

#### INTRODUCTION

BY

#### **HAYLEY WARNER**

#### REGISTERED MANAGER

The National Minimum Standards for Care Homes for Older People under the Health and Social Care Act 2008 specifies the Home produces a Statement of Purpose and makes it available for Resident's. This document is our Statement of Purpose, which covers all areas of the National Minimum Standards for Care Homes for Older People under this Act and shows the residents that the Home is following the legislation.

The standards are described under seven headings:

- Choice of Home
- Health and Personal Care
- Daily Life and Social Activities
- Complaints and Protection
- Environment
- Staffing
- Management and Administration

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

Our operating style is hopefully able to provide our resident's with a style and quality of life, which responds appropriately to their needs and aspirations.



#### INTRODUCTION

From the 1<sup>st</sup> October 2010, the Home was registered with The Care Quality Commission (CQC) who is the independent regulator of health and adult social care services in England. The CQC also protects the interests of the people whose rights are restricted under the Mental Health Act.

When CQC check providers' compliance with the essential standards, they focus on the 16 regulations (out of 28) that come within Part 4 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 – these are the ones that most directly relate to the quality and safety of care. Providers must have evidence that they meet the outcomes. These 'OUTCOMES' are set out below.

OUTCOME	
1	Respecting and involving people who use services
2	Consent to care and treatment
4	Care and welfare of people who use services
5	Meeting nutritional needs
6	Cooperating with other providers
7	Safeguarding people who use services from abuse
8	Cleanliness and infection control
9	Management of medicines
10	Safety and suitability of premises
11	Safety, availability and suitability of equipment
12	Requirements relating to workers
13	Staffing
14	Supporting workers
16	Assessing and monitoring the quality of service provision
17	Complaints
21	Records

The other regulations relate more to the routine day-to-day management of a service. The information CQC receives in respect of these helps them to check that the service is being run appropriately and responsibly, and to monitor generally the providers' compliance with the **essential standards of quality and safety**. However, CQC will make checks where concerns are raised over these standards.

OUTCOME		
3	Fees	
15	Statement of purpose	
18	Notification of death of a person who uses services.	
19	Notification of death or unauthorised absence of a person who is detained or liable to be detained under the Mental Health Act 1983.	
20	Notification of other incidents	
22	Requirements where the service provider is an individual or partnership.	
23	Requirement where the service provider is a body other than a partnership	
24	Requirements relating to the registered managers	
25	Registered person: training	
26	Financial position.	
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STATEMENT OF

**PURPOSE** 

**REVIEWED NOVEMBER 2022** 



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#### STATEMENT OF PURPOSE

Our Statement of Purpose outlines the care we provide, how we are organised to provide that care and includes a general overview of the facilities, services and practices adopted to implement the efficient delivery of meeting our stated purpose.

Naturally, there is more to our service provision than a few pages stating our purpose, therefore, our Statement of Purpose should be read and applied in conjunction with our wider policies, procedures, practices, and protocols.

Our Statement of Purpose is available to all new prospective residents, visitors and other relevant "interested parties" with an interest in our care provision. A copy of the entire Statement of Purpose is lodged with our Inspectorate.

Wherever any part of the Statement of Purpose changes, we ensure that all circulating copies of the Statement of Purpose are updated within 28 days of that change. Furthermore, our Inspectorate are also sent those changes in order that they may update the copy lodged with them.

Our internal Statement of Purpose copies are kept in a lose leaf format so that they can be easily added to and updated. As the contents of the Statement of Purpose are quite diversified, our internal copies (and our Inspectorate copy) are carefully indexed so that finding information in the Statement of Purpose is easy.



#### STATEMENT OF PURPOSE

The purpose of the Statement of Purpose at Grandville Lodge is to demonstrate the commitment we make to the well being of our Service Users and our staff.

The purpose of our service is to provide a safe and homely environment, in which Service Users are enabled to fulfil their potential and achieve their own personal goals. This is achieved by establishing a method of professional caring by staff, with the necessary aptitude and skills.

The care programme and the staff development programme have been structured to ensure the highest quality of professional care.

The provision of our quality service and the highest level of professional care would be impossible without our biggest asset, the staff. The personal development of staff at Grandville Lodge is a high priority; we believe that it is only through their commitment, we can provide the Service Users with a high quality of care.

Quality is the hallmark of Grandville Lodge, and it is delivered through high standards of accommodation, facilities, decoration, services and most importantly, Service Users care.

Our Statement of Purpose is reviewed frequently to ensure we are meeting all requirements.

Hayley Warner Grandville Lodge



STATEMENT OF PURPOSE MISSION STATEMENT

GRANDVILLE LODGE LTD. 17-19 GRAND DRIVE LEIGH ON SEA ESSEX SS9 1BG

REGISTERED PROVIDER STEPHEN BARNES

REGISTERED MANAGER
HAYLEY WARNER

At Grandville Lodge our philosophy is to provide unrivalled 'person centred' care tailored to suit the needs of everyone through our team of fully trained and motivated caring staff who are on duty around the clock.

From initial assessments and through ongoing reviews our continued evaluation ensures the best possible care.

At Grandville Lodge we are sensitive to cultural and religious needs with a warm and friendly environment where privacy, rights, dignity, and choices are respected, where care and companionship meet.



#### AIMS AND OBJECTIVES

The aims and objectives of Grandville Lodge are to provide a home where our residents can feel their lives are as much as they were when they were living at home. The problems and worries they may have experienced living in their own homes should now have been taken away.

We feel it is very important to provide a safe and secure environment whilst also preserving dignity and privacy for each resident. Grandville Lodge has twenty-one single bedrooms, many with private toilet facilities or an en-suite. Each room is equipped with television points and a call bell system. Residents are encouraged to bring personal items, ornaments, mementos, etc from their own home to go in their bedroom.

The home is well laid out and has a lift in place, which can carry five people or a wheelchair and a member of staff. There is a large lounge area with an open planned dining room, with choices of where to sit to eat. Residents can move around the home freely with exception to the kitchen, and other resident's rooms. We have a security system in place on the front door as we have residents who have tended to wander but are unable to take responsibility for themselves outside of the home.

On admission, a new resident will have several assessments done to cover all their medical care needs. From these assessments our staff can establish care requirements for each resident and help in the process of maintaining their capabilities and giving them optimum levels of care.

We do have a range of peripheral medical support, including dental services, chiropody, opticians, and district nurses. Each resident is allocated a key worker, this is a member of staff that becomes responsible for their allocated residents care requirements and to establish a close relationship so the resident can feel they have someone they can confide in and rely upon for their care needs.

Another vital aspect we try to retain is independence. This can be hard to maintain, as some residents tend to give up trying to keep their independence after entering the home. Residents are encouraged to do as much for themselves as is possible. Those who wish to carry out jobs around the house and garden are encouraged to do so. Residents are also able to go out from the home if assessments prove they are able and not at risk.

We like our residents to keep their social links, so friends, families and members of the community are always welcome to visit. We maintain an activity programme within the home which includes Zumba, games, craftwork, and reminiscence sessions to name but a few. Weather permitting residents are taken out by care staff. We also have special events over the year as we like to mark occasions, i.e., Halloween, Easter, Christmas, and Birthdays.



All members of staff attend training courses to expand their knowledge and improve their skills in caring for the residents. In house training is provided by management to specific resident's care needs. Every day reports are given to staff members at the beginning of each shift. This is a detailed report on what's been happening with each resident so their care can continue smoothly and to a high standard.

The Home Manager is available throughout the week until approximately 4pm to speak about any concerns, queries or just a general chat with the residents or their families. This is very important as the more we can learn about a resident the more able we are to maximise contentment.



#### **AIMS**

Grandville Lodge aims to provide personal care as defined by SECTION 49 of the Health & Social Care Act 2001 to elderly people of both sexes:

- Over the age of 65 Elderly & Dementia
- Providing longer-term and respite care

At Grandville Lodge we are committed to providing a secure, happy, and comfortable home, promoting a high standard of care and understanding of individual needs, to offer as much support as required, whilst maintaining respect for privacy at all times, and help maintain personal dignity and independence wherever possible.

To foster an atmosphere of care and support which both enables and encourages our Residents to live a full, interesting, and independent a lifestyle as possible, with rules and regulations being kept to a minimum.



#### **OBJECTIVES**

Grandville Lodge is committed to providing quality services for Residents by caring, competent, well-trained staff. This is achieved by:

- Recruitment of staff who share our values and will create a homely atmosphere.
- Providing such resources to ensure that training takes place and is effective.

Grandville Lodge will provide services based upon consultation and assessment of the Resident's needs. This is achieved by:

- Listening to Residents, staff and others with an interest in the Home.
- Ensuring that assessments are made which balance risks and needs.
- Promoting a level of responsible risk-taking in daily living activity.
- The operation of an effective care planning system.

Grandville Lodge will involve Residents in the planning and review of the services that are provided for them to ensure that their needs are met. This will be achieved by:

- Enabling and empowering Residents to influence the services provided in the Home by giving each Resident a real say in how services are delivered.
- Encouraging Residents to become involved in all decisions which are likely to affect them, either now or in the longer term.

Grandville Lodge will consult people about their satisfaction with the service, and suggestions for improvement. This is achieved by:

- Residents' consultation and satisfaction surveys.
- Meetings.
- Management reviews.



Grandville Lodge will provide catering services which meet the needs of Residents. This will be achieved by:

- Planned, structured menus which include Residents' wishes, choices and preferences.
- Menus which are nutritionally balanced.
- Menus which allow Residents to change their food choices.



#### **REGISTERED PROVIDER**

### The name of the Registered Provider is:

Stephen Barnes

#### The address of the Registered Provider is:

Bowl Road Charing KENT TN27 OHB

#### The relevant qualifications of the Registered Provider are:

Mr Barnes has over twenty years management experience as a director of a number of Companies, including Enviro Medical Limited since 1999, which owned two care homes. Operations and Finance Director of Barnes Hygiene Limited for 20 years employing 140 staff in seven depots nationwide.



#### **REGISTERED MANAGER**

### The name of the Registered Manager is:

Hayley Warner, I have worked in the care industry for over 20 years the last 15 of those in a senior or management role. I started working in domiciliary care over 65's and worked with Learning difficulties and mental health. I took over the running of Grandville Lodge from Christine Greenwood in 2017.

# The relevant qualifications of the Registered Manager are:

- NVQ Level 2 Health & Social Care
- NVQ Level 3 Health & Social Care
- NVQ Level 5 Health & Social Care
- NVQ Level 5 Leadership and management



#### STAFF COMPLIMENT

The total number of staff we have is: 19

There are sufficient staff with the right skills, qualifications and experience to meet the assessed needs of the people who use the service at all times.

The total number of care staff we have is 13

#### Staff Qualifications

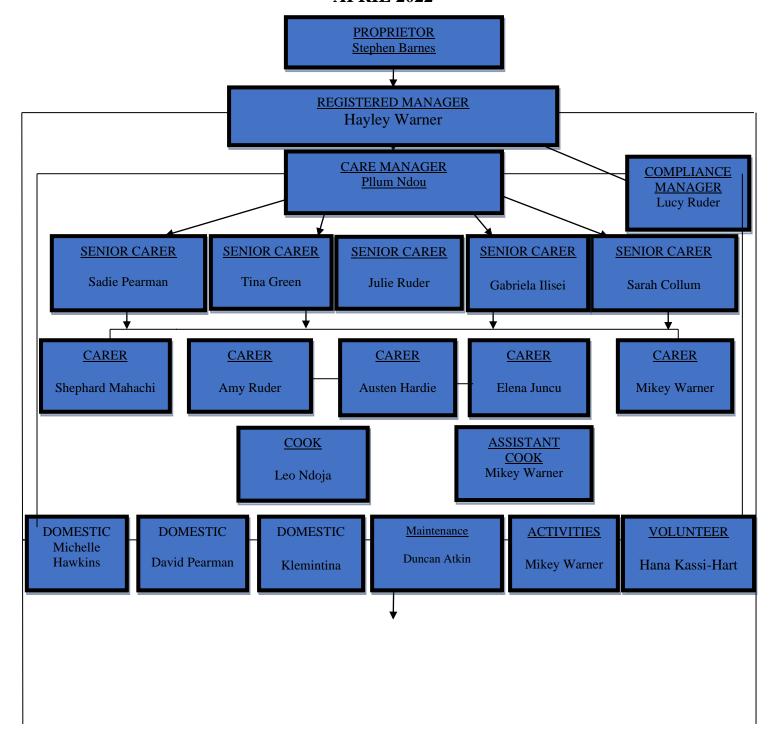
All staff have had training to meet the needs of the service users within our Home.

Grandville Lodge is fully committed to staff training and development and furthermore have a minimum of 75% of our care staff qualified to NVQ Level 2 and NVQ Level 3. Others who are not are working towards this.

All care staff are given induction training to known as (CIS) Common Induction Standards (2012 'refreshed edition) within the first 12 weeks of employment and are given foundation training within six months of employment.



# ORGANISATIONAL STRUCTURE OF THE HOME APRIL 2022





#### THOSE WE ARE ABLE TO CARE FOR

We can care for male and female.
Nature of care provided, and range of needs supported:
Dementia and Over 65's

Nursing Care:

65 and above

We do not provide nursing care.

The sex of those we care for:

Special Provisions:

We do not provide any other special provisions.

The age range of those we can care for:

Length of care provided:

For life, or until we can no longer meet your care needs, (such as need to go to nursing home/hospital/home/hospital/another specialised field).



# ADMISSIONS PROCEDURE (Commencement of Service)

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

There are a lot of matters to attend to when someone comes into our care for the first time and everyone coming to us is different. Therefore, there may be circumstances when it is better to leave **some** of the formalities for commencing care services to the day after those services (admission) commenced if it helps the person settle in better. This is at the discretion of the most senior person on duty and any deviation from our standard procedure will be recorded on the care plan together with the reason/s why.

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

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

- The term of addressing the person is known by all on duty.
- Pre-admission requirements as per our policy are met.
- Any requests for admission during pre-admission have been addressed.
- The room is clean and tidy.
- The room is aired.
- The bed is made.
- Towels and soap etc. are put out.
- The room is at a reasonable temperature.
- The television works.
- The call system works.



- Light fittings work, have bulbs in, are shaded etc.
- Plug point work.
- Furniture is in good condition.
- There are coat hangers in the wardrobe.
- The Grandville Lodge Brochure is in the room.
- Any personal items already sent to us are in the room.
- Electrical equipment is tested and safe, ready for use.

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

#### **ON ARRIVAL:**

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

Thus, the new person and anyone with them are given time alone to look around their new room without feeling 'overwhelmed' and see that their surrounding are homely and pleasant.

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

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

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



#### **PAPERWORK:**

On returning to their new room the admission form can be completed, pre-admission details confirmed, and the call system explained.

By now they may feel the need for some personal space so check whether they want to unpack now or later and whether they would like some help.

Explain that any electrical equipment will need checking before it can be used and find out if they would like some more refreshments. Let them see there is already a copy of the Grandville Lodge resident Guide in their room and get them any copies of any polices we have that you have been discussing with them.

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



# **EMERGENCY ADMISSION**

Grandville Lodge does not accept emergency admissions.



#### DAILY LIFE AND SOCIAL ACTIVITIES

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

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

#### Activities

- A full programme of events is planned through the year.
- Visiting entertainers and coffee mornings
- A weekly activities plan is followed each week.
- Grandville Lodge is very committed to our Resident with dementia, all staff have been trained and a full activities programme is followed eg:
  - Treasured memories
  - o Knitting
  - o Zumba
  - o Film nights
  - o Crafts

#### **Visitors**

Visitors are always welcome and very much encouraged. In our entrance we keep a visitors and comments book, which we like visitors to sign when they arrive and leave. This is so we have a record at all times of the people within the home and is part of our fire regulations.

Although we do not have restrictions on visiting times, we request that visits are avoided during mealtimes. Mealtimes are quite busy as you can imagine and visiting at this time can upset a normal routine.



#### **SOCIAL ACTIVITIES**

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

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

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

The activities, interests etc. of the Resident are recorded on their care plan.

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



#### **HOBBIES & INTERESTS**

Anyone in our care will have had at some time at least, hobbies and interests. We consider it a responsibility of ours to help them maintain/redevelop those interests wherever possible and, if circumstances arise, to explore new hobbies and interests.

Just because someone is 'in care' does not mean they have lost the interest or necessarily the ability to partake in hobbies and interests. In fact, it may be highly beneficial for them to pursue such things as would be suitable.

#### These could include:

- Gardening
- Model making
- Flower arranging
- Radio/TV
- Playing/listening to music
- Reading
- Writing
- Drama
- Drawing/painting
- Sport
- Games



#### **CONSULTING THOSE IN OUR CARE**

We recognize that every resident must have the opportunity to have input into the care they receive here at Grandville Lodge to ensure the best possible personcentered care for each resident and ensure their own choices are respected.

The resident is invited along with their representative to review their care plan monthly to ensure we are providing the best possible care plan for their individual needs. Any issues regarding improvement, complaints or suggestions are addressed without delay and the resident and their representative are assured of this, and a timescale and monitoring is always placed on any improvements required.

Professionals are also consulted to ensure the best possible care is provided.

The staff, especially the resident's key worker, is trained to listen and ensure the resident is happy with all aspects of their care and activities and how these are being delivered according to the residents wishes. Feedback and follow up is always sought at the next review. All staff are informed of any necessary changes at the next handover and their care plan is adjusted where necessary.

We hold residents and family/representative meetings which also gives the opportunity to our residents and their representative to air any suggestions or improvements that can be made on all aspects of life at the Home.



#### **ADVOCACY**

Those in the care of Grandville Lodge are encouraged to manage their own affairs making their own decisions, and we must be careful not to "disenfranchise" them from doing so. On this basis they are self advocating.

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

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

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

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

#### **Financial Affairs:**

This is often the most sensitive advocacy issue. Those in our care should handle their affairs for as long as they both want and can do so.

It is strictly against our policy for any member of staff to involve themselves in the financial affairs of anyone in our care, even where the person cared for wants the employee to become involved.

However, where the Registered Manager and at least one other senior member of staff is informed, and it is recorded in the client's file there may be circumstances under which a staff member may engage themselves in the financial affairs of a client. This must be agreed in advance of involvement although we are unlikely to agree to such an arrangement.

Involvement in the financial affairs of a resident may lead to problems with disastrous consequences, which is why breach of this policy represents gross misconduct and may lead to dismissal.



# **External advocacy organisations:**

Advocacy Hub

IMCA.

Online referrals can be made via: www.sosadvocacyhub.org

Telephone Number 01702 340566

Email advocacy@southessesadvocacy.org

Address Unit 2 225 West Road Westcliff on sea SS0 9DE



#### **FIRE POLICY**

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

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

Our policy, procedures and arrangements relating to fire address:

- providing appropriate equipment and its maintenance
- training
- detecting fire
- raising the alarm
- making people safe
- escape

If you ever must call 999,

details of the home, address and telephone number are kept by every telephone.

Overall, the person responsible for the fire procedures and arrangements is:

# HAYLEY WARNER HOME MANAGER

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



#### FIRE - PREVENTION IS BETTER THAN CURE

- Smoking only in designated areas
- Electrical equipment routinely inspected and tested
- Free standing heaters are not allowed ( EXCEPT IN EMERGENCY)
- Furnishings are fire resistant
- Hallways, exits etc. are not to be obstructed
- Empty waste bins
- Do not hoard unnecessary flammables
- Do not prop open doors



#### FIRE TRAINING AND DRILLS

All staff must attend fire training sessions as a mandatory part of their working at Grandville Lodge. The implications of us having a fire could be disastrous, so, we must all know exactly what to do if a fire should occur.

On your first day of working here you will be taught the fire procedures, shown the fire facilities and learn where the exit routes are.

Depending upon the circumstances, we may have either an external fire trainer or a suitable in-house format for formal fire training for every member of staff at least twice a year

We have weekly fire drills and will ensure every member of staff is aware and involved in the fire drill. Night staff may be involved in simulated drills if they are held at night so as not to disturb those in our care.

A record is kept of who attended fire training and fire drills together with when they were attended.

We also record what could be improved upon in the next fire drill to prevent ourselves from becoming stale.



#### IF YOU FIND A FIRE ...

- SOUND THE ALARM ("break glass")
- Most senior person on duty takes charge
- All staff assemble immediately at the call system station in the front lobby for instructions
- Someone will be nominated to call 999, if necessary
- If asked to dial 999, give:
  - Name of organisation
  - Address
  - Telephone number
- Guide Service Users to specified place/s of safety
- Close doors and windows as you do this
- Is everyone accounted for?
- Most senior person on duty will meet Fire Brigade on arrival
- Notify the Fire Brigade of unaccounted for persons
- Only attempt to fight the fire if safe to do so

Risking your own life may only make a bad situation worse, don't do it



# 'IN CASE OF FIRE' NOTICES

At various parts of the building, you will see signs headed "In Case Of Fire". These signs remind you what to do in case you find a fire, they say:

- Sound the alarm!
- Go to the assembly point
- If asked to dial 999, give:
  - Name of home
  - Address
  - Telephone number
- Move to place of safety
- Everyone accounted for?



#### **EMERGENCY FIRE PACK**

This pack is to be kept at the main front door and the main back door.

It must be given to the fire service on arrival if there is a fire.

#### Contents:

Plans of our premises - 2 copies per pack

Main electrical board highlighted

Gas shut off point highlighted

Location of oxygen, gas tanks etc.



#### **ACCIDENT PROCEDURE**

#### If an accident happens:

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

#### If the accident is by a Service User:

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

See also our policy on Reporting of Injuries and Diseases (RIDDOR)



#### **RELIGIOUS REQUIREMENTS**

All prospective residents and, if appropriate, their relatives/advocates are consulted before admission, and again on admission, regarding their religious, cultural or other relevant requirements. These are recorded in their care plan and staff are made aware of these requirements to ensure the residents needs are met.

All religious, spiritual, and humanistic perspectives will be respected, including the wishes of individuals who are atheist and agnostic. Staff are trained to have a non-judgemental approach and will not enforce their own belief systems on the residents.

Where residents wish to pursue their religious beliefs, they will be encouraged, and contact made with such organisations to arrange for this need to be met.

We can arrange visits from ministers of different faiths and Holy Communion is held when requested.

If a resident wishes to visit a place of worship, arrangements are made with either the representative of that place or with their relative/advocate to accommodate this need to ensure the well - being and the need of the resident is met.

Rites and rituals that are culturally, spiritually and religious-specific will be honoured and the resident enabled to meet this need.

Residents should be encouraged to express their wishes about what they want to happen when death approaches and to provide instructions about the formalities to be observed after they have died. Cultural and religious preferences must be observed.



#### **SOCIAL CONTACT**

Residents are encouraged to maintain contact with family/friends/representatives and the local community as they wish.

Residents can have visitors at any reasonable time and links with the local community are developed and/or maintained in accordance with Resident preferences.

We encourage our Residents to maintain contact with family/friends/representatives and the local community as they wish and before and on admission to the Home, social and family contacts are noted to ensure this essential part of their lives is maintained to ensure their wellbeing.

Residents can receive Visitors in private and are able to choose who they see and do not see. No restrictions are imposed on visitors except when requested to do so by the Resident– whose wishes are recorded and adhered to.

- Visits to family and friends are encouraged and assistance given, if required, to contact them and arrangements made.
- Telephone points can be installed in bedrooms should the Resident wish to have their own private line.
- Use of cordless handset phone in the office, especially for incoming calls.
- Correspondence is encouraged with keyworkers assisting, if necessary, with letters/cards/etc.
- Social events, such as barbeques, fetes, birthday parties, are held at Grandville Lodge, which enables the resident to invite their friends and families.
- Grandville Lodge has a large open planned communal lounge and dining room and 2 gardens, which encourages social interaction of fellow residents, families, and friends.



## **COMPLAINT PROCEDURE**

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

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

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

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

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

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

If you have a complaint or concern:

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

#### Pllum Ndou – Care Manager

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



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

We will always try to do our best to resolve your complaint, but for some reason we may be unable to do so to your satisfaction. If you wish to contact a more senior person to take your complaint to, the person to take it to is:

## **Hayley Warner- Registered Manager**

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

Once your complaint has been fully dealt with by Grandville Lodge, if you are not satisfied with the outcome, you can refer your complaint to the **Local Government Ombudsman (LGO)** and ask for it to be reviewed. The LGO provides a free, independent service.

The LGO Advice Team can be contacted for information and advice, or to register

your complaint on: Tel: 03000 610614

Email: <a href="mailto:advice@lgo.org.uk">advice@lgo.org.uk</a>
Website: <a href="mailto:www.lgo.org.uk">www.lgo.org.uk</a>

The LGO will not usually investigate a complaint until the provider has had an opportunity to respond and resolve matters.

Our service is registered and regulated by the Care Quality Commission. The CQC cannot get involved in individual complaints about providers but is happy to receive information about our services at any time. You can contact the CQC at:

Regional Office: Care Quality Commission National Correspondence - Eastern Citygate
Gallowgate
Newcastle upon Tyne
NE1 4PA

Telephone: 03000 616161

Website: www.cqc.org.uk/contactus.cfm



## **COMPLIMENTS PROCEDURE**

It is always encouraging when you feel motivated enough to compliment us or a member of staff for something you feel they have done well, "over and above the call of duty", although staff all work as part of a team.

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

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

Of course, if you are that pleased, a letter to the Regional Director of our Inspector is very welcome. The details for such a letter are:

Regional Office: Care Quality Commission – Eastern

Address: Citygate

Gallowgate

Newcastle Upon Tyne

NE1 4PA

Telephone: 03000 616161

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

The Registered Manager keeps a separate file/record of any compliments received and you are welcome to look at this at any reasonable time on request.



#### **CARE PLANS**

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

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

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

The Registered Manager is ultimately responsible for care planning and the on-going reviews and changes. To assist the Registered Manager, the following named persons have been trained in care planning:

## LUCY RUDER PLLUM NDOU

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

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

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

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

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



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

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

For confidentiality and data protection, only authorised persons have access to care plan information. If you access care plan information and are not authorised to do so this constitutes gross misconduct for which dismissal may arise.



#### **CARE PLANS - LIST OF CONTENTS**

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

- Resident involvement in own care
- Their family's involvement
- Their friend's involvement
- Their advocate's involvement
- Their G.P.'s involvement
- Their carer's involvement
- Other health professional's involvement
- The extent of "personal" care
- Physical wellbeing of Service User
- Dietary needs
- Dietary preferences
- Nutritional needs
- Weight and weight management objectives
- Sight
- Heating needs
- Communication with, to and from Service User
- Language needs
- Oral health
- Hand care
- Foot care
- Hair care
- Personal appearance
- Mobility circumstances and needs
- Dexterity
- Falls history
- Safe movement around the premises and beyond
- Continence management
- Toileting needs
- Medication
- Self medication
- Mental state
- Cognition
- Propensity to aggression
- Propensity to violence
- Interests
- Hobbies
- Social needs
- Cultural needs
- Ethnic needs
- Religious needs
- Personal safety
- Dressing / undressing
- Skin care



- Bathing
- Showering
- Eye care
- Ear care
- Shaving
- Nail care
- Pressure management
- Level/s of independence and dependence
- Scope for personal managed risk taking



#### THE SERVICE USERS ROOM

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

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

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

The contents of a Residents room include:

- The bed is at least 900mm wide.
- The bed is clean and comfortable.
- The bed is in good working condition.
- The bed is positioned in the most appropriate place to suit the resident whilst maintaining a safe environment
- If bed care is provided, the bed can be height adjusted.
- Bed linen is clean and in good condition.
- Bed linen is regularly changed.
- Lighting above the bed is not directly in the Service User's face.
- At least one side of the bed has bedside lighting.
- All lighting is covered with a suitable shade.
- All bulbs work.
- Curtains and blinds are of good quality.
- Curtains and blinds open and close properly.



- Curtains and blinds darken the room properly.
- Mirrors are safely located and fixed.
- Mirrors facilitate dressing, shaving, making up etc.
- There is at least one good chair for the use of the Service User.
- There is at least one good chair for guests.
- Table facilities are domestic in character.
- Table facilities operate at chair/bed height.
- Flooring is in good condition and not 'taped up'.
- Flooring is suitable for the circumstances.
- There are no unpleasant flooring odours.
- Rugs are not permitted for trip hazard reasons.
- There are sufficient drawers for storing clothes neatly.
- Drawers are in good condition.
- Drawers are domestic in character.
- Hanging space is sufficient for the clothes to be hung.
- Suitcases are not stored in the Service User's room.
- Footwear is stored in an enclosed area.
- There are at least two double electrical sockets.
- All electric sockets are easily accessible.
- There are no trailing cables or wires.
- The room can be privately locked by the Service User.
- Valuables can be locked away by the Service User.
- There are no free-standing heaters, radiators, blowers etc.



## **ROOM SIZES**

## **COMMUNAL ROOMS:**

The following rooms are for communal use and their sizes are recorded below.

ROOM SQUARE AREA

Lounge and dining area 42.86m2

Reception seated area 12.51m2



## **PLAN OF PREMISES**

All plans are displayed in the entrance hall and copies can be obtained on request.



## **ACCESS TO HEALTHCARE**

Residents are encouraged to make decisions about their lives with assistance as needed.

Grandville Lodge promotes and maintains a resident's health and ensures they have access to health care services to meet their assessed needs.

## e.g.:

- Doctors (of the service user's choice if agreed with that GP)
- Optician
- Chiropodist
- Dentist
- District Nurses
- Physiotherapists
- Nutritionists
- CPN
- Care from hospitals and community health services.
- Other HealthCare Professionals
- Healthcare of the Service Users choice
- Alternative Therapies



## **PRIVACY**

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

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

By nature, being cared for can make it harder to enjoy privacy than, for example, living in one's own home totally independently. We need to stay alert to this and sensitive to its significance.

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

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

- Health
- Social Care
- Law
- Finance

## **Practical Privacy**

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

Residents can request locks to their own private areas (albeit we are able to access them in emergencies).

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

Residents may have the private use of the telephone whenever they want by using the telephone located in the Managers office.

Residents can dine and entertain privately as they so choose.



## CONFIDENTIALITY

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

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

Only where the nature of the confidence may have a detrimental impact upon the standard of care should you consider passing it on, and then only to a senior Manager.

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

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

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

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



## **DIGNITY**

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

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

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

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

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

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



## **QUALITY MANAGEMENT**

Providing the best standards of care to our Service Users relies upon managing our activities with a built-in emphasis on quality.

No one person with a stake in our care provision has the absolute perspective on quality – it has input from several sources.

To achieve quality standards of care, we adopt the following:

- A person is nominated for implementing our quality standards
- Where a team approach is adopted, one person oversees the team
- An annual audit of our entire activities
- A development plan from that audit which requires implementing
- Surveying our stakeholders to enhance that development plan
- Setting expectations for the future direction of our business
- Determining quality approaches to implement those expectations
- Ensuring all staff are assisted to work within these expectations



## **OPERATING HOURS & CONTACTING US**

Grandville Lodge - Tel: 01702 470976 Fax: 01702 472575

email: grandvillelodgeltd@gmail.com

Grandville Lodge is a Residential Home open for 24 hours seven days a week.

The Proprietor, Mr S G Barnes can be contacted, if The Home Manager is unable to assist, at any reasonable time and contact numbers are with the Home.

The Home Manager Mrs Hayley Warner is in the office Monday to Friday, she can be always contacted for emergencies.

In Hayley Warner absence, the Care Manager, Mr Pllum Ndou will be at the Home, and in his absence he can be contacted at all times for emergencies.

There is always a Senior Member of Staff at the Home 24 hours a day seven days a week.



# INSPECTORATE COPY PROVIDED ON REGISTRATION JUNE 2013

We have provided a hard copy of this Statement of Purpose to our Inspectorate and will update their copy within 28 days of whenever something in our Statement of Purpose changes.

To ensure our Inspectorate receives this information, we always send it via Recorded Delivery.