

# ***THE LAURELS***

*Residential Care Home*

## **Statement of Purpose**

**September 2019**

<b>CONTENTS</b>	<b>PAGE NO.</b>
<b>Mission Statement and Philosophy of Care</b>	4
<b>Section 1: About the Provider</b>	5
<b>Section 2: Description of the Location of the Service</b>	6
<b>Section 3: About the Service Provided</b>	7
Personal Care and Health Care	7
Meal Times and Dietary Requirements	7-8
Continence Products	8
Nursing Care Needs and End of Life Care	8
Use of Hoists	8
<b>Section 4: How the Service is Provided</b>	9
Privacy and Dignity	9
Independence	9-10
Freedom from Restraint	10-11
Admission and Personal Plans	11-12
Top Up Fees	12
Choice	12
Fullfillness	12
Civil Rights	12-13
Advocacy	13
Our Residents' Access to Advocacy	13-14
Personal and Healthcare	14
Lifestyle	14
Security	14
Social Activities, Hobbies and Leisure Interests	14-16
Fire Precaution, Associated Emergency Procedures and Safe Working Practices	16
Arrangements for Religious Observances	16
Relatives, Friends and Representatives	16-17
Active Offer – More than just Words	17
<b>Section 5: Staffing Arrangements</b>	18
Number of Qualified Staff	18
Staffing Levels	18-19
Deployment of Staff	19
Supervisions	19
Training	19
<b>Section 6: Facilities and Services</b>	20
<b>Section 7: Governance and Quality Monitoring Arrangements</b>	21
Management and Administration	21

Cont.....

**CONTENTS****PAGE NO.**

Staffing Arrangements/Home Management	21
Senior Staff – Specific Duties	22
Concerns and Complaints	22-23
Quality Assurance	23-24
The Underpinning Elements	24
Focus on Residents	24
Fitness for Purpose	24
Comprehensiveness	24
Meeting Assessed Needs	24
Quality Services	24
<b>Review of this Document</b>	<b>25</b>

# **THE LAURELS**

## **MISSION STATEMENT AND PHILOSOPHY OF CARE**

The prime concern of the Home and the staff is the residents' quality of life

Our philosophy is to look after the residents in a caring and sympathetic way so that their privacy and dignity are respected and to encourage active independence where possible

**Section 1: About the Provider**

Registered Provider	Mr Hari Shanmugarajah Mr Siva Sripalan
Legal Entity	Partnership
Responsible Individual	Mr Siva Sripalan
Manager of Service	Mrs Julie Ward
Name of Service	The Laurels Care Home
Address of Service	23 Meirion Street Trecynon Aberdare RCT CF44 8NH

## **Section 2: Description of the Location of the Service**

The Laurels was opened in April 1982 and accommodates 19 residents. The Home is set in spacious grounds in the village of Trecynon and is within walking distance of Aberdare Park. Trecynon offers a variety of small shops which include a chemist, post office, hairdresser, fish and chip shop and two public houses. There is a regular bus service to Aberdare town centre.

The local primary school is nearby. The school children, accompanied by teaching staff regularly visit the Home to perform concerts and take part in craft sessions with our residents.

Also in the vicinity are the Coliseum Theatre, Aberdare Museum and Dare Valley Country Park all of which residents enjoy visiting.

We have five GP surgeries in the local area. The majority of the time GP's visit the Home , but residents are also taken to the surgeries if necessary.

Ysbyty Cwm Cynon is the hospital located in Mountain Ash which is approximately three miles from Aberdare where residents go to outpatient appointments, hearing tests, X rays if needed etc.

In the town centre there are banks, solicitors, library, optician centres as well as shops. There are also a number of churches in the area.

St. Mair's Day Centre is also in Aberdare town centre which provides support via the Alzheimer's Society Cymru for people with dementia, Singing for the Brain, an Advocacy Service and Befriending Schemes.

### **Section 3: About the Service Provided**

The Home is registered to provide accommodation for people with residential personal care support needs, including those with additional mild dementia/mental infirm needs.

We aim to provide a service for these older persons who find they are unable to cope with living alone in the community or in a sheltered housing complex.

The needs of existing residents varies considerably, varying from individuals who are virtually self caring to those who require support and assistance with mobility, dressing, undressing, bathing, washing, toileting, eating, medication and all personal care. It is important that the mix of residents is appropriate for all who live in the home with particular emphasis placed on the effects of dementia sufferers on those older residents who are fully mentally alert.

#### **Personal Care and Health Care**

We provide person-centred care which is pro-active and preventative ensuring our residents are as safe and well as they can be.

Each resident has a personal care file which is very detailed, including information regarding their preferences, personal needs, medical conditions and requirements, religion etc.

Any referrals which need to be made to health professionals are done so promptly. These include General Practitioner, Podiatrist, Dentist, Audiology, Community Nurse services, Home Service Team. This list is not exhaustive.

Residents are also able to attend out-patient appointments either accompanied by a family member or if that is not possible then the Manager will attend with them. This will incur a charge.

Residents' medication is administered by a senior carer, safely, and as prescribed by the GP. If a resident wants to self-medicate a risk assessment will be written.

All staff attend medication training annually.

Each resident has an individually written care plan. These care plans detail residents' needs with regard to mobility, safety, personal care, emotional care, social and religious needs and also nutritional needs. Care plans are evaluated monthly, or more often if need be. These are also re-written as necessary in accordance with any changes in their needs.

#### **Meal Times and Dietary Requirements**

The Home provides healthy and nutritious food. Any special dietary requirements, for example diabetic diets, low potassium diets and any other special requirements will be catered for. We can also cater for those who may need a soft or pureed diet.

We ensure our residents have as much choice as possible. The majority of meals are prepared using fresh ingredients. Shopping is done on-line with deliveries twice per week using the local Asda store. The manager purchases any fresh food needed between deliveries. The menus are reviewed and amended on a regular basis. Other options are available for those residents who do not want what is on the menu. A selection of fresh fruit is available throughout the day as well as hot or cold drinks.

All residents are weighed each month and any concerns are reported to their GP for referral to the dietician.

We ensure meal times are relaxed and sociable with most residents choosing to sit together in the dining room. Some residents prefer to have their meals in their rooms or in the conservatory if they have visitors. Their choice is always respected.

Assistance for residents who need help to eat their food is provided by the carers.

### **Continence Products**

The Home provides care for those residents who experience incontinence. Following admission the community nurse calls to carry out an assessment of those with incontinence to determine what type of product is required. This decision is made by the Continence Advisor at Prince Charles Hospital. It depends on the outcome of the assessment whether continence products will be provided. If they are not provided the family have the option of bringing in any products required or the Home will provide them and charge the cost to the resident or family each month. We also provide care for female or male residents who require a catheter or male residents who require a conven fitted.

### **Nursing Care Needs and End of Life Care**

Residents' care needs are constantly monitored and assessed by care staff in the Home. If a resident's general health deteriorates and their needs increase it sometimes becomes necessary, in the best interest of the resident, for a nursing assessment to be carried out. This will involve the Social Worker and the Community Nurse who will require a 24 hour recorded assessment to be carried out by the care staff in the Home. Families are always made fully aware before any nursing assessment is carried out. When the assessment is complete a meeting is arranged with the family, social worker, district nurse and the Home manager or senior carer. The decision is then made to determine if the resident needs nursing care. If this is the case then the family is requested to choose a Nursing Home which can meet the resident's increased care needs. Sometimes the time between the request for a nursing assessment and the move to a Nursing Home can be quite lengthy. When that is the case it can become necessary for The Laurels to provide extra care staff at certain times of the day to provide the extra care needed to ensure the best care possible. The community nurses will also increase their visits as necessary until the resident moves to their new Home.

The Laurels also provides care to residents who are approaching the end of their life. This is done with the input of the GP who will prescribe the medication necessary to ensure the resident suffers no pain or discomfort. Community nurses will also visit as often as necessary to administer the medication and oversee the care given by the care staff in the Home. They also arrange the provision of equipment as necessary. eg a nursing bed. It may also become necessary for care staff levels to be increased at certain times of the day to ensure the resident who is approaching the end of their life to continue to receive the highest possible standard of care. Families can be involved as much as they want to be with the care of the relative. Marie Curie can also be contacted to provide carers to sit with the resident who may not have family available. If they cannot do so the home will provide a carer to do this.

### **Use of Hoists**

As The Laurels is a Residential Home hoists are not required to be used on a regular basis. We have one hoist and one Camel cushion. These are used for emergency purposes such as a resident falling or where mobility has decreased due to requiring nursing care, so the hoist will be needed to transfer them from bed to chair and vice versa.

All care staff are fully trained in all manual handling techniques, including using both the hoist and the Camel cushion. Training is arranged annually.

## **Section 4: How the Service is Provided**

We place the rights of residents at the forefront of our philosophy of care. We seek to advance these rights in all aspects of the environment and the services we provide and to encourage our residents to exercise their rights to the full.

### **Privacy/Dignity**

We recognise that life in a communal setting and the need to accept help with personal tasks are inherently invasive of residents ability to enjoy the pleasure of being alone and undisturbed. We, therefore, strive to retain as much privacy as possible for our residents in the following ways:

- Giving help in intimate situations as discreetly as possible.
- Helping residents to furnish and equip their rooms in their own style and to use them as much as is practical for leisure and entertaining.
- Use of the office for residents to be alone or with selected others.
- Providing locks on residents storage space and bedrooms (on request).
- Guaranteeing residents privacy when using the telephone, opening and reading post and communicating with friends, relatives or advisors.
- Ensuring the confidentiality of information the home holds about residents.

Disabilities quickly undermine dignity, so we try to preserve respect for our residents intrinsic value in the following ways:

- Treating each resident as a special and valued individual.
- Helping residents to present themselves to others as they would wish through their own clothing, their personal appearance and their behaviour in public.
- Offering a range of activities that enables each resident to express themselves as a unique individual.
- Tackling the stigma from which our residents may suffer through age, disability or status.
- Compensating for the effects of disabilities which residents may experience on their communication, physical functioning, mobility or appearance.

### **Independence**

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

- Providing as tactfully possible human or technical assistance when it is needed.
- Maximising the abilities our residents retain for self-care, for independent interaction with others, and for carrying out the tasks of daily living unaided.
- Helping residents take reasonable and fully thought-out risks.

- Promoting possibilities for residents to establish and retain contacts beyond the Home.
- Using any form of restraint on residents only in situations of urgency when it is essential for their own safety or the safety of others.
- Encouraging residents to have access to, and contribute to, the records of their own care.

### **Freedom from Restraint**

The Laurels has developed a detailed policy on restraint which will be provided to ensure the safety and well being of the residents.

Residents have the same rights as anyone else in society and staff will promote and enable residents to exercise these rights. To achieve this it is recognised that staff will need to accept, assess and manage any risks to residents safety that may occur as a result of residents exercising their rights.

Any risks will be assessed in consultation with the residents and their advocates and a risk management plan developed so that all parties are fully aware of the possible consequences and responsibilities for the actions taken.

Restraint can be described as an action intended to curb or restrict another persons freedom or action. This may happen under many circumstances which include situations where the risks to a persons safety are considered too high to be acceptable. A common situation where restraint may be indicated is where there is need to protect a person from harming themselves or others. The use of restraints may be quite reasonable and acceptable in some situations but unreasonable in others and the home recognises this fact.

There are many forms of restraint which are considered to be inappropriate and unacceptable and the home will not tolerate or accept any such practice. Examples of these are:

- Residents' environments will not be arranged in such a way as to restrict their freedom of movement eg. Being seated in chairs from which they cannot get up without assistance.
- Mobility aids, harnesses, bed rails etc will only be used to ensure a residents safety and not to control and restrain behaviour and be fully risk assessed before use.
- The Home refrains from using of any drugs and medication which are used solely to control and restrain behaviour. The Home accepts that any medication which has an effect on a persons behaviour will be prescribed only after a full medical assessment by the G.P or Consultant and its use is fully demonstrated in relation the care plan.

The use of restraint is only acceptable when a persons safety is clearly at risk. Restraining interventions will then be appropriate to the situation and will be discontinued when the immediate danger has gone. An example may be where a resident leaves the building by an

exit door (possibly left open by a visitor) who may not have the capacity to realise they are in danger and approaches the busy main road.

Preventing the person being run over if they attempt to cross the road, in most circumstances would be considered an appropriate form of restraint that anyone may use if it meant saving someone's life. However, the Home then has to determine the reason as to why that person attempted to exit the building and update the care plan accordingly.

Staff actions will be directed at preventing the need for any form of restraint. If physical or any other form of restraint is needed it will be undertaken solely with the interests of keeping the person and other people safe. The least restrictive form of intervention appropriate to the situation will always be used. The home will undertake to provide its staff with appropriate guidance, supervision and training in these interventions that are seen to be acceptable and reasonable to the residents.

It will always be the policy of 'best interest' which will apply in these situations. Deprivation of Liberty applications are made automatically when a resident comes into the Home who has been assessed as not having capacity to make decisions regarding their safety and well-being.

### **Admissions and Personal Plans**

Under government regulations, potential residents must have their needs thoroughly assessed before entering a home: this is intended to provide each resident with the best possible information on which to make an informed choice about their future.

For potential residents who are already in touch with a social service or social work department, the initial assessment will be undertaken as part of the care management process, but we also need to assure ourselves and the resident that this particular home is suitable for them.

For potential residents' who approach the Home direct, appropriately trained staff will make a full assessment of need, with the residents permission, calling on specialist advice and reports as necessary.

The assessment will cover the range of health and social needs set out in the Care Standards guidance. All information will be treated confidentially. The assessment process helps the homes staff to be sure that the home can meet a potential residents requirements and to make an initial plan of the care we will provide.

We will provide prospective residents with as much information as possible about the home to help them make a decision about whether or not they want to live here. We offer the opportunity for a prospective resident to visit the Home and join current residents for a meal. We are happy for a prospective resident to involve their friends, family or other representatives in seeing the home and the care and facilities we can provide before making the final decision about admission.

At the time of a new residents admission to the Home, we work with the resident, and their friend, relative or representative if appropriate, to draw up a written plan of the care we will aim to provide. The plan sets out objectives for the care and how we hope to achieve those objectives, and incorporate any necessary risk assessments.

At least once a month, we review each residents plan, setting out whatever changes have occurred and need to occur in the future. From time to time further assessments of elements of the residents needs as required to ensure that the care we are providing is relevant to helping the resident achieve their full potential. Every resident has access to their plan and is encouraged to participate as fully as possible in the care planning process.

### **Top Up Fees**

Top Up Fees are charged as follows:

Private Older Persons Resident	£18
Private Dementia Resident	£21

### **Choice**

We aim to help residents exercise the opportunity to select from range of options in all aspects of their lives in the following ways.

- Providing meals that enable residents as far as is practical to decide for themselves with whom they consume food and drink of their choice.
- Offering residents a wide range of leisure activities from which to choose.
- Enabling residents to manage their own time as is practical around meal times.
- Avoiding wherever possible treating residents as a homogeneous group.
- Respecting individual, unusual or eccentric behaviour in residents.
- Retaining flexibility in the routines of the daily life of the home.

### **Fullfillness**

We want to help our residents to realise personal aspirations and abilities in all aspects of their lives. We seek to assist this in the following ways.

- Informing ourselves as fully as each resident wishes about their individual histories and characteristics.
- Providing a range of leisure and recreational activities to suit the tastes and abilities of all residents, and to stimulate participation.
- Responding appropriately to the personal, intellectual, artistic and spiritual values and practices of every resident.
- Respecting our residents religious, ethnic and cultural diversity.
- Helping our residents to maintain existing contacts and to make new liaisons, friendships, and personal or sexual relationship if they wish.
- Attempting always to listen and attend promptly to any residents desire to communicate at whatever level.

### **Civil Rights**

Having disabilities and residing in a Home can all act to deprive our residents of their rights as citizens. We, therefore, work to maintain our service users place in society as fully participating and benefiting citizens in the following ways.

- Ensuring that residents have the opportunity to vote in elections and to brief themselves fully on the democratic options.

- Preserving for residents full and equal access to all elements of the National Health Service.
- Helping residents to claim any appropriate benefits and social services.  
Assisting residents access to public services such as libraries, further education and lifelong learning whenever practical or possible.

### **Advocacy**

This Care Home believes that residents should be enabled to express their views as clearly and candidly as they wish. Recognising that some residents may not be able to communicate easily, we encourage representatives to speak on their behalf where this is appropriate.

We believe that representation of this sort may be required:

- in the course of the initial needs assessment
- during any subsequent assessment of needs
- in the drawing up or review of the resident's personal plan
- in the process of assisting a resident to participate in the day-to-day running of the Home
- in making risk assessments relating to a residents activities
- when helping a resident to represent their views to an outside organisation
- when a resident wishes to express a concern or complaint
- in instances where a resident may have been subject to abuse
- when a resident wishes to submit their views on the services of the Home as part of our quality assurance programme
- in helping a resident to make an input to the drawing up or review of the Home's policies and procedures.

We therefore make available information about advocacy, are prepared to deal with an advocate who is representing a resident in communication with the home, and aim to facilitate the use of advocates who are representing our residents to other organisations.

Advocacy schemes must have a policy on confidentiality, which includes the circumstances under which confidentiality might be breached.

### **Our Residents' Access to Advocacy**

- We will seek to make advocacy available to any resident who needs help in presenting their views by: Contacting Age Connects Morgannwg -  
Tel 01443 490875  
Email [advocacy@acmorgannwg.org.uk](mailto:advocacy@acmorgannwg.org.uk), or  
website [www.acmorgannwg.org.uk](http://www.acmorgannwg.org.uk).
- publicising information on local advocacy schemes
- involving advocates where appropriate in the preparation and review of individual plans of care
- using advocates to promote resident participation in the running of the Home
- helping residents to find and participate in advocacy schemes
- seeking peer support for individual resident from people who share their disability, heritage or aspirations
- promoting a culture which enables residents to call on advocates to express their concerns and provide feedback on the way the home is run.
- respect the role of advocates in situations where residents wish to complain about services.

- co-operate with any Independent Mental Capacity Advocate appointed to assist a resident.

### **Personal and Healthcare**

We draw on expert professional guidelines for the services the home provides. In pursuit of the best possible care we will do the following.

- Produce with each resident, regularly update, and thoroughly implement a personal plan of care, based on an initial and then continuing assessment.
- Seek to meet or arrange for appropriate professionals to meet the healthcare needs of each resident.
- Establish and carry out careful procedures for the administration of residents medicines.
- Take steps to safeguard residents' privacy and dignity in all aspects of the delivery of health and personal care.
- Treat with special care residents who are dying and sensitively assist them and their relatives at the time of death.

### **Lifestyle**

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

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

### **Security**

We aim to provide an environment and structure of support which responds to the need for security in the following ways.

- Offering assistance with tasks and in situations that would otherwise be perilous for residents.
- Protecting residents from all forms of abuse and from all possible abusers.
- Providing readily accessible channels for dealing with complaints by residents.
- Creating an atmosphere in the home which residents experience as open, positive and inclusive.
- Use of CCTV in immediate outdoor areas i.e. care park, street and garden to increase security of the Home.
- Locked gate at side entrance of the Home.

### **Social activities, hobbies and leisure interests**

We try to make it possible for our residents to live their lives as fully as possible. In particular, we do the following.

- We aim as part of the assessment process to encourage potential residents to share with us as much information as possible about their social, cultural and leisure interests, as a basis for helping them during the period of residence in the Home.

- We try to help residents to continue to enjoy as wide a range of individual and group activities and interest as possible both inside and outside the Home, to carry on with existing hobbies, pursuits and relationships, and to explore new avenues and experiences. All residents are entitled to use the dining room, the communal lounge, the conservatory and the grounds of the Home, but those who wish to, may remain in their own rooms whenever they like. Residents are encouraged to personalise their own rooms with small items of furniture and other possessions and we try to follow individual preferences in matters of decoration and furnishings.
- We have regular organised social activities such as coffee mornings, musical movement, quizzes, parties, outings, entertainers, events involving other organisations or volunteers. We hope that friendships among residents will develop and that residents will enjoy being part of a community, but there is no compulsion on a resident to join in any of the communal social activities.
- The Home's facilities include a covered outside patio with comfortable seating, spacious grounds with lawns and flower beds with wheel chair access to all areas. A two person passenger lift and a stair lift are available to assist residents to upper floor levels within the home.
- Mrs Elaine Rees and Mrs Pauline Jones are Activities Co-ordinators at the Home, they are responsible for organising and arranging all in house activities, as well as trips out, entertainment and the Laurels Monthly Newsletter. Newspapers are delivered daily and the local library arrange a regular visiting service for books and DVD's. Local shops are close to the Home but staff are always on hand to purchase items on behalf of residents as necessary. A programme of forthcoming events is placed on the notice board and itemised in our monthly newsletter.
- We recognise that food and drink play an important part in the social life of the home. We try to provide a welcoming environment in the dining room and to ensure that meals are pleasant, unhurried occasions providing opportunities for social interaction as well as nourishment. As far as possible we encourage residents to choose where they sit in the dining room. Three full meals are provided each day, there is a regularly changed menu for lunch and the evening meal, residents are always offered a choice at meals, menus are displayed weekly and daily on the notice board, we cater for special and therapeutic diets as advised by specialist staff and as agreed in each residents care plan and care staff are available to provide discreet, sensitive and individual help with eating and drinking for those needing it. Snacks and hot and cold drinks are available between main meal times. We aim to make all of the food and drink we provide attractive, appealing and appetising and to mark special occasions and festivals.
- We try to ensure that the Home is a real part of the local community, so in principle we encourage visits to the Home such as local councillors, members of parliament, representatives of voluntary organisations, students, school children and others. Naturally we respect the views of residents about whom they want to see or not to see.
- We recognise that risk-taking is a vital and often enjoyable part of life and of social activity and that some residents will wish to take certain risks despite or even because of their disability. We do not aim therefore to provide a totally risk-free environment though we take care to ensure that residents are not subjected to

unnecessary hazards. When a resident wishes to take part in any activity which could involve risk, we will carry out a thorough risk assessment with that individual, involving if they so desire a relative, friend or representative, and will agree and record action which will appropriately balance the factors involved. Such risk assessments will be regularly reviewed, with the participation of all parties, in the light of experience.

- It is a legal requirement for of all residents, visitors and staff, that all areas inside the home are designated as non-smoking. Residents who wish to, may smoke outside under the covered patio area and will need to be supervised by care staff in the interests of safety.
- There may be a charge associated with some social activities and services and where this applies, the details will be made clear to the resident in advance.
- Consulting residents about the way the Home operates.

We aim to give residents opportunities to participate in all aspects of life in the Home. In particular, residents are regularly consulted both individually and collectively about the way the Home is run. Our objective is always to make the process of managing and running the Home as transparent as possible and to ensure that the Home has an open, positive and inclusive atmosphere.

#### **Fire precautions, associated emergency procedures and safe working practices**

All residents are made aware of the action to be taken in the event of a fire or other emergency, and copies of the Homes fire safety policy and procedures are available on request. A copy for residents and visitors is located on the notice board in the hallway and will be included in the residents guide. The home conforms to all relevant government guidance on promoting and protecting the health, safety and welfare of residents and staff.

#### **Arrangements for religious observances**

Residents who wish to practise their religion will be given every possible help and facility. In particular we will do the following.

We will try to arrange transport for residents to any local place of worship if required.

- If asked to we will make contact with any local place of worship on a residents behalf. We can usually arrange for a minister or a member of the relevant congregation to visit a resident who would like this.
- In the public areas of the Home we celebrate the major annual Christian festivals. Residents have the opportunity to participate or not as they wish.
- Particular care will be taken to try to meet the needs of residents from minority faiths. These should be discussed with the manager before admission.

#### **Relatives, friends and representatives**

- Residents are given every possible help to maintain the links they wish to retain with their families and friends outside the Home, but can choose whom they see and when and where.

- If a resident wishes, their friends and relatives are welcome to visit at anytime convenient to the resident and to become involved in daily routines and activities.
- If a resident wishes to be represented in any dealings with the Home by a nominated friend, relative, professional person or advocate, we will respect their wishes and offer all necessary facilities.

### **Active Offer – More Than Just Words**

More Than Just Words is a Welsh Government Framework, which says that all care providers shall be able to offer Welsh language care services to the same standard as English ones. At this present time, the “Active Offer” is not provided in The Laurels, but is something we will be looking at working towards in the future. We have bilingual signage, English and Welsh, placed appropriately throughout the home.

## **Section 5 – Staffing Arrangement**

### **Numbers and Qualifications of Staff**

The numbers and qualifications of staff are as follows:-

<b>Title</b>	<b>Number</b>	<b>Qualification</b>
Manager	1	Qualified nurse LMC4 Management D32 & D33 NVQ Assessor
Matron	1	Registered general nurse Diploma in management Training Champion Award D32 & D33 NVQ Assessor
Senior Carers	4	NVQ Levels 2 & 3
Carers	11	4 with NVQ levels 2 & 3 4 with NVQ level 2
Administrator	1 2	Food Hygiene level 2

Activity Coordinator	2	
Cooks	1	
Domestics		

### Staffing Levels

The Home's total staff establishment is 21, of whom 13 have duties involving direct care of residents.

All four senior carers have completed both level 2 and level 3 NVQ certificates. All carers have completed level 2 NVQ.

Staffing Levels are as follows:-

8 am – 1 pm - three carers

1 pm – 6 pm - two carers

6 pm – 8 pm - three carers

8 pm – 8 am - two carers

The staffing levels are reviewed and adapted according to the needs of the residents. If a resident is assessed as requiring nursing care, which means their care needs have increased,

then staffing levels are also increased as necessary until the resident moves to a more suitable Home. This also applies when a resident is receiving end of life care when staffing levels are also increased as necessary to meet the needs of the resident.

### Deployment of Staff

The Home is on two floors with six bedrooms, communal areas and bathroom/toilets on the ground floor, and thirteen bedrooms, four bathrooms/toilets on the first floor.

Most residents use the communal areas during the day, which means staff do not need to be based on the first floor for any length of time during the day. If residents choose to go to their rooms during the day then carers will go upstairs as appropriate.

During the night, carers are based downstairs but carry out regular checks on both floors through the night.

### Supervisions

All staff receive two-monthly supervisions which involve discussing resident care and other relevant topics such as health and safety, training, roles and responsibilities.

Appraisals are also carried out annually in which a review is carried out regarding the previous year's performance.

### Training

All staff are required to attend mandatory training which consists of fire-training (six monthly), manual handling training (annually), first aid (three yearly) COSHH (two yearly), food hygiene refresher (annually).

There is also a range of other training courses staff may be required to undertake which are relevant to their job roles. Examples of these are dementia care, palliative care, safeguarding amongst others.

### **Section 6: Facilities & Services**

a) Number of single and shared rooms	19 single rooms – 6 downstairs, 13 upstairs No shared rooms
<hr/>	
b) Number of en suite facilities	None
c) Number of WC's	1 downstairs, 2 upstairs
Number of WC/bathrooms	1 downstairs, 1 upstairs
Number of WC/Shower rooms	1 downstairs, 1 upstairs
<hr/>	
d) Number of dining areas	One
<hr/>	
e) Number of communal areas	One lounge One conservatory
<hr/>	
f) Security arrangements in place and use of CCTV	CCTV covering immediate outdoor areas <u>ie</u> front car park, street and

garden to rear of the building

Alarms on all exit doors to front and back of building

Alarm on inner porch door

Locked gate at side of building

g) Access to outside space and facilities at this service

Patio and large lawned area to rear of building easily accessible through the conservatory

Pergola and seating area at bottom of garden

Hand rails leading from conservatory to patio area

## **Section 7 – Governance and Quality Monitoring Arrangements**

### **Management and Administration**

The Registered Individual will attend the Home on a weekly basis. He will also carry out a full audit of the Home at least every three months in accordance with Regulation 73 of the RISCA Regulations and Statutory Guidance.

We know that the leadership of the home is critical to all its operations. To provide leadership of the quality required, we will do the following.

- Always engage as registered manager a person who is suitably qualified, competent and experienced for the task.
- Aim for a management approach which creates an open, positive and inclusive atmosphere.
- Install and operate effective quality assurance and quality monitoring systems.
- Work to accounting and financial procedures that safeguard residents' interests.
- Offer residents appropriate assistance in the management of their personal finances.
- Supervise all staff and voluntary workers regularly and thoroughly.
- Keep up-to-date and accurate records on all aspects of the home and its residents.
- Ensure that the health, safety and welfare of residents and staff are promoted and protected.

### **Staffing Arrangements**

#### **The Home's Management**

The person officially registered as carrying on the business of the Home is Mr Siva Sripalan. who can be contacted at 23 Meirion Street, Trecynon Aberdare, CF44 8NH. The person officially registered to manage the Home is Mrs Julie Ward and is the person in day to day control of the Home's operations. Mrs Karen Drenthe is employed as matron and is responsible for the day to day care of residents.

The relevant qualifications and experience of Mrs Julie Ward - Manager are as follows:

- Qualified General Nurse.
- D32 and D33 NVQ Assessor.
- 30 years experience in working and managing care homes.
- LMC4 Management.
- Numerous Managerial / Care Courses

The relevant qualifications and experience of Mrs Karen Drenthe - Matron are as follows:

- Registered general nurse.
- Diploma in management.
- Training champion award.
- Teaching certificates.
- D32 and D33 NVQ Assesor.
- Numerous care related courses.
- 25 years experience as matron of The Laurels Care Home.

### Senior Staff – Specific Duties

All staff have duties and responsibilities as described in their job descriptions. However, individual staff have specific areas of responsibility as detailed below.

Staff Name	Areas of Responsibility	Staff Assisting or Deputising
S Sripalan	Finances	P Shanmugarajah
P Shanmugarajah	General maintenance	
J Ward - Manager	Responsibility to manage the Home and meet the Requirements of the Care Standard Act 2000	K Drenthe
K Drenthe - Matron	Resident care and all associated documentation.	J Ward, H Sedgemore, A. Perry J Griffiths, C Joseph
P Shanmugarajah	Administration	C Lewis
E Rees P Jones	Activities/Residents' Liason Officers	Carers Volunteers
H Sedgemore	Housekeeping	J Ward
C Lewis	Staff Welfare correspondent	J Ward
J Griffiths C Joseph	Medication and all associated documentation	J Ward, K Drenthe,

A Perry	Filing of Residents personal records and documentation	J Ward
C Joseph	Up keep of First Aid Kit	J Ward

### Concerns and Complaints

The management and staff of the Home aim to listen to and act on the views and concerns of residents and to encourage discussion and action on issues raised before they develop into problems and formal complaints. We therefore welcome comments and suggestions from residents and their representatives, friends and relatives. Positive comments help us to build on our successes, but we can also learn from comments which are critical. We undertake to look into all comments or complaints as quickly as possible and to provide a satisfactory response. Anyone who feels dissatisfied with any aspect of the Home should, if possible, raise the matter in the first instance with a responsible member of staff. It may be that the staff member can take immediate action to respond and if appropriate apologise. If the complainant feels uncomfortable about raising the behaviour of a particular member of staff with the individual directly, they should approach someone more senior. Any staff member receiving a complaint about themselves or a colleague will try to sort out the matter as quickly as possible.

If anyone is dissatisfied with any aspect of the Home and feels that when they raised the matter informally it was not dealt with to their satisfaction or is not comfortable with the

idea of dealing with the matter on an informal basis, they should inform the manager of the Home that they wish to make a formal complaint. The manager will then make arrangements to handle the complaint personally or will nominate a senior person for this task.

The person who is handling the complaint will interview the complainant and will either set down the details in writing or provide the complainant with a form for them to do so. The written record of a complaint must be signed by the complainant, who will be provided with a copy, together with a written acknowledgement that the complaint is being processed, outlining the timescale for responding.

The complainant will be informed of their rights at any stage to pursue the matter with Care Inspectorate Wales (CIW) and will be given details of how CIW can be contacted.

The person handling the complaint will then investigate the matter, interviewing any appropriate staff. If it is necessary to interview other residents or anyone else, the complainant's permission will be sought. Complaints will be dealt with confidentially and only those who have a need to know will be informed about the complaint or the investigation. The investigation will be completed within 20 days unless there are exceptional circumstances, which will be explained to the complainant. As soon as possible the person investigating the complaint will report back to the complainant, explaining what they have found and providing them with a written copy of their report.

The person who investigates a complainant will initiate any action which needs to be taken in response to their findings, will inform the complainant about any action, and will apologise or arrange for an apology if that is appropriate. We hope that this will satisfy the complainant and end the matter. If the complainant is satisfied, they will be asked to sign a copy of the report of the investigation and the action taken. If a complainant is not satisfied

with the investigation or the action taken, they will be informed of their right to pursue the matter with CIW, or Rhondda Cynon Taf (RCT) Complaints Unit.

It should be noted though, that at any stage of the complaints procedure, the complainant or their advocate can advise either CIW or Representation and Complaints Unit.

Alternatively, the Public Services Ombudsman for Wales can be contacted with any concerns or complaints. Details for all of the above can be found in the complaints procedure.

### **Quality Assurance**

The National Minimum Standards for Care Homes for Older People require that providers have their own systems for maintaining, reviewing and evaluating the quality of their accommodation and services.

The Laurels approach to quality assurance will be based on the following:

- To ensure continuous self monitoring, using objective and reputable methods, which involve residents and their families.
  - We have an annual development plan for the Home, based on a systematic cycle of planning, action and review and internal audit that reflects aims and outcomes for residents.
  - We will seek the views of residents, families, friends, other stakeholders and people providing services to the Home as an integral part of our approach.
- 
- We will publish the results of user satisfaction and other surveys and make them available to current and prospective residents, their representatives and other stakeholders including C.I.W.
  - We will inform residents and their relatives about C.I.W. visits so that they can have access to inspectors and their views included in inspection reports.
  - We will revise and review policies, procedures and practices in light of changing legislation and good practice, advice from the department of health, local and health authorities, professional organisations and other relevant bodies.
  - We will progress actions and improvements within agreed timescales to implement requirements identified in quality assurance activities and C.I.W inspection reports.
  - Our focus will be on quality improvement and management and our aim is to improve quality continuously beyond the minimum standards. Our approach will be participating and largely self motivating and flexible. We will take actions on a wide range of measures to ensure all round development and improvement.

### **THE UNDERPINNING ELEMENTS**

A series of themes both cut across and underpin the aims we have relating to the rights of residents and quality care.

#### **Focus on residents**

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

**Fitness for purpose**

We are committed to achieving our stated aims and objectives and we welcome the scrutiny of our residents and their representatives.

**Comprehensiveness**

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

**Meeting assessed needs**

The care we provide is based on the thorough assessment of needs and the systematic and continuous planning of care for each resident.

**Quality Services**

We are aiming for a progressive improvement in the standards of training at all levels of our staff and management.

**REVIEW OF THIS DOCUMENT**

Signed:

Date:

Review Date: