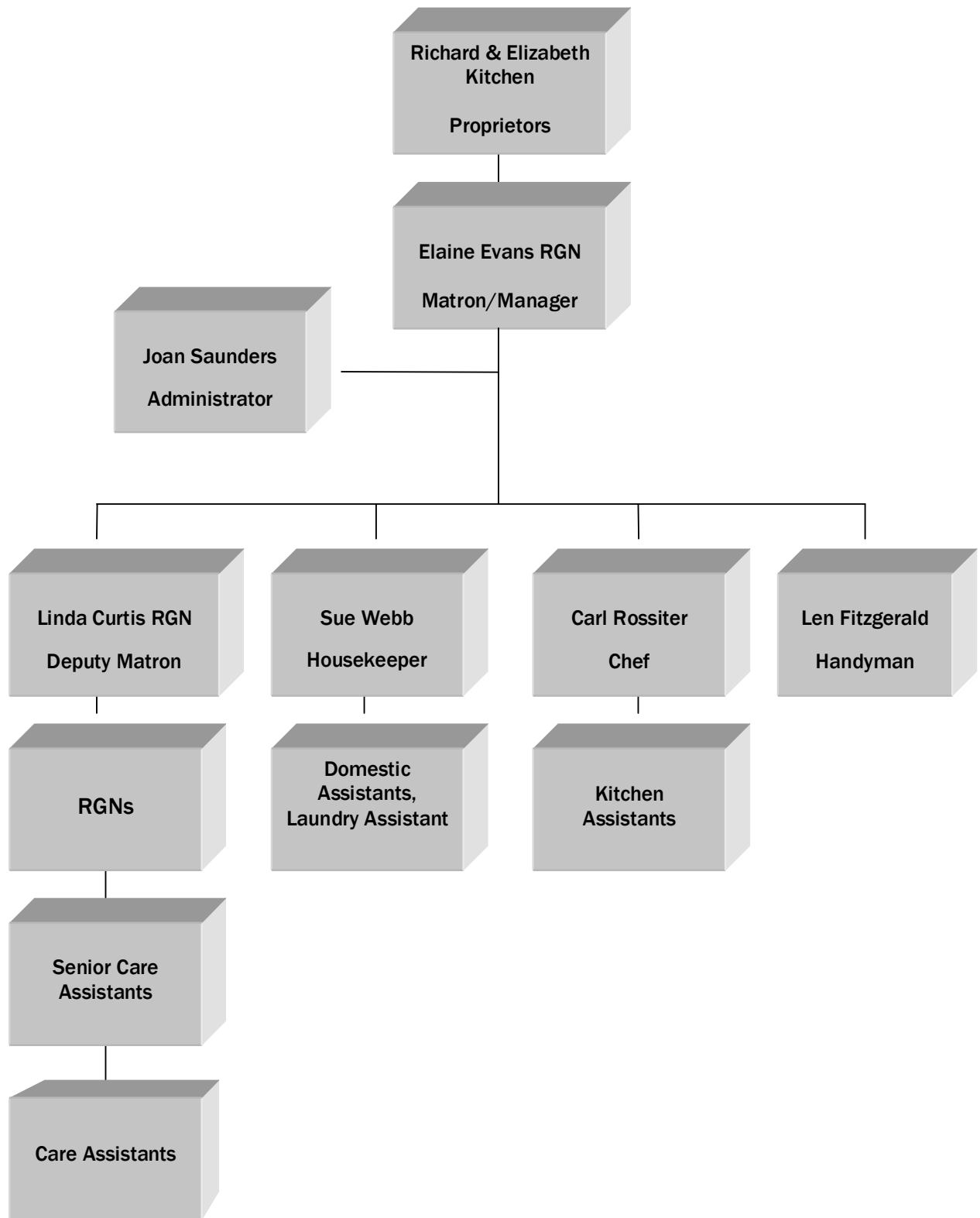
Elaine Evans, Manager and Linda Curtis, Deputy Matron have undergone training as Palliative Link Nurses and St John's operates the Liverpool Care Pathway for end-of-life care. All trained members of staff are regularly updated in the use of syringe drivers. Five members of the Care Staff have completed a Level 3 Palliative Care Course.

The Client / Service User Base

- *This Home is geared to looking after people who require nursing care.*
- *The Home welcomes service users irrespective of their race or ethnic origin, creed, colour, religion, political affiliation, marital status, parenthood, sexual gender or sexual orientation. The sole criterion for admission to the Home is the perceived ability of the home to provide assessed care needs.*
- *The Home welcomes service users with disabilities or impairments.*

Organisation and Staffing

This organisation chart is reflected in our Policy no. 101.



Staff Qualifications

Staff Qualifications Report is available to be perused on request. Please speak to the Manager, who will be pleased to show it to you.

Shift Rota Patterns

The staff on duty will normally be as follows:

*Early shift: 0730 to 1430 2 Staff Nurses
5-6 Care Assistants
1 Chef
1 Kitchen Assistant
1 Laundry Assistant
1-2 Domestic Assistants*

*Late shift: 1415 to 2115 1 Staff Nurse
3-4 Care Assistants
1 Supper Cook*

*Night shift 2100 to 0730 1 Staff Nurse
2 Care Assistants*

Accommodation

Each of the private rooms in St John's Nursing Home is individual in style and is comfortably furnished - including a heat/fire detector, personal alarm call system, hot and cold water, TV point and a private telephone point on request. An elevator is provided for access to both floors. Residents are encouraged to bring items which they specially treasure for continual use or display in their own rooms.

Residents have unrestricted use of their own private rooms as well as one of the two Main Lounges and the secluded Patio Area, which captures the afternoon sun.

Bathrooms and Toilets

There are three bathrooms within St John's Nursing Home. On the ground floor there is one bathroom equipped with hoists and on the first floor there is a wet room with shower facility and one bathroom equipped with hoists. As well as the en-suite facilities, the toilets are conveniently situated throughout the Home.

Room Sizes

Ground Floor			
Room 1	10 sq m	Single	
Room 2	10 sq m	Single	
Room 3	10 sq m	Single	
Room 4	10 sq m	Single	
Room 5	16.82 sq m	Double	
Room 6	10 sq m	Single	
Room 7	14 sq m	Single	En-Suite
Room 8	16.8 sq m	Double	En-suite
Room 9	18 sq m	Double	
Room 10	13.7 sq m	Single	
Room 11	18 sq m	Double	
Room 12	21.7 sq m	Double	
Room 14	11.9 sq m	Single	
1st Floor			
Room 15	10 sq m	Single	
Room 16	10 sq m	Single	
Room 17	10 sq m	Single	
Room 18	10 sq m	Single	
Room 19	16.82 sq m	Double	
Room 20	10.0 sq m	Single	
Room 21	16.2 sq m	Single	En-Suite
Room 22	14.3 sq m	Single	
Room 23	19.6 sq m	Double	
Room 24	14.2 sq m	Single	
Room 25	18.4 sq m	Double	
Room 26	16.2 sq m	Double	

Fire Precautions and Emergency Procedures

The Home has established documented procedures to comprehensively address Health and Safety issues. The following Policies / Procedures refer, and may be consulted in the Home's Policy Manual.

Fire Routine

Fire Prevention Measures

Fire Drills and Handling an Outbreak of Fire

Handling a Failure in the Electrical Power Supply

Staff receives awareness training in these important policies as part of the Induction Training process. Service Users are informed of the fire and other emergency procedures as part of the Service User induction process at the Admissions stage.

Policy to Promote Non-Smoking

The Home operates a non-smoking policy. Staff may smoke in the car park outside the main building. Cigarette ends and matches should be placed in the designated "butt bin" in the courtyard.

Residents and visitors are permitted to smoke outside the main building in the patio area under the kitchen window.

Laundry & Hygiene Services

The Home places a high priority on standards of cleanliness and hygiene, and has established the following procedures to achieve this objective:

- *A laundry service is provided as a free service to service users. Laundering takes place on the premises using modern commercial equipment, and the laundry area is regularly Risk-Assessed for hazards and conformance to the C.O.S.S.H regulations.*
- *There is a regular programme of infection and hygiene control carried out at the Home. This focuses upon cleaning, sanitisation and proper waste disposal, and the following Policies refer:*

Policy No 407 General Precautions for Infection Control

Policy No 421 Cleaning of the Kitchen & Food Handling Areas

Policy No 422 Cleaning of Bathrooms, Toilets & Showers

Policy No 423 Cleaning of Service Users' Rooms & Communal Living Areas

Policy No 424 General Policy for the Disposal of Waste

Policy No 425 Specific Procedure for Disposing of Household Refuse

Policy No 426 Specific Procedure for Disposing of Clinical Waste & "Sharps"

Policy No 436 Policy on HIV+ / AIDS

Medical Care Services

There are strictly controlled procedures for the management and handling of service users' medication in operation at the Home that ensures conformance to appropriate regulations, and the following Policies refer:

Policy No 427 Specific Procedure for Disposing of Unwanted Drugs & Medicines

Policy No 428 Handling & Use of Household Remedies

Policy No 429 Prescription & Verification of Drugs & Medicines

Policy No 430 Safe Storage of Drugs, Medicines & Medical Equipment

Policy No 431 Administration of Drugs & Medicines to the Service User

Health and Personal Care Services

- *The Care Services provided by the Home focus upon the following elements of care:*
 - *Enabling Access to Community Health Services*
 - *Enabling Access to Personal Care Services*
 - *Health Screening & Promotion*
 - *Provision of Rehabilitation Services, Adaptations & Aids to Daily Living*
 - *Safe Mobility of the Service User*
 - *Safeguarding Vulnerable Adults*
 - *Management of the Ageing Process*
 - *Monitoring Psychological Health*
 - *Proper Use of Physical Intervention / Restraint*
 - *Personal Administration Needs*
 - *Medical Care (Drugs & Medicines)*

- *The individual needs of the service user in these respects are documented in the service user's Care Plan (Service user Plan). The Care Plan is reviewed on a monthly basis to ensure maintenance of proper care needs.*

Social and Recreational Activities

- *There is a planned programme of social activities for service users to participate in at the Home.*

- *For those service users who do not wish to participate in planned activities, there are TV, radio and video facilities available within the lounge areas. Additionally, there are adequate supplies of books and current newspapers and journals, and quiet rooms are available for those service users who just wish to relax.*

- *Refer to the following policies:*
 - Policy No 324 Service Users' Rights - Shopping for Items*
 - Policy No 329 Service Users' Rights - Provision of Library Services & TV Facilities*
 - Policy No 330 Planning Activities for Service Users*
 - Policy No 332 Planning & Providing Transport for Service Users*

A Typical Day in the Life of St John's Nursing Home

Residents are usually called with an early-morning cup of tea at about 7:30 a.m. - earlier or later if they so wish. If required the individual person can be assisted to wash, choose what he/she wishes to wear and dress in time for breakfast. No pressure is made on the resident to get up unless there is a compelling reason.

Breakfast is served between 8.30 a.m. and 9.30 a.m. After breakfast residents can tidy their rooms, have a bath, read the paper, play indoor games or take part in discussions. There is a mid-morning break for coffee and biscuits.

Lunch is served between 12.30 p.m. and 1.30 p.m., a leisurely exercise. During the afternoon, most residents take a short siesta, either in their own rooms or in one of the two lounges. Afternoon tea is served about 3.00 p.m. with home-made cake. Most afternoons there are board games, bingo, cards, in-house entertainment (entertainer) or video afternoons - all at residents' own choice. Some may wish to have a bath during this time; others may have visitors.

Between 5.00 p.m. and 6.00 p.m., the evening meal is served.

After the meal, residents can chat in one of the two main Lounges.

There is no set time for residents to go to bed, but usually most retire between 7.00 - 10.30 p.m. Night staff will offer a late-night drink / snack during this period.

Visitors

Visitors are welcome at St John's Nursing Home at any time they choose to call and are encouraged to do so. The Homes' staff encourages visitors and on request will provide a meal for those who visit the Home during meal times.

Daily Activities

Activities are ad hoc and arranged daily by care staff. We also arrange for visiting musicians to come in regularly and sing with our residents and theatre groups come in several times a year to perform shows.

Religious Worship

There are various churches in the area. Residents are encouraged to attend their services and clubs, and the ministers of the main religions are welcome to visit whenever they so wish. In-house services, for residents of each denomination present, can be arranged if the residents and the Minister wish.

Home-cooked Meals

Menus change every day and provide good, wholesome, nourishing meals, which residents choose themselves. This choice of meal is paramount and residents choose for themselves the main course or an alternative at each meal. There is a wide variety of well-balanced food, which makes for a healthy general diet. Special diets and needs can be catered for.

? I am a diabetic - are the meals appropriate for me?

Yes, you will receive a diet suitable for your condition, as agreed with your general practitioner.

? What if I don't like the menu provided?

An alternative choice is available; you will be asked what you would like within a group of alternatives.

? I don't like tea, coffee?

You will be asked what you want to drink by the staff.

Staffing

There are specially selected care and domestic staff (including trained nursing and NVQ qualified staff) who provide round-the-clock loving care and support services in accordance with the individual resident's needs, as established by their own personal care plan.

They are supported by a fully qualified Registered Nursing Manager, who exercises day-to-day responsibility for the management of the Home and the complete care of the residents.

Staff is on duty every night to serve the residents.

All staff undergoes a formal induction course and continuous in-house training to ensure the maintenance of the highest possible standards.

There will be a member of staff allocated to you to help you settle in and to whom you can turn for help.

? Who decides my personal needs?

You will have a large say in what you want.

? What is a care plan?

A Care Plan is a personal file outlining medical / health information, likes / dislikes, interests, allergies and personal / family details, which are centrally logged to enable the care staff to give you the best care and guidance.

? Will staff get me a drink at night?

Yes. Night staff will get you what you ask for.

? Will staff help me to go to the toilet at night?

Night staff is there to help all the residents at night.

Medicines and Personal Requirements

Usually the residents ask the Registered Nursing Manager of the Home to look after all the medicines prescribed by their Doctor.

Sometimes the resident wants to look after his/her own medicine. This is all right but, because of the possible danger to other residents, his/her own medicines must be kept in a locked cupboard or drawer.

All personal toiletries such as soap, talcum powder, deodorant, toothpaste and brushes must be provided by the resident and the resident must pay for all other items of a personal nature.

The residents are expected to use their own financial resources to pay for hairdressing, chiropody services, newspapers and their own clothing. Cash should be deposited in advance with the Administrator in the Chalet Office for this purpose.

? Who gets my medicines?

Your medication will be delivered to the Home by our local chemist.

? If I look after medicines, will I be reminded what to take and when?

Yes, staff will tell you, but it might be best if you gave them to the staff to give to you when you required medicines.

? I like Camay soap, who will buy it for me?

A member of staff will arrange for any purchases that you require.

Source of Information and Advice

The Registered Manager has the addresses and telephone numbers of Age Concern, Help the Aged, CRUSE, Welfare Rights Advice, and Citizens' Advice Bureaux, Senior Line.

Insurances

St John's Nursing Home has a special Care Home Insurance, which covers all aspects of the business. However, no responsibility can be taken for residents' personal valuables, cash securities and monies, unless deposited with the Registered Nursing Manager

Some further questions answered

? If I have to go into hospital, what happens to my possessions?

The resident's possessions are retained in their rooms for the period that they are in hospital.

? Do I have to pay fees while I am away from the home?

During temporary absence, the normal fees will be charged to the resident for the first 6 weeks while on holiday, in hospital or other temporary absence from the Home.

After 6 weeks, the normal fee will be reduced by 10 % per week.

? Who pays for my room while I am away?

The Social Services, or you and your relatives if you meet your own costs.

? What happens if I become incontinent?

Care Homes are used to this condition and will help you to overcome it or provide the necessary advice and equipment.

? What happens if I have to go into hospital?

Your room will be kept for you, please refer to your Contract.

? What happens if I become ill?

You will be looked after in the Home unless the doctor decides that you would be better in hospital.

St John's Nursing Home

Residents' Facilities

The following facilities in the home are available to all residents-

1 General

Elevator to first floor.

A large traditional bath with mechanical hoist in the ground floor bathroom

A large Wet Room with Shower facility on the first floor.

Large traditional bath with mechanical hoist in the first floor bathroom.

Approved nurse-call system in all bedrooms, bathrooms and communal areas.

Telephone calls can be made from the home's mobile phone at no extra cost.

Extensive entertainment program throughout the year.

Folding wheelchair available for outings

2 In all Bedrooms

All bedrooms decorated to a very high standard with matching bedding & curtain designs.

En - suite facilities in some bedrooms.

Wash hand basin.

TV and power points.

Table lamp and nurse call point.

Armchair, portable table, lockable space, side table, drawer and wardrobe space for each resident.

Facility for telephone.

3 Main Lounge / TV Lounge

Comfortable seating for residents and their visitors.

Patio doors looking out into the garden.

Large colour TV, video recorder, and radio.

Small library, selection of videos, card and board games.

Portable tables.

4 Dining area

Ergonomically designed with the residents in mind to allow all to sit and enjoy the home cooked meals.

5 Garden

A Secluded Patio area with various seating areas protected from the elements, allowing you to enjoy the summer flowers.

Admission & Discharge Policies

Admission Policy

- 1. The decision to admit a new resident may be taken only by the Registered Manager and/or the Proprietors.*
- 2. No one shall be denied admission on the basis of ethnic origin, religious or political beliefs, or cultural background.*
- 3. Publicly funded residents will be given the same welcome and status as privately funded residents. There will be no discrimination on the basis of the origins of funding.*
- 4. People seeking admission will be required to indicate from what source the monies will come to pay the Home's charges.*
- 5. People unable to meet their charges from their own resources must, except in emergency, be referred to the local Social Services Department.*
- 6. In the case of an emergency admission of a resident in need of public funding, Social Services must be notified within one working day of admission.*
- 7. All potential residents will be assessed by the Registered Manager, to ensure that the Home is appropriate for them, before admission.*
- 8. Wherever it is thought possible and appropriate, the Registered Manager will consult with existing residents and staff about new admissions.*

All members of staff involved in admitting a resident will do all they can to maintain and/or establish the resident's privacy, dignity, independence, choice, rights and fulfillment.

Discharge Policy

- 1. The decision to discharge a resident may be taken by the resident, by the Registered Manager or the Proprietors.*
- 2. No resident may be discharged except in accordance with the terms of the contract established between the resident and the Home.*
- 3. In arriving at a decision to discharge there shall be no discrimination on the basis of the origins of funding.*
- 4. The Registered Manager shall assess all departing residents. A completed copy of the Residents Discharge, Transfer Form is to be sent with the resident and a completed resident's discharge form is to be faxed to the main office.*

5. *Wherever possible, a decision to discharge shall be taken only after a thorough review of the residents needs in conjunction with the resident and such others as are contractually entitled to be present.*
6. *The Management and staff at St John's Nursing Home will do everything they can to help the resident make an easy transition.*
7. *Any resident under notice of discharge shall be helped to maintain their privacy, dignity, independence, choice, rights and fulfillment.*
8. *No resident shall be discriminated against unfairly because they are leaving.*

ADMISSION TO THE HOME:

There is a formal process for admitting a service user to the Home. This addresses the following stages:

- *Baseline Assessment of Need of the potential service user to determine whether or not the Home can provide the individual's specific care needs. (Refer to Policy No 303 - Baseline Assessment of Need of a Prospective Service User).*
- *The prospective service user viewing the Home (where possible).*
- *Explanation of Terms and Conditions of Residency.*
- *Risk Assessment of the new service user's room, and its preparation in readiness for the new service user. (Refer to Policy No 304 - Preparing the New Service User's Room).*
- *Admission of the service user to the Home, including the procedures to be followed for emergency admissions where relevant. (Refer to Policy No 305 - Admission of a Service User to the Home).*
- *Handling the service user's personal property, including clothing, valuable and other personal possessions, medication and aids to daily living. (Refer to Policy No 306 - Handling Service Users' Personal Property).*
- *The following Policies refer with reference to the promotion and protection of the Core Values of Service User Care:*

<i>Policy No 206</i>	<i>Service User Ethnic Awareness & Anti-Discrimination Policy</i>
<i>Policy No 314</i>	<i>Service Users' Rights - Smoking & the Consumption of Alcohol</i>
<i>Policy No 315</i>	<i>Service Users' Rights - Self-Medication</i>
<i>Policy No 316</i>	<i>Service Users' Rights - Refusal of Medication</i>
<i>Policy No 317</i>	<i>Service Users' Rights - Advocacy</i>
<i>Policy No 319</i>	<i>Service Users' Rights - Dry Cleaning of Garments</i>
<i>Policy No 320</i>	<i>Service Users' Rights - Handling Their Monies & Valuables</i>
<i>Policy No 321</i>	<i>Service Users' Rights - Making Wills / Staff Involvement</i>
<i>Policy No 322</i>	<i>Service Users' Rights - Voting & Electoral Register</i>
<i>Policy No 323</i>	<i>Service Users' Rights - Worship in Their Chosen Faith</i>
<i>Policy No 324</i>	<i>Service Users' Rights - Shopping for Items</i>

<i>Policy No</i>	<i>325</i>	<i>Service Users' Rights - Expressing Sexuality</i>
<i>Policy No</i>	<i>327</i>	<i>Service Users' Rights - Opening Personal Mail</i>
<i>Policy No</i>	<i>328</i>	<i>Service Users' Rights - Access to Their Personal Files & Case Notes</i>
<i>Policy No</i>	<i>329</i>	<i>Service Users' Rights - Provision of Library Services & TV Facilities</i>
<i>Policy No</i>	<i>325</i>	<i>Service Users' Rights - The Right to Take Risks</i>
<i>Policy No</i>	<i>308</i>	<i>The Service User's Right to Privacy</i>
<i>Policy No</i>	<i>309</i>	<i>The Service User's Right to Dignity</i>
<i>Policy No</i>	<i>310</i>	<i>The Service User's Right to Make Informed Choices</i>
<i>Policy No</i>	<i>311</i>	<i>The Service User's Right to Independence</i>

St John's Nursing Home

TERMS & CONDITIONS OF RESIDENCE

AGREEMENT BETWEEN

(A) **R & E KITCHEN, 6 Beechwood Rise, West End, Southampton, Hampshire. SO18 3PW**
("the Provider").

and

(B) xxx ("the Resident")

Room XX

We are pleased to welcome you to St John's Nursing Home. Your stay with us commenced on xxx.

1. Your fees will be £xxx per week, payable by the Resident or on behalf of the Resident by the Third Party Contributor or identified below to the Provider one calendar month in advance on the first working day of the month by Standing Order or Direct Debit

This weekly fee is broken down as follows:

£xxx will be paid by the Southampton PCT.

£xxx will be paid by the Local Authority.

£xxx will be paid by the Resident or identified Third Party Contributor (see below).

The Third Party Contributor:..

Name:

Address:

Relationship to Resident:

- 1.1. *This Agreement sets out the respective rights and responsibilities of we, the staff and management of the Home and you, the Resident, relating to your prospective residence in the Home. The Home aims at all times to achieve the national minimum care standards and to comply with the full range of Care Home Regulations. Our philosophy, aims and how we provide our services are fully explained in our Statement of Purpose and Service User's Guide, which is available at the home for you to view.*

We recognise that providing good care is a co-operative process and we will attempt to consult you and, where appropriate, your relatives, friends and representatives at all times and as fully as possible.

This is not a tenancy agreement; and does not give the resident an interest in any land or buildings, which comprise the Home. This agreement is between the Provider and the Resident. It is not transferable.

In exceptional circumstances, on the basis that the Provider has carried out discussions with the Resident and their associated Care Manager, the Provider reserves the right to move the Resident from one room to another within the Home.

- 1.2. *On changing accommodation, should the Provider's view be that the new room is not of approximate equal value to the previous accommodation, then an adjustment in charges will be made.*
- 1.3. *If the Resident is unable or does not wish to control his/her own financial affairs, he/she should arrange for his/her legal adviser, bank manager, accountant, advocate, next of kin or a friend to do so on his/her behalf. He/she may also ask the Local Social Services authority to take responsibility for handling his/her personal money.*

1.4. *The Home is not willing to handle the Residents personal money (this does not include money controlled by the homes Personal Allowance system).*

1.5 *Upon payment of the agreed Charge the Resident has access to all facilities of the Home and use of sleeping accommodation in a Single / Shared furnished room that is fully compliant with the National Minimum Standards. Your room is your own and you will be treated as your own private space and will only be arranged to comply with the latest regulations. We undertake to provide you with the following items which are required by the National Minimum Standards:*

- *A clean comfortable bed suitable for your needs*
- *Suitable bed linen, which will be changed regularly*
- *Curtains*
- *A mirrored cabinet / mirror*
- *Overhead and bedside lighting that acts as a reading lamp*
- *Comfortable seating for two people*
- *Drawers and enclosed hanging space for clothes*
- *Two accessible double electric sockets*
- *A wash hand basin and toilet (some rooms do not have en-suite facilities)*
- *Carpeted floor cover*
- *A lockable cabinet for your medication (if applicable), money and valuables.*
- *Keys to the room (with agreement of the Registered Manager of the Home)*

The facilities of the Home shall include:

- *Unrestricted use of communal rooms (which are available to all residents)*
- *Three main meals each day with mid-morning, mid-afternoon and late night drinks and snacks all being available*
- *A laundry service, undertaken on the premises and all necessary personal care, on a 24-hour basis as outlined in the Care Plan.*
- *All rooms will be kept clean and will normally be kept adequately heated by day and night.*

We reserve the right to change rooms if the resident's condition changes or if for a Health and Safety reason.

1.6 *The Resident shall from his/her own resources and/or Personal Allowance provide:*

- *The cost of any daily papers and similar items that he/she may wish to purchase*
- *Hairdressing charges if he/she use the service of the hairdresser who comes to the Home*
- *Costs of special outings and events e.g. holidays or theatre trips, which may be organised for residents or to which they are invited*
- *Any health services that he/she decide to purchase privately or that are not covered by the normal national health services to which he/she is entitled such as chiropody, dentistry, opticians etc*
- *Travel costs, if for example, he/she decides to use public or private transport for social reasons, making visits etc.*
- *The costs of any additional aids and appliances that you seek to purchase for your own comfort and that are additional to that to which you are entitled from health and social services*

1.7 *If the Resident is temporarily absent from the Home for a period of six weeks or more e.g. on holiday or in hospital, as from the end of the sixth week you may seek a reduction of 10% of the charges, which takes into account the need for you to retain your accommodation and the lower costs to the Home of the food and services that are entitled by your absence.*

We undertake to keep your room empty and secure during any temporary absence. If it appears that you may not be able or wish to return to the Home for whatever reason after such an absence we would consider whether the contract should be terminated and the normal notice period of four weeks would apply once the decision has been made. We would always seek to ensure that any such termination was by mutual consent.

- 2.1 *All electrical items brought in to the Home by the Resident on admission, or acquired during their stay must have been inspected by a competent person before their use.*
- 2.2 *You are welcome to bring to your room any personal items and furniture. Items of furniture that may be brought in to the Home are subject to health and safety and fire risk assessments. Transportation, insurance and eventual removal of such items shall be the Resident's responsibility or that of his executors or other personal representatives.*
- 2.3 *After discussion with the resident, the Provider reserves the right to refuse any item being brought into the Home.*
- 3.1 *When a place becomes available in a shared room, the Provider reserves the right to introduce another resident to share the room. Should the remaining resident choose not to share with a resident who is introduced by the provider, the provider reserves the right to charge the remaining resident for single use of the room, at the amount equal to the charge which would have paid by such other resident, in addition to the agreed charge in Paragraph 1.*
- 3.2 *In such circumstances, the remaining resident will have the opportunity to retain the room for single use or to move to a different room, subject to the availability of an alternative room and the resident's ability to pay the necessary charge.*
- 3.3 *Where the Resident chooses to continue to occupy the shared room on a single basis, pending the availability of an alternative room, the Provider reserves the right to charge the Resident for single use of the room.*
- 4.1 *The resident will not be unreasonably discriminated against on the grounds of race, ethnic origin, religion, gender, sexuality, age and disability.*
- 5.1 *The Provider may give four weeks' written notice to ask the Resident to leave in the following circumstances set out below: (This list is not exhaustive)*
- 5.1.1 *Failure to ensure that all charges are paid;*
- 5.1.2 *If, in the opinion of the Provider, they are unable to provide the degree of care and attention required by the Resident;*
- 5.1.3 *Any circumstances or behaviour which the Provider feels may be seriously detrimental to the Home or welfare of other residents;*
- 5.1.4 *Breach of, or failure to perform, any condition of this agreement;*
- 5.1.5 *Damage to property, fixtures or fittings in the Home;*
- 6.1 *If the Resident has a complaint it should, in the first instance, be taken up with the Provider. If the Resident is not satisfied then he/she may complain to the Care Quality Commission. For full information please see a copy of the Home's Complaints Procedure, which is displayed in the Home.*
- 6.2 *If the resident is dissatisfied at the response from the Care Quality Commission, he/she can complain to the Parliamentary Ombudsman.*
- 7.1 *The Home Insurance Policy with Ecclesiastical Insurance covers loss or damage to the Residents' property through fire, flood, theft and malicious damage etc to the value of £500, but excluding any loss which does not exceed £200.*
- 7.2 *If you have any items of significant value that you wish to keep it is advisable you keep them safe in your own lockable cabinet or preferably in the Home's safe, depending on their value and importance to you. Our staff will attempt to provide security for your possessions. All clothing should be marked with your name. The Home will make every effort to prevent damage to clothing.*

It is also recommended that you insure against your personal effects that exceed that value, as the Provider cannot accept responsibility for loss or damage to Resident's property.

- 8.1 *The Provider will take all reasonable precautions for the safety of the Resident.*
- 9.1 *The obligations of the Resident are:*
- 9.1.1 *To ensure that all charges of the Home are paid.*
- 9.1.2 *To ensure that he/she does not harass or offend anyone in a way, which stops them feeling comfortable in the Home because of their race, ethnic origin, religion, gender, sexuality, age or disability.*
- 9.1.3 *To ensure that he/she does not do anything which is disruptive of another person's rights within the Home or which causes them physical harm.*
- 9.1.4 *When playing a radio, television set, record, tape recording or musical instrument to do so at a volume which does not cause offence either to neighbours or to other people living in the Home;*
- 9.1.5 *We have a policy on the bringing in or looking after of pets, which makes it possible for you to have a pet subject to various provisions that need to be discussed with the Registered Manager of the Home. These provisions include animal welfare considerations, the Home's capacity to accommodate a pet properly, the effects that a pet might have on other residents and health and safety considerations.*
- 9.1.6 *Not to remove or change the fixtures and/or fittings of the Provider without consent;*
- 9.1.7 *Not to use any un-prescribed medication without informing the Provider;*
- 9.1.8 *To maintain their personal accommodation in a reasonable manner;*
- 9.1.9 *To be liable for the costs of any damage to the Provider's furniture or accommodation caused by the Resident or his/her visitors.*
- 10.1 *Where the Resident does not meet his/her obligations under this Agreement (including where the Charge is not paid on time), the Resident will be required to meet any reasonable costs which are properly incurred by the Provider as a result. These costs may include, for example, reasonable administration costs, legal costs or court fees incurred by the Provider.*
- 11.1 *The first four weeks of a long-term agreement shall be regarded as a trial period for the benefit of the Resident, existing residents and the Provider. During this period the agreement with the Resident will be on a fixed term basis, one week at a time, renewable each week. If the resident leaves permanently during such a one-week period, the Provider reserves the right to charge for the balance of the remaining days as payment in lieu of notice. In such circumstances, where the accommodation is subsequently re-allocated during that period, a proper proportion of the charge shall be refunded.*
- 11.2 *If, after the trial period, the Resident intends to leave permanently for any reason, four weeks' notice, or payment in lieu of notice, will be required. In circumstances where payment is accepted by the Provider in lieu of notice and the accommodation is subsequently re-allocated during that period, a proper proportion of the charge shall be refunded.*
- 11.3 *This Agreement shall continue in force until death, or by written notice given by either party four weeks before the date of termination, provided always that the Provider reserves the right to charge, notwithstanding the death of the Resident, in full for a period of two weeks after the date of death.*
- With reference to solely local Authority funded residents the agreed notice period stated in the contract between St John's Nursing Home and the local authority will take precedence over the notice period stated above for the part of the charge provided by the local Authority.*
- 12.1 *The Resident will be encouraged to personalise his own room after due consultation with the Provider.*
- 13.1 *The Home cannot accept responsibility for a Resident's safety away from the Home unless the journey and any necessary supervision have been arranged by the Home.*
- 14.1 *Where the Resident is unable to make a decision, consent will be sought only from the person to whom*

a power of attorney, receivership, appointeeship or other forms of legal authority have been granted, or from the Client who has signed this Agreement on behalf of the Resident.

- 15.1 *If the charge referred to in Paragraph 1 is not paid by the first working day of the month, the provider may charge interest on the amount which has not been paid until the date payment is made. This interest will be at the rate equivalent to the Bank of England's Base Rate. This is the amount which the Provider would lose as a result of the Resident's late payment.*
- 15.2 *Charges, including Third Party Payments and top-ups to meet additional costs, will be reviewed annually in order to keep pace with inflation; and/or to cover the costs of meeting specific statutory or other requirements coming into force; and/or to meet the costs of a demonstrable change in the Resident's care needs.*
- 15.3 *Four weeks written notice will be given to the Resident and other relevant parties of any change in these charges.*
- 15.4 *Where the provision of additional care is required, the Provider reserves the right to negotiate a new charge at any time. Four weeks written notice will be given to the Resident and other relevant parties/significant others, with the reason(s) for the additional care.*
- 15.5 *The Provider reserves the right to seek a Third Party Payment at any time, notwithstanding the fact that such a facility may not have been agreed at the time the Resident was admitted to the Home. Four weeks written notice will be given to the Resident and other relevant parties/ significant others, with the reason(s) for the request.*
- 15.6 *In the event of the death of the Resident, any fees outstanding will be charged to the Resident's estate.*
- 16.1 *The Resident will normally be consulted about any maintenance or repairs which might affect him/her, including the redecoration of his/her room.*
- 17.1 *On the death of the Resident the Provider undertakes to use his/her best endeavours to contact the next of kin or the person previously nominated by the Resident.*
- 18.1 *The Resident may only smoke in accordance with the Home's Smoking Policy, a copy of which can be provided by the Home.*
- 19.1 *The Resident will be required, before taking up residence, to provide information to the Provider on the state of his/her health, any treatment required, the name of his/her medical advisor, his/her next of kin or person to be contacted in the event of an emergency.*
- 20.1 *The care and support services in the Home will be based upon the aims and values set out in the Home's Statement of Purpose, a copy of which is kept in the home.*
- 21.1 *The Provider undertakes to respect the individual cultural and/or religious beliefs of the resident and to provide reasonable facilities for the resident to continue to follow such beliefs.*
- 22.1 *Care plans will be drawn up in consultation with the Resident and, where appropriate, his/her relative(s) or advocate(s) enabling a clear statement to be made about what the Resident can expect on a day to day basis and what the Home should provide to meet his/her needs. Care plans will be reviewed to take account of change(s) in individual needs.*
- 23.1 *The Provider is prepared to order, take charge of and dispense all of the Resident's prescribed medication. Wherever possible, self-administration will be encouraged. If there is a doubt about the Resident's ability to self-administer, a trial period of limited duration will be agreed and carefully monitored. The Resident undertakes not to use un-prescribed medication without the Provider's knowledge. The Provider reserves the right in all cases to consult the Resident's GP if he/she considers it necessary.*
- 23.2 *The Provider undertakes to enlist the support of the NHS as necessary to enable the Resident to remain*

in the Home in the event of illness, unless the Resident's GP recommends alternative arrangements.

- 23.3 *The Provider undertakes to enlist relevant support to provide a range of services and activities to enable the Resident to achieve his/her potential capacity, physically, intellectually, emotionally and socially.*
- 24.1 *Each party shall be liable for the consequences of any breach of his/her obligations under this Agreement, including any injury to, or death of, any person, or loss of, or direct damage to, any property, except and to the extent that such consequences are a direct result of the act, omission, default or negligence of another.*
- 25.1 *This agreement sets out the terms under which the resident will occupy accommodation at the Home, and under which he/she will be entitled to care services. The Resident is advised to read it carefully before signing it; and, if appropriate, to obtain the advice of next of kin, a close relative, a legal adviser, an advocate or a friend before signing it.*
- 26.1 *With reference to Local Authority funded Residents the contract made between St John's Nursing Home and the Local Authority takes precedence over the above contract should there be conflicting contractual statements.*

*Signed on behalf of **the Provider***

*Signed by **the Client** on behalf of the Resident:*

.....

.....

Dated:

Dated:

.....

.....

*Signed by **the Resident**:*

The Client:

.....

Name :

Dated:

Address :

.....

.....

.....

.....

.....

Telephone:.....

St John's Nursing Home
Inspection Report

***The Care Quality Commission Report is available to be
perused on request.***

Continuous Quality Improvement

Service User Feedback:

There is a formal process for seeking the views and opinions of service users regarding their perceived quality of the care services provided by the Home:

- *This process focuses upon the use of Questionnaires which are given to service users and / or their family members. Questionnaires are designed to seek opinions on the following aspects of the Home's Care Services:*
 - *The Staff in the Home*
 - *Your Daily Care*
 - *Comfort, Cleanliness & Convenience*
 - *Our Planned Social Activities*
 - *Our Laundry Service for your Garments*
 - *Our Food & Catering Services*
 - *Your Democratic Rights*
 - *Your Privacy & Independence*
 - *Health & Safety within the Home*

Refer to Policy No 208 - Monitoring Service Users' Feedback regarding the Care Service.

- *In addition to this, through the "open policy" arrangements that enables the service user to make contact with family members and friends whenever he / she wishes, there is a separate procedure whereby the views of service users' advocates and family members are invited. This also uses a separate Questionnaire. (Refer to Policy No 209 - Monitoring Advocate & Visitor Feedback regarding the Care Service).*
- *The results of all Questionnaire surveys are reviewed on a formal basis with a view to Continuous Quality Improvement in the services offered by the Home. This will relate to section 6.3 of this Statement of Purpose.*

Staff Feedback:

- *As with service users and advocates, there is a formal process in operation at the Home whereby the views and opinions of staff members are sought with respect to their perception of the quality of care services provided by the Home. (Refer to Policy No 210 - Monitoring Staff Feedback regarding the Care Service).*
- *The results of all staff surveys are reviewed on a formal basis with a view to Continuous Quality Improvement in the services offered by the Home. This will relate to section 6.3 of this Statement of Purpose.*

Complaints, Concerns, Comments and Compliments

With respect to service user / advocate feedback concerning the quality of Care Services provided, as referenced above, this is formally reviewed for content and possible action. These reviews classify service user feedback as follows, and is considered as positive through to negative feedback:

- *Types of feedback:*
 - *Compliments - positive input regarding aspects of the Care Service*
 - *Comments - still positive, but possible scope for improvement*
 - *Concerns - negative feedback where action may be required to address a problem*
 - *Complaints - serious concerns on the part of the service user, requiring formal action as described below:*
- *There is a formal process for the management and handling of complaints from service users. This is documented in Policy No 211 - Management of Complaints. The Policy provides for appropriate investigation and a timely response to the complainant, and if required the means for the service user to take the complaint to the appropriate regulatory authorities. This is explained in the Service User Guide and the service user is also made aware of the right to complain when he / she is admitted to the Home.*
- *It is the policy of the Home to strive to ensure that compliments outweigh complaints.*

St John's Nursing Home

Complaints Procedure

- 1) *All complaints, however trivial, are to be investigated.*
- 2) *A record must be kept of all complaints, investigations and subsequent actions. This should be impartial and accurate.*
- 3) *The registered Manager may deal with the majority of minor complaints, although the Proprietors are to be kept informed.*
- 4) *Investigations should be thorough, impartial, and should, where appropriate, take account of all the people involved.*

Conclusions should never be reached before hearing an independent account from everyone present at any incident.

- 5) *Where any subsequent action is deemed necessary, the registered Managers advice and consent should be given if the complaint involves any member of staff, if the policies of the Home are affected, or if a second opinion or advice is required for any other reason.*
- 6) *If the registered Manager is unable to investigate a complaint, either because of its seriousness or any other reason, then the Proprietors should be informed, and they will carry out the investigation.*
- 7) *If a complaint remains unresolved, then it may be passed on to the Care Quality Commission (CQC), but this should not usually occur until internal procedures have been exhausted without reaching a satisfactory conclusion.*

In this instance contact:

CQC South East

Citygate

Gallowgate

Newcastle upon Tyne

NE1 4PA

Email: enquiries.southeast@cqc.org.uk

Telephone no: 03000 616161

- 8) *Should you be dissatisfied with the way in which the CQC's Inspector deals with your complaint, then you may complain to the Director of CQC.*

If a complaint still remains unresolved, then it should be passed on to the Ombudsman, but this should not usually occur until the above mentioned internal and external procedures have been exhausted without reaching a satisfactory conclusion. The Ombudsman, Commission for Local Administration in England, Millbank Tower, Millbank, London, SW1P 4QP. Telephone 020 7217 4620.

The responsibility of the CQC with regard to complaints is to ensure that there has been no breach of the registration requirements.

St John's Nursing Home

Complaints Procedure Cont'd...

Procedure for Dealing with Complaints

- 1) *Check that complainant has discussed complaint with registered Manager. Recommend this as first stage*
- 2) *If complainant is not satisfied, ask for a written complaint.*
- 3) *If necessary, take details of complaint over telephone.*
- 4) *If complainant wishes to remain anonymous, explain that we will be unable to inform him/her of outcome of investigation of complaint.*
- 5) *Investigate complaint - if possible initial contact will be made within two working days.*
- 6) *Where a complaint relates to the professional conduct of nurses, there must be consideration for referring the matter to the UKCC.*
- 7) *Where a complaint relates to alleged abuse, a Medical Officer should accompany the CQC Inspector.*
- 8) *Complaints relating to medical treatment should be directed to FHSA.*
- 9) *Where possible, discuss nature of complaint fully with registered Manager.*
- 10) *Document all relevant information.*
- 11) *Discuss with the proprietors the outcome of investigation. Inform them that a report will be sent to complainant.*
- 12) *Send letter to complainant if possible within 28 days of receipt of complaint.*