

Hartley Park Care Home

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STATEMENT OF PURPOSE

Legal Status of the Service Provider: Abholly (2008) Limited

Name of Service Provider: Mr Kevin Briscoe

Name of Registered Manager: Thomas Crossfield

Service Provider ID: 1-508113202

Location ID: 1-540545051

Manager ID: CON 1- 3960803882

Number of registered beds: 66

Index

About us.....	2
Philosophy of care.....	4
Regulated activities and aims and objectives.....	4
Daily life and social contact.....	11
Involvement and Information.....	11
Suitability of staffing and management.....	12
Administration and fees.....	14

The Briscoe family have been local Care Home providers since 1991. In view of their vast experience of this type of service they have now expanded.

Hartley Park was built in 2011 and is a purpose built, state of the art care home situated in a quiet, private area in the centre of the city. It has been designed not only with the Care Quality Commission (CQC) requirements in mind but also to reflect their visionary approach to caring for older people, in particular those with Dementia or enduring Mental Health problems.

One of the most striking characteristics of the home is the feeling of space and light that it generates both indoors and outdoors.

Every bedroom measures 19.5 square metres with large low windows and boasts an en-suite wet room. All rooms have the double advantage of providing homely comfort while incorporating all latest safety devices such as electronic sensors and call bell system.

There are bathrooms on each floor, the baths being fitted with special hoists to help those clients that may have mobility difficulties. There is a large wheelchair and passenger lift and spacious corridors allowing clients easy access to all parts of the home within a secure environment.

The environment at Hartley Park has been built to the needs of residents with dementia to enable us to offer as much independence and stimulation as possible within safe boundaries. The expertise of our caring team is to recognise and enable each resident to continue to do the things they enjoy for as long as they can continue to do so. Every aspect of the home contributes to the quality of daily life for residents. Layout and decoration are used to enable residents to exercise choice, help orientation and to provide interest and stimulation. For example the sights and sounds of the music and themed corridors and sensory rooms as well as rummage boxes and relevant activities. These features act as cues for the person with dementia to guide and support them as they move around their home.

Great thought is given to ensure that Residents are happy with their choice of room and to ensure that they spend their final days surrounded by their personal belongings and loved ones. Residents are always encouraged to bring

personal belongings such as pictures, ornaments, radios or televisions in their chosen room to help provide reassuring links with the past. Larger items, (furniture etc.) can be discussed with the management.

Relatives are encouraged to visit and are offered meals and can stay overnight (if they so wish) when their relative is nearing the end of their life.

Residents are made to feel welcome on admission and family or friends are encouraged to visit as often as possible so that there is continuity of relationships.

Each resident has a named nurse and/or keyworker and an individual care plan. This will cover their personal and medical history, as well as record the particular activities they enjoy and any cultural or religious aspects of their care. The named nurse and/or keyworker will monitor and review all aspects of care and will liaise with the care professionals, residents, family and friends throughout the residents stay.

It is very important that a resident's transition from hospital or from home be made as stress free as possible, ensuring that all moves are in their best interest.

Therefore, at Hartley Park we welcome visits from a resident's advocate/relative so that they can look around the home and its facilities and discuss the prospective resident's nursing and personal care needs. At this stage basic information will be taken and a statement of purpose will be given to the advocate/relative.

If an admission is subsequently requested, where possible we will arrange for the potential resident to spend a few hours at Hartley Park, to meet everyone, to sample the cuisine, and generally ensure that he/she has made the right choice for his/her future. Prior to admission the Home Manager or a Registered Nurse will visit the resident either in hospital or in their own home and complete an assessment to ensure that all care requirements are met.

The Home Manager will liaise with the prospective residents' social worker/care manager, or the continuing care office to ensure that the correct funding is being made available and to discuss the implementation of their client's care plan.

Philosophy of Care

Our ethos is to enhance our residents “quality of Life” and making them feel valued by adopting a person-centred approach to care.

To this end we do our utmost to create a homely atmosphere - as opposed to the clinical feel of hospitals - where family and friends are always welcome and where residents can remain as independent as possible, safe in the knowledge that their care is foremost in the minds of the staff.

Regulated Activities

Our care home provides the following Regulated Activities:

- Nursing and Personal Care
- Treatment of Diseases, Disorders and Injuries

Nursing and Personal Care

Regulated Activity	Service User Type	Service User Band
Accommodation for persons who require nursing or personal care	Care home service with nursing	Older people Dementia Mental Health Physical Disability

The difference between nursing and personal care resides in the professional qualifications required to address both these needs. Personal care is delivered by carers, most of whom hold NVQ/Diploma qualifications in care. Typically, the needs falling within this category, include assistance with personal hygiene, nutrition, elimination, mobility, communication, cognition, spiritual and cultural needs, and leisure activities. Nursing care is delivered by Registered General/Mental Health Nurses (RGNs level 1/RMNs) supported by a strong team of NVQ/Diploma trained Carers, who are skilled in monitoring residents’ general conditions for the purposes of preventing/managing/or treating

illnesses. Our experienced and trained staff are committed to providing the highest quality care and have detailed understanding and additional specialised training in the unique nature of dementia care.

Generally speaking, we offer continuing care for clients who are not acutely ill, but who require the ministrations of a trained nurse on a 24 hr basis. One of our strengths is to offer excellent **Palliative Care** for residents whose conditions are such that they cannot be treated any longer. Our aim, in this case, is to palliate the symptoms to ensure that our residents are pain free and comfortable at all times. We also provide **End of Life Care** for people who are approaching the end of their lives. Here our aim is to provide twenty-four hour care of the dying carried out in a calm and sensitive manner. This includes holistic care and pain, nausea, anxiety and restlessness relieving medications to minimise discomfort for residents who are terminally ill with forms of cancer related and non-cancer related illnesses. Where appropriate we continue to liaise with other members of the Multidisciplinary Team (**MDT**), in particular GPs and Specialist Community Nurses. Matron or RGNs will sympathetically discuss with family any arrangements that need to be made in the event of the resident's death and ensure that their wishes are carried out. The privacy and dignity of the dying is maintained at all times and their wishes respected.

Family members are encouraged to spend as much time as possible with their dying relatives and may – whenever possible – be offered a bed for the night and regular refreshments.

To enable us to give the best possible care, qualified nurses attend courses at St Lukes Hospice and Mount Gould training centres covering the following topics:

- Six Steps
- Clinical Skills
- Developments in Palliative Care
- Pain and Symptom Management
- Loss and Bereavement work shop
- Syringe Driver Work shop

- Verification of Death

Care Assistants are encouraged to attend courses in 'Care of the Dying' appropriate to the level of care that they are required to give. There is a comprehensive in-house programme of Dementia Care and professional development.

Aims and Objectives

At Hartley Park, we strive to always maintain a highly trained and happy workforce to carry out duties in a caring, yet unobtrusive manner, which will be reflected in the happiness and contentment of our residents. We endeavour to do this by: -

- (1) Preserving the residents dignity and identity
- (2) Maintaining and where possible improving the residents independence
- (3) Ensuring that the residents privacy is respected at all times
- (4) Allowing residents the opportunity to make informed choices about those matters that affect their care and personal lives. We always seek consent before any form of activity and we respect their rights to refuse any intervention
- (5) Maintaining and respecting the residents beliefs and aspirations
- (6) Providing safety within the precincts of the home with minimal restrictions
- (7) Carrying out risks assessments to ensure that residents are able to conduct chosen activities safely
- (8) Motivating and stimulating residents so that they may lead happy and fulfilled lives
- (9) Enabling residents to express their views;ie to be able to complain (and shape the service they receive)

- (10) Ensuring that vulnerable residents are not subjected to any form of abuse
- (11) To encourage residents to believe in their own self-worth and importance, to remain an individual and to pursue their lives as they would at home within the limitations of Hartley Park
- (12) To give all residents the option of expressing their beliefs and to practice their own particular religion, to this end ministers of all faiths are encouraged to visit the home at any time and arrangements are made for services, communion and the giving of the last rites
- (13) To ensure that all residents are able to understand the choices that are available to them within the home. Appropriate information and instructions are given so that residents are able to make informed decisions about matters that affect their lives
- (14) All legal requirements regarding safety are rigorously and properly dealt with thereby maximising resident's personal safety. All staff are trained to deal with emergency situations.
- (15) To enforce all the recommendations issued by the Health Protection Unit regarding the control and prevention of infection, and working closely with the said unit in cases of outbreak.
- (16) To encourage residents to pursue their hobbies and past times. A range of activities are available to suit all abilities, the objective being the enjoyment rather than the end product
- (17) The staff are encouraged to be approachable at all times thus enhancing communication, this enables residents to express any concerns they may have and helps staff deal with these issues in the appropriate and efficient manner which will normally result in satisfaction for both parties.
- (18) We do have a Complaints Procedure whereby residents can formally express their concerns in a more formal way. We do take all complaints seriously and answer them in a timely fashion.

Treatment of disease, disorder or injury

Regulated Activity	Service User Type	Service User Band
Treatment of disease, disorder or injury	Care home service with nursing	Older people Dementia Mental Health Physical Disability

Our purpose is to provide twenty four hour care for clients who require nursing input as well as assistance with the activities of daily living. Typically, this includes treating/managing diseases/disorders associated with the ageing process such as heart failure, strokes, diabetes, epilepsy, Multiple Sclerosis, COPD, Renal Impairment, cancer and Parkinson’s disease. Being sensitive to the needs of Dementia sufferers, we are embracing the guidelines from the South West Dementia Partnership and are working towards the Dementia Quality Mark. The care is provided by our team of highly qualified nursing staff in conjunction with other members of the MDT: General Practitioners, hospital consultants, psychiatrists, specialist community nurses, physiotherapists, dieticians, speech therapists, podiatrists, opticians, and dentists.

As a rule, we give priority to long term residents. We do not provide **Respite Care**, unless we do happen to have more than one bed available. However, in order to ease the demand on hospital beds, we do accept residents under the **Supported Discharge Scheme**. Typically, this scheme enables patients to be discharged from hospital before they are fully recovered. More often than not they are still in need of treatment, rather than purely recuperation time, therefore, they are discharged to a nursing home where the nursing care they need can be delivered. Their progress is followed by NHS nurses who come and visit regularly and who discuss any nursing issues with our RGNs. NHS nurses also arrange rapid interventions from other community services, as for instance physiotherapists, and/or occupational therapists.

This is not to be confused with **Rehabilitation**. We do not provide extensive rehabilitation for people who have had strokes or sustained fractures.

However, we are able to implement any recommendations that the professionals from re-ablement service may make following their assessment.

Older people are prone to developing pressure sores and skin tears. We do our utmost to prevent the development of pressure sores by providing both pressure redistributing/relieving equipment and preventative care. However, our nurses are also competent in **Wound Care** and are able to treat pressure ulcers or any other type of skin injury, should they arise, by the skilled selection of interactive dressings.

In order to provide meaningful nursing care and correct treatments, doctors and nurses work together to instigate/perform certain tests that will help towards arriving at a diagnosis and planning the appropriate type of treatment. The observations and tests that we are able to perform in our home are as follows:

- A) Monitoring our residents' conditions by performing basic observation in terms of blood pressure (BP), Pulse (P), Temperature, and blood O₂ Saturation (SATS), Blood Sugar (BM)
- B) Collection of samples to be sent for analysis at Derriford Microbiology Laboratory: typically Mid-Stream Specimens of Urine, Stool, Swabs. These are sent to diagnose potential infections and find out what treatments are required for any given infection
- C) Blood tests to be sent to Derriford Haematology Laboratory. This will give insight into specific long term or acute problems, the most common being anaemia, infection, liver damage, kidney impairment, dehydration, thyroid dysfunction, nutrients deficiencies, likelihood of a cancer, and Dementia screening

Aims and Objectives

- (1) To ensure that our nursing staff up-date their knowledge on a continuous basis so that they are aware of new treatments and provide evidence based care
- (2) To ensure that our residents receive the correct treatment in a timely fashion by differentiating between continuing care and acute conditions. To monitor our residents closely to either prevent illnesses to develop or ensure that prescribed treatments are effective.
- (3) To ensure that staff receive the appropriate training in order to take specimens correctly and competently in accordance with clinical procedural guidelines. That these specimens are sent to the laboratory for investigation promptly and that all instructions received by other members of the MDT as a result of these investigations are carried out and documented.
- (4) To seek the views and wishes of our residents or their representatives regarding the type of care they wish to receive and to encourage them to formulate advance directives, or in the case of the terminally ill, to discuss resuscitation status in order to prevent both unwelcome and/or unnecessary hospitalisation.
- (5) Should a resident opt to be treated in the care home, then we ensure that they are fully aware of the implications while respecting their rights to refuse more active treatment. To this end, Capacity Assessments may be carried out and best interest options implemented.
- (6) When the preferred place of care is our care home, to work closely with GPs and other members of the **MDT** to ensure that we provide the best possible treatment available in the community for any given illness

Daily Life and Social Contact

At Hartley Park we recognise the importance of maintaining a person's "wellbeing" when they enter a care home, where former routines of daily activity and recreational skills can be easily lost or forgotten. We fully recognise that the transition to a care home is a major life change and our aim

is to ensure that quality of life is promoted to the highest possible level with meaningful and enjoyable activities and continued social contact.

Life histories, to which relatives contributions are valued, are used to help us get to know residents as people, with their own personalities and pasts. Understanding the reasons behind a person's actions and the people, places and belongings which are important to the person can help to overcome the frustration and fear someone may experience at being unable to express what they need.

One of our Managers is trained in Dementia Care mapping, an observational technique to evaluate care quality and the emotional welfare of residents.

We employ two Activity Co-Ordinator's, covering every day of the week (barring holidays), whose responsibility is to arrange a programme of entertainments for either collective or individual enjoyment. They also visit residents who stay in their rooms on a daily basis. We offer opportunity for residents to enjoy and work in the garden where appropriate. Residents are encouraged to carry out small tasks throughout the day, such as helping to lay the tables or watering the plants, which can help retain self-esteem and involvement in daily life.

Where appropriate, community involvement takes place and relatives are always encouraged to participate in activities.

Visiting times are open with relatives and friends encouraging spending quality time at the home and engaging in day to day activities in line with the preferences and those of the residents.

Visitors are required to sign in and out using the visitors' book in reception.

Involvement and information

In order to achieve our aims and objectives we must continually monitor and audit the service we provide, listen to the comments of others, including our regulators and those that receive our services and act accordingly to continually improve the service we give. We will do this in a number of ways:

- Inspection by our regulators – A copy of our most recent inspection is available on request.
- Internal Audit – Every six months a complete audit of the home is carried out and remedial action taken to correct any omissions or shortcomings in the service delivery
- Customer view – We issue a survey each year to all our residents asking what they think of the service provided. All information is fed back to the residents about what we do well, what we could do better and how we will achieve that.
- Communication – Our staff will always listen to what residents and their family have to say and will provide them with as much feedback as we are practically and legally able to do.

Suitability of staffing and management

Our experienced and trained staff are committed to providing the highest quality of care and have a detailed understanding of the unique nature of dementia

To achieve the highest possible standards of care we:

- 1) Have appropriate recruitment procedures in place
- 2) Ensure all relevant checks are carried out when we employ staff
- 3) Ensure staff are registered with the relevant professional regulator or professional body where necessary
- 4) Make sure there are sufficient staff with the right experience, qualifications and skills to support and care for you
- 5) Make sure that our staff are properly trained, supervised, appraised and properly supported to provide care and treatment to all our residents
- 6) Enable our staff to acquire further skills and qualifications that are relevant to the work they undertake
- 7) Have a mechanism in place to deal with staff that are thought to be no longer fit to work in health and social care services.

Management

The Home Manager is a Registered Nurse (RNMH) who is also registered with the Care Quality Commission as appropriate and is of good character and integrity, is physically and mentally fit and has the necessary qualifications, skills and experience to carry out the service

Able to undertake appropriate training to remain competent and with the latest and necessary skills

Able to access the financial resources needed to provide and continue to provide the services as described.

The Home Manager is supported in their role by the Unit Managers, two of which are experienced RMN's and the third is an experienced RGN.

Nursing and Care team

The Nursing team is made up of Registered Nurses both RMN and RGN. Our team of registered nurses are very experienced in elderly care having maintained the required level of competence, by attending relevant courses.

We guarantee 24 hr RGN cover, but the number of nurses on duty at any one time depends on the time of day and the supply and demand principle.

Care Team

The home employs a number of care assistants, of which hold NVQ/ Diploma 2 or NVQ/ Diploma 3 certificate in care or are working towards this qualification. In addition, all care staff receive Statutory Training in Infection Control, Health & Safety, Safeguarding of Vulnerable Adults, Fire Prevention, Manual Handling, First aid, and End of Life. There is also an in-house training booklet consisting of hand-outs designed to give care assistants clear guidelines to achieve best practice and give them the support they need to carry out the procedures expected of them.

The number of care assistants on duty at any one time again depends on the demands of the daily routine.

Catering

Our Chefs understand the special dietary needs of people with dementia and employ innovative menus and serving methods. Our kitchen offers both traditional home cooking as well as catering for those with special dietary needs.

Catering Staff: our team is made up of chefs with qualifications such as City & Guilds 706/1, 706/2, 707/1, NVQ3 in Food Preparation, Health & Hygiene, Clinical Efficacy of Nutritional Support, First Aid and fire safety and have a wealth of experience catering in a care home environment

Ancillary Staff

The team is led by a full time Housekeeper and is made up of Domestic, who ensure that the home is clean and odour free at all time, and 2 laundry assistants who provide a very efficient service – being responsible for both our clients personal clothing as well as towels and bedding. All staff receive statutory training, with emphasis on infection control, Health & Safety, Manual Handling, and Fire Prevention. Our housekeeping and maintenance staff contribute daily to the care and dignity of our residents.

The home also employs a full-time maintenance person to ensure that the home is in a good state of repair and the grounds kept tidy and safe.

Administration and Fees

The fees are dependent upon the choice of room available and the individuals requirements and needs. This will be discussed and agreed prior to admission as will arrangements for paying fees.

The current price of care starts from £800 per week and is assessed according to the level of care and needs required. The price covers all aspects of care. The home is able to provide a number of optional services/items which are not covered by the weekly fee these are:

- Hairdressing
- Private Podiatry (non – NHS chiropody)
- Newspapers

- Toiletries
- Incontinence Pads

Details for the current charges for these items are available on request.

Personal monies

Whilst we cannot accept responsibility for resident's personal finances, in some circumstances we are able to hold small amounts of personal monies on behalf of residents to meet their immediate needs if requested. The amount you ask us to look after should be kept to a minimum but can be regularly topped up as required. All such monies are kept secure in one bank account for all residents in the home with separate records for each resident recording the amount held on their behalf and details of deposits and withdrawals made. The bank account is a non interest bearing account, so no interest is earned on any monies you ask us to look after. It must be noted that we are unable to subsidise expenditure from monies held if you have insufficient money within the account.

All expenditure must be authorised by you the resident or, where applicable, by your representative before payment is made.

Insurance

The Home has a limited insurance policy covering residents' personal effects. The nominated insurance company will consider claims on merit. The Home strongly advises that you take out insurance cover for all personal assets whether in the home or not.

The home does have a safe for the storage of small amounts of cash and valuable items

Further details are available on request

