

STATEMENT OF PURPOSE**1. Aims and Objectives**

Rodwell Farm Nursing Home aims to provide Christian-based whole person care by addressing its residents' physical, emotional and spiritual needs

In doing so, we aim to create a secure, relaxed, happy and homely atmosphere for the residents to live in and for the staff to work in.

2. Philosophy of Care

It is our objective that those residents who live in the home should do so with dignity, have the respect of those who support them and be entitled to live a full and active life, given the fundamental right to self-determination and individuality and to achieve their full potential. This is best achieved by sensitive recognition and nurturing of that potential in each individual and understanding that this may change with time. In order to ensure that this happens; each resident's care will be planned individually. The care in the home will not be institutionalised by the requirements of the staff. These basic rights are accorded to all residents in our care without discrimination between one resident group and another. Programmes of activities will be provided to encourage mental alertness, self-esteem, and social interaction with other residents.

In terms of risk assessment, those residents who are judged competent to judge risks themselves are free to make their own decisions as long as they do not threaten the safety of themselves or others.

Staff will respect personal rights and privacy, and will be responsive to individual needs. In support of our Christian-based whole person care ethos, emotional and spiritual support is considered vital to the general well being of each resident. The staff will be sensitive to the residents' ever-changing needs which may be medical / therapeutic (for physical and mental welfare), psychological, spiritual, emotional or social.

Our home is dedicated to the provision of the finest care for our residents. This will be achieved through the integration of efficient administrative practices in accordance with the requirements for Registration under the Care Standards Act 2000.

Accordingly, the Home has been established with a quality-orientated approach to the business and a high degree of quality awareness is developed through all levels of staff training and management. The aim of these measures is to continually improve the quality of the service offered to our clients. To reinforce this, it is the policy of the management that Rodwell Farm Nursing Home shall, as applicable to the business, comply with the requirements of the International Quality Standard BS EN ISO 9001:2008. The home has achieved the Investors in People standard together with the Resident Centred Care Home standard.

3. Services and Facilities

The home seeks to offer a high standard of care, both clinically and socially. We have facilities for 45 permanent residents and 1 block booked room for respite client use. In

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addition we are able to offer flexible day care for up to six clients.

There are three resident groups within the home:

- (a) Elderly frail/mentally alert
- (b) Elderly frail with dementia
- (c) Younger adults with physical and/or sensory disabilities.

Each group has its own day area and the activities programme is designed to fulfil the particular needs of each group.

4. Facilities Provided at the Home

4.1 Building and the Gardens

- The home is constructed on two floors.
- The upper floors are accessed by staircase and a lift.
- The home provides
 - 31 single Rooms
 - 19 Single Rooms en suite
 - 6 Double Rooms.
 - 6 Double Rooms en suite.
- There are two Lounge/diners, one lounge and one dining room. One lounge/diner being reserved for the use of dementia sufferers.
- The home is equipped with a Fire Alarm System.
- The home is equipped with a Call Bell System.
- There are four WC's which can be accessed by wheelchairs
- There are two Assisted Baths on the ground floor.
- There are two Assisted Baths on the first floor.
- There are two Non Assisted Baths.
- The kitchen is located on the ground floor.
- The menu is displayed on the notice and orientation boards.
- The laundry is on the ground floor. All used clothing will be collected from the resident's room each day and returned to them within 48 hours washed and ironed.
- All clothing must be labelled with the resident's name.
- The garden is 1/3 acre in size, accessible to residents. Ramps are provided for the use of wheelchairs. A secure sensory garden is also provided specifically to cater for the needs of dementia sufferers; this area is also available to more able clients.

4.2 Equipment

- The Home has five mobile hoists, six overhead hoists plus other aids to mobility to help in the safe and comfortable moving and handling of Residents who have

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been assessed as needing this assistance.

- The Home can be equipped with adjustable/ high/low fully profiling beds should the Residents assessment indicate the need for such specialised equipment.
- The home provides a “sit-on” weighing machine.
- The home has pressure-relieving equipment. This is used when a Residents Assessment indicates its need.

4.3 The Service

- A hairdresser visits the home regularly.
- A chiropodist visits the home at regular intervals.
- The home can provide the services of a Physiotherapist and/or an Occupational Therapist should the resident’s assessment indicate a need.
- Reflexology and aromatherapy are available on request.

5. Staffing Arrangements

5.1 Staffing Levels for 46 residents

Resident Category	Number of Registered nurses	Number of Care Assistants	Staff:Resident Ratio's
Daytime Staff:			
a.m.	2	12	14/46
p.m.	1	8	9/46
Night Time Staff:			
Throughout night	1	3	4/46

5.2 The Registered Providers

The Registered Provider is a company called Rodwell Farm Nursing Home Limited, which is owned by Dr Karen and Ernie Graham of:

20 Cranley Road
 Burwood Park
 Walton-on-Thames
 Surrey
 KT12 5BP

The relevant qualifications and experience of the owners are as follows:

- Ernie Graham BSc (Hons), MBA, CEng, MIMechE.
- Dr. Karen Graham MB. BCh. BAO. MRCGP.
 Dip. in Mental Health
 Dip. of the Royal College of Obstetricians & Gynaecologists.

Ernie has a business background working both in Britain and abroad. Since 1996 he

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has been involved in the private care sector. Rodwell Farm has grown and developed under his guidance. Karen has worked alongside Ernie providing excellent medical care for the residents of Rodwell farm. She has worked extensively with elderly patients specialising in Mental Health and Well-being.

5.3 Registered Home Manager**Mrs Karen Raggett**

Karen Raggett RNMH has 28 years post-registration experience. She has worked at Rodwell Farm since 1992. Training is a major professional interest both for herself and the staff of the home. Karen holds the NVQ D32/D33 Assessors awards, NVQ level 4 Registered Managers award, an advanced hygiene trainer's award and the Professional Training Certificate, issued by The Chartered Institute of Environmental Health.

Karen has a keen interest in delivering the best possible practice and is able to produce this by keeping informed as to current thinking and developments within the profession.

5.4 The number, relevant qualifications and experience of the staff working in the home and organisational structure

The Home employs a manager, supported by the owners, who is a first line registered nurse. In addition there are six other first line registered nurses three of whom have additional qualifications in psychiatric and dementia care nursing. These qualified nurses report to the manager. A minimum of 50% of care assistants employed by the home have NVQ level 2 or above. The care assistants report to the registered nurse on duty.

5.5 Staff Training

- All staff members complete a twelve week induction programme on joining the care team and a further six modules of mandatory training. This training links into the active NVQ programme
- The aim is for at least 75% of all care staff to achieve NVQ Level 2.

6. The sex and age range of the residents for whom it is intended that accommodation should be provided.

The home provides care for people of both sexes aged 25 and over.

7. The range of needs that the home is intended to meet:

The organisation of the Home is such that whatever level of care required by potential clients can be made available; to include promotion of independence for those more

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able, through to total nursing care for those with the very highest needs. Acknowledgement is given to the differing needs of clients suffering with dementing illnesses. The residual potential of each individual is maximised by ensuring that care is delivered holistically by experienced staff who have access to the latest information and training.

8. Criteria used for admission to the care home, including the care home's policy and procedures for emergency admissions:

- An assessment of needs will be carried out by the home manager. If the needs identified by the assessment can be met by the facilities and services on offer at the home a placement will be offered. This decision will be made after consideration of all available sources of information
- Emergency admission. An emergency admission can be accepted providing the person or agency referring the service user is able to provide sufficient information for the Manager to determine that the prospective resident has needs that can be met by the services and facilities offered at the home. The emergency agreement will state that the admission is short term and the placement could only become long term after a full assessment and review.

9. The arrangements for residents to engage in social activities, leisure pursuits and hobbies.

Each resident has an individual activities plan tailored to their needs. There is a full activities programme in the home based upon the interests of the residents currently living in the home. Where necessary, external professionals are engaged to complement the skills available in-house. A programme is published and accessible to all residents. The activities organiser devises this programme in consultation with the manager.

10. The arrangements made for consultation with residents about the operation of the home

All proposed changes in operation within the home are discussed with residents prior to implementation.

There is a Quality Assurance Scheme, which ensures that Questionnaires are issued to residents and relatives requesting their comments and views on the service and operation of the home.

11. The fire precautions and associated emergency procedures in the home.

A Fire Risk Assessment has been carried out and a Fire Procedure developed. Both the assessment and the policies are reviewed and updated regularly. There is an appropriate recording system maintained.

STATEMENT OF PURPOSE**12. The arrangements made for the residents to attend religious services of their choice.**

Residents are free to follow the religion of their choice. Ministers visit the home regularly and offer communion. The home employs a chaplain who visits once weekly to provide spiritual guidance to residents and staff as required. A non-denominational service is held in the home approximately once a month.

Every resident has the right to continue to attend their preferred place of worship while they are physically able to do so.

Considerable comfort is often gained from faith in declining years, even with people who have had little to do with their faith since their childhood. It is an important part of the life and routine of the home and many residents benefit from conversation with people connected with religious organisations.

The home will facilitate the observance of those religious festivals that are appropriate to the faith of the Residents living in the home.

The observance of religious rituals to be carried out prior and post death is assured.

13. Visiting Arrangements

'Open House' is the policy towards visitors to the home. The home encourages relatives, friends and others such as voluntary organisations to visit the home during the day. This enables visitors to come along when it is convenient to them and encourages stimulation for the residents.

Visitors should be able to go into residents rooms. Arrangements should be made clear at the outset to both visitors and residents.

A room is available for more private meetings either in the resident's own room or other.

All visitors must ring for admittance and be greeted by a staff member. The visitor must confirm who they are, whom they are visiting. The visitors' book must be signed so that if there is a fire, there is a record of who is in the home. Official visitors must produce identification before being admitted into the home and must also sign the visitors' book. No one should be admitted who does not have legitimate business within the home.

14. Complaints Procedure**A: OBJECTIVES:**

To describe the handling of complaints received from residents and relatives regarding the quality care delivered at the Home.

B: PROCEDURE:

STATEMENT OF PURPOSE**1. Informal Complaints:**

- 1.1 These are day-to-day complaints, which can usually be resolved relatively simply.
- 1.2 The person complaining should direct the complaint in the first instance to the Nurse-in-Charge of the shift.
- 1.3 The Nurse-in-Charge will discuss the matter with the complainant and try and resolve the problem there and then. If necessary the Nurse in Charge will refer the matter to the Home Manager.
- 1.4 If the matter cannot be resolved as above, the complaint should be managed as a formal complaint (see section 2).
- 1.5 All complaints, formal and informal, should be entered onto the complaints log Form F-41

2. Formal Complaints:

All formal complaints should be made in writing. These complaints may be made directly to the home or to the Commission for Social Care Inspection.

2.1 Complaints to the Home

- 2.1.1 Upon receipt of a formal complaint, the Home Manager will initiate a Complaint Record (Form F-40) and file it in the Complaints File in the RNs' Office.
- 2.1.2 The Home Manager will conduct an investigation into the matter surrounding the complaint. She will try to find a satisfactory solution and will inform the complainant of the process.
- 2.1.3 Progress will be recorded on the complaint form F-40.
- 2.1.4 All relevant correspondence will be attached to the complaints form
- 2.1.5 Once the complaint has been satisfactorily resolved, the Home Manager will formally sign it off.

2.2 Complaint to the Care Quality Commission

If a complainant feels that it is inappropriate for a complaint to be handled within the Home and wishes to complain to the Registration Authorities, he/she should contact the following:

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Care Quality Commission
South East regional contact team

The Oast
Hermitage Court
Hermitage Lane
Maidstone ME16 9NT

Tel: 01622 724950

Fax: 01622 724980

Email: enquiries.southeast@cqc.org.uk

C: REFERENCES:

Complaints Log: Form F-41

15. Administration of pre-admission assessment and plan of care

On receiving an enquiry:

- Whenever possible the relative and whenever possible the Service User and his/her relatives should be encouraged to visit the home as a first step in the assessment process.
- A copy of the home's brochure must be given to the prospective resident as well as an information pack

Prior to admission information is gathered from the potential service user, relatives and carers, GP, and any other professionals involved. In the case of a hospital discharge the medical and nursing staff are included. This information is formatted into a pre-admission assessment and is used to decide whether the required care needs may be met.

After admission this information is checked for validity and is enhanced to form the initial written plan of daily care. The resident and/or next of kin are involved at every stage.

Care plans are available for perusal by residents and or relatives at any time. Additions and alterations are made on a daily basis to ensure that changes in care needs are addressed. The resident concerned is involved with this process at all times. Every six months the individual care plan is sent out to the resident's relative or representative. The resident is involved with this process at all times.

Changes in care plans are recorded on a rolling basis to ensure a complete history of care is maintained.

All care plans are reviewed monthly in consultation with the resident or a representative as appropriate.

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16. The number and size of rooms in the home

Room Number	Floor Level	Floor Area (m ²)	Wash Basin	En-suite Facility	Number of Residents
1	Ground	21	Yes	Toilet	2
2	Ground	15	Yes	Toilet	1
3	Ground	12	Yes		1
6	Ground	12	Yes	Toilet	1
7	Ground	12	Yes	Toilet	1
8	Ground	13	Yes	Toilet	1
9	Ground	13	Yes	Toilet	1
10	Ground	13	Yes	Toilet	1
11	Ground	13	Yes	Toilet	1
12	Ground	10	Yes		1
14	Ground	10	Yes		1
16	Ground	13	Yes	Toilet	1
17	Ground	13	Yes		1
18	Ground	12	Yes	Toilet	1
19	Ground	12	Yes	Toilet	1
20	Ground	10	Yes		1
21	Ground	18	Yes	Toilet	2
101	1st Floor	22	Yes	Toilet	2
102	1st Floor	14	Yes	Toilet	1
103	1st Floor	12	Yes		1
104	1st Floor	11	Yes		1
105	1st Floor	10	Yes		1
106	1st Floor	12	Yes	Toilet	1
107	1st Floor	12	Yes	Toilet	1
108	1st Floor	13	Yes	Toilet	1
109	1st Floor	13	Yes		1
110	1st Floor	18	Yes	Toilet	2
111	1st Floor	18	Yes	Toilet	2
112	1st Floor	12	Yes	Toilet	1
114	1st Floor	12	Yes	Toilet	1
115	1st Floor	12	Yes	Toilet	1
116	1st Floor	13	Yes	Toilet	1
117	1st Floor	13	Yes		1
118	1st Floor	12	Yes	Toilet	1
119	1st Floor	12	Yes	Toilet	1
120	1st Floor	12	Yes	Toilet	1
121	1st Floor	12	Yes	Toilet	1
122	1st Floor	10	Yes		1
123	1st Floor	18	Yes	Toilet	2

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Room Number	Floor Level	Floor Area (m ²)	Wash Basin	En-suite Facility	Number of Residents
124	1st Floor	10	Yes		1
TOTALS					46

DAY SPACE:	M²
Lounge/Conservatory	59.5
Conservatory	19.5
Downstairs Lounge	40.0
Upstairs Lounge	40.0
Dining Room	51.7
TOTAL	210.7
AREA/RESIDENT	4.58

17. Details of any specific therapeutic techniques used in the home and arrangement for their supervision.

Reflexology and aromatherapy are available on request.

18. Arrangements for respecting the privacy and dignity of the residents

A Residents Charter of Rights is in operation in the home, whereby residents shall have the right:

- To retain their personal dignity and independence irrespective of their severity of their physical disability or mental infirmity.
- To have their social, emotional, religious, cultural and political needs accepted and respected.
- To have skilled, sensitive and understanding care to enable them to achieve the highest possible quality of life.
- To have their personal privacy respected.
- To be consulted about daily living arrangements in the Home, and to participate in discussions about proposed changes to these arrangements.
- To be involved in, and be kept informed about, their individual assessment of need.
- To have a regular review of their individual circumstances, and to have the right to be present at any review meetings.
- To make informed choices about their Care Plans.
- To be kept informed of all the services offered by the Home.
- To choose their own Medical Practitioner and Dentist, and to consult them in private.
- To manage their own personal affairs, including finances.
- Not to be moved without prior consultation.
- To have access to a formal complaints procedure.

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- To be given the opportunity to vote in local and general elections.

The only restrictions will be the legal and regulatory requirements necessary to protect the health and safety of residents, relatives and staff, and to ensure that the proper level of care is provided.

19. Activities

A stimulating interesting activities programme is on offer in the home.

Residents are involved in the individual activities programme through consultation and the programme is amended to accommodate their changing wishes. Mobility and disabilities are taken into account.

The activities programme is designed to consider the needs of the client group, including those with disabilities.

For example:

- People who are hard of hearing may need the staff to use forms of communication other than speech, such as signing.
- Talking books are available to people with impaired sight.
- It is very important for residents to have access to activities, which include exercise; mobility problems are taken into account when devising an exercise activity.
- Residents suffering from dementia will have activities, which are specifically designed for them under the guidance of recognised bodies such as the Alzheimer's society and Headways; in this way these activities will have purpose and meaning,

20. Residents' Meetings

- Regular meetings give the residents an opportunity to comment on the operation of the home.
- Matters of concern can be raised.
- Contributions and suggestions for inclusion in the activities in the home can be made.
- Management can use the meetings to inform the residents of impending events, new policies, and changes taking place in the home and to gain the views of the group.
- Minutes will be taken at all meetings and kept on file.

21. Procedure in the event of fire

This Procedure will define the action to be taken in the event of an outbreak of fire or a fire-related incident such as an explosion.

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1. Upon discovering a fire, the person (staff member) must:
 - 1.1 Sound the fire alarm immediately by breaking the nearest break-glass alarm point;
 - 1.2 Ensure that all doors surrounding the fire are closed as far as possible (the home's automatic doors held on magnetic devices will automatically close when the alarm is activated);
 - 1.3 Commence evacuation of the affected area to the next "compartment" starting with the rooms adjacent to the fire. **NO ATTEMPTS SHOULD BE MADE TO ENTER THE ROOM ON FIRE UNTIL ALL OTHER RESIDENTS ARE IN A PLACE OF SAFETY.**

2. Following this, the Nurse-in-Charge is responsible (as appropriate) for:
 - 2.1 Calling the Fire Brigade - **999**
 - 2.2 Organising appropriate care and assistance for any injured or disabled person.
 - 2.3 Supervising evacuation of the Home. Reference 1.3 above, the evacuation should be a phased process:
 - 2.3.1. Moving / escorting residents from affected "compartment" to the next "compartment";
 - 2.3.2. Moving / escorting residents from the affected and adjacent "compartments" progressively to the primary assembly point;
 - 2.3.3. Moving from primary assembly point to the exterior secondary assembly point;

The following definitions are appropriate:

PRIMARY ASSEMBLY POINT	The appropriate Residents' Lounge, which has a final exit and is capable of holding all residents and staff
SECONDARY ASSEMBLY POINT	The Garden, outside the premises, where residents and staff will assemble if total evacuation is necessary

- 2.3.4. As people are moved from area to area, ensure that all doors passed through are closed;
- 2.3.5. People should not delay evacuating the Home in order to collect personal belongings;

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- 2.3.6. LIFTS MUST NOT BE USED FOR EVACUATING THE HOME;
- 2.3.7. Special assistance should be given to visitors who may not be familiar with the orientation of the Home;
- 2.3.8. When gathered at the assembly point, conduct a roll call against Duty rota and visitors book.
- 2.4 Ensure duty rotas and visitors book is made available to the Fire Officer upon arrival.
- 2.5 Informing the Fire Officer of any persons not accounted for.
- 3. It is not permitted for any person to re-enter the building or fire situation until told by the Fire Officer in charge that it is safe to do so.
- 4. If residents and staff cannot return to the home, refuge can be found at "Howards" Residential Home, Row Town. Telephone 01932 856665

REFERENCES:

Fire Register - Location: R.G.N.'s Office