



**STATEMENT
OF
PURPOSE**

**MAYFIELD RESIDENTIAL AND NURSING
HOME**

Statement of Purpose

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

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

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

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

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

Mission Statement

Mission Statement

Mayfield Residential and Nursing Home strives to provide consistent high standards of dementia care all the time.

To do this, we try hard to:

- Preserve, promote and encourage someone's capabilities and interests
- Help them make informed decisions
- Monitor and manage their needs
- Protect them from harm
- Attend to their daily living requirements
- Promote the best care values
- We formulate new care plans and put into place appropriate risk assessments to ensure they receive the correct care through out their stay with us.
- Train and motivate our staff

Aims and Objectives

To provide our service users with an environment that offers and supports:-

Dignity

Privacy

Choice

Sexual orientation

Promotion of Independence

Security

Civil Rights

Fulfilment

Managed risks

Religious beliefs

Cultural and ethnic diversity

Relationships with family and friends

This will be achieved by providing a family-like environment where residents are supported in a lifestyle that satisfies their social, cultural, religious and recreational interests and needs.

Registered Provider

The name of the Registered Provider is:

LIFETIME CARE LIMITED

The address of the Registered Provider is:

Mr. Satbir Singh Ahluwalia

Keyers Bridge House

Wokingham Road

Hurst

Reading

RG10 0RU

Mobile No. 07798905346

e-mail: satsahluwalia@mulberrycare.org.uk

Manager

The name of the Manager is:

Sharon Cottrell

The relevant qualifications of the Registered Manager are:

Registered Nurse with Nursing and Midwifery Council

NVQ4 Registered Managers Award

NVQ 3 in Health and Social Care

NVQ 2 in Health and Social Care

NCFE Level 3 Palliative Care

NCFE Level 3 Dementia
NCFE Level 2 Equality and Diversity
NCFE Level 3 Safe handling of medication
Abuse Training
Supervision and Appraisal
Health and Safety
Emergency First Aid
Fire training
Dealing with aggression
Manual handling
Infection Control
Challenging Behaviour

Staff Compliment

The total number of staff we have is:

15

That includes qualified and unqualified staff.

Staff Qualifications:

NVQ 3 COMPLETED/PENDING
NVQ 2 COMPLETED/PENDING
FIRE
MOVING AND HANDLING
FIRST AID
DEMENTIA
ABUSE
HEALTH AND SAFETY
FOOD HYGIENE
REPORT WRITING
SAFE HANDLING OF MEDICINES
PALLIATIVE CARE
CHALLENGING BEHAVIOUR
EQUALITY & DIVERSITY
MRSA
INFECTON CONTROL
CONTINENCE

PRINCIPLES OF CARE AND CONFIDENTIALITY
COMMUNICATION
PERSON CENTRED CARE
ROLE OF THE CARE WORKER

Staff Experience:

The majority of our staff has several years of care experience ranging from home care to special high dependency and dementia residential and nursing care. They all also bring a wide range of life and work experiences to the post.

Organisational Structure

Mayfield Residential Home Family Tree

Registered Provider	LIFETIME CARE LIMITED
Director	Mr.Satbir Singh Ahluwalia
Registered Nursing Manager	Sharon Cottrell
Team Leader	Ann-Marie Mortimer
Care and nursing staff	

Those We Are Able To Care For

The Range Of Those We Can Care For:

The home can accommodate and care for up to 21 service users who require nursing or personal care.

The Sex Of Those We Care For:

We are able to care for Male and Female

Nature Of Care Provided and Range of Needs Supported:

Residential dementia care, Nursing dementia, Elderly care, Treatment of disease, disorder or injury.

The home aims to provide a service for frail and dependant clients where we have the resources, skills and facilities to meet their needs. Each case is assessed individually based on our admission policy and procedure.

Length of Care Provided:

We provide permanent and respite care and we would aim to care for our permanent clients for life or until we are no longer able to meet their needs.

**Admissions Procedure
(Commencement of Service)**

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

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

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

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

- The term of addressing the person is known by all on duty
- Pre-admission requirements as per our policy are met
- Any requests for admission during pre-admission have been addressed
- The room is clean and tidy
- The room is aired
- The bed is made
- Towels and soap etc. are put out
- The room is at a reasonable temperature
- The television works
- The call system works
- Lights fittings work, have bulbs in, are shaded etc.
- Plug points work
- Furniture is in good condition
- Coat hangers in wardrobe etc.
- Our brochure is in the room
- Any personal items already sent to us are in the room
- Electrical equipment is tested and safe for use

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

On arrival:

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

Thus the new person and anyone with them are given time alone to look around their new room without feeling “over welcomed” and that their surroundings are homely and pleasant.

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

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

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

Paperwork:

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

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

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

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

Emergency Admission

At our discretion, where appropriate and reasonable, we accept emergency admissions be they intended short, medium or long stays.

Our primary concern immediately upon admission is to settle the Service User into their new surroundings.

Within 24 hours, we develop an initial care plan which is finalised at absolute latest within 7 days of emergency admission.

It is a pre-requisite of any emergency admission that formal arrangements are already in place for full and formal medical assessment of the Service User within 24 hours of their admission.

Upon emergency admission, our standard non-emergency admission procedures apply.

Social Activities

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

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

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

A written list is kept of what activities, interests, opportunities for community contact etc. are available and who to contact to take advantage of them. The person to contact is a nominated named person known as our activities organiser. This person knows how to decide upon, organise and implement “activities”.

The particular activities, interests etc. of the Service User are recorded on their care plan.

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

We use the PAL instrument to assess each individual and their needs.

Hobbies and Interests

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

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

These could include:

- Gardening
- Model making
- Flower arranging
- Embroidery
- Radio / TV
- Playing / listening to music
- Reading

- Writing
- Drama
- Drawing / painting
- DIY
- Sport
- Games
- Visiting the pub

We produce an individual Life History Book for each resident to be filled in by themselves, with family, and staff. These help to prompt memories from the past, enriching their lives.

Consulting Those In Our Care

We consult with our clients initially through our “ how can we help you “ questionnaire, following on from this consultations take the form of one to one, annual quality questionnaires, suggestion box, complaints procedure open door policy, Individual Care Plans arranged with key carers and regular resident meetings.

Advocacy

Those in our care are encouraged to manage their own affairs making their own decisions and we have to be careful not to “disenfranchise” them from doing so. On this basis they are self advocating.

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

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

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

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

Financial Affairs:

Often the most sensitive advocacy issue. Those in our care should handle their affairs for as long as they both want and are capable of doing so.

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

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

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

External advocacy organisations:

Solicitors (local directory)

The Advocacy Service

Citizens Advice bureau

Help The Aged

Fire Policy

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

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

Our policy, procedures and arrangements relating to fire address:

- Providing appropriate equipment and its maintenance
- Training
- Detecting fire
- Raising the alarm
- Making people safe
- Escape

If you ever have to call 999,
Details of the home, address and telephone number are kept by every telephone.

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

Mr. Satbir Singh Ahluwalia

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

Fire - Prevention Is Better Than Cure

- Smoking is not permitted
- Electrical equipment routinely inspected and tested
- No multi-way block adaptors
- Free standing heaters are not allowed
- Open fires are guarded
- Furnishings are fire resistant
- Hallways, exits etc. are not to be obstructed
- Empty waste bins
- Do not hoard unnecessary flammables
- Do not prop open doors

Fire Training and Drills

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

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

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

We will ensure every member of staff is involved in at least two fire drills every year. Night staff may be involved in simulated drills if they are held at night so as not to disturb those in our care.

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

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

If You Find A Fire . . .

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

- Only attempt to fight the fire if safe to do so

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

“In Case Of Fire” Notices

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

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

Accident Procedure

If an accident happens:

- Notify the most senior person on duty immediately
- The most senior person on duty takes charge

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

If the accident is by a Service User:

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

Religious Requirements

Our clients are asked at the beginning of their stay about their religious needs and requirements, these needs would be documented and catered for through their individual care plans.

In addition to this we have monthly in-house communion and service provided by St James Parish.

We look to accommodate, support and respect all faiths.

Social Contact

We have open visiting, relatives, friends etc are welcome at anytime and will be offered refreshments or they are welcome to stay for any meals (particularly Christmas day). Residents can also arrange to have a private telephone installed in their rooms or they are welcome to use the homes hands free phone. We also

actively encourage our residents to go out with friends and relatives etc and to remain or join existing clubs.

Complaint Procedure

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

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

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

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

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

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

If you have a complaint or concern:

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

Mrs Sharon Cottrell

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

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

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

Mr. Satbir Singh Ahluwalia

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

If our response fails to satisfy your concern:

If our efforts to satisfy your concern (complaint) fail to result in an outcome you are entirely happy with you should raise the matter with Our Inspectorate, their details are:

Our Inspectorate: Care Quality Commission

Contact: Alison Duffy

Address Care Quality Commission
Citygate
Gallowgate
Newcastle Upon Tyne
NE1 4PA

Telephone 03000 616161

If at this stage you are still not satisfied with the outcome of your complaint at local level you can take the matter up with the Regional Director of our Inspectorate whose details are on page 34.

Compliments Procedure

It is always encouraging when you feel motivated enough to compliment us or a member of staff for something you feel they have done well, “over and above the call of duty” etc.

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

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

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

Regional Office: South West Regional Office
Address; Care Quality Commission
Citygate
Gallowgate
Newcastle Upon Tyne
NE1 4PA

Telephone; 03000 616161

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

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

Care Plans

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

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

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

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

Oversee initial changes to Care plan:

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

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

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

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

Staff have to be familiar with the care plans for those to whom they provide care services and they must be assisted to carry out those care plans properly. This

means we provide relevant training on an ongoing basis with regards to care planning and its application.

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

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

For confidentiality and data protection, we keep a written list of who has access to what care plan information and under what circumstances. If you access care plan information and are not authorised to do so as per that list, this constitutes gross misconduct for which dismissal may arise.

Care Plans - List of Contents

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

- Service User involvement in own care
- Their family's involvement
- Their friend's involvement
- Their advocate's involvement
- Their G.P.'s involvement
- Their carer's involvement
- Other health professional's involvement
- The extent of "personal" care
- Physical well-being of Service User
- Dietary needs
- Dietary preferences
- Nutritional needs

- Weight and weight management objectives
- Sight
- Heating needs
- Communication with, to and from Service User
- Language needs
- Oral health
- Hand care
- Foot care
- Hair care
- Personal appearance
- Mobility circumstances and needs
- Dexterity
- Falls history
- Safe movement around the premises and beyond
- Continence management
- Toileting needs
- Medication
- Self medication
- Mental state
- Cognition
- Propensity to aggression
- Propensity to violence
- Interests
- Hobbies
- Social needs
- Cultural needs
- Ethnic needs
- Religious needs
- Personal safety
- Dressing / undressing
- Skin care
- Bathing
- Showering
- Eye care
- Ear care

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

The Service Users' Room

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

The contents of the Service User’s room include:

- The bed is at least 900mm wide
- The bed is clean and comfortable
- The bed is in good working condition
- The bed can easily be accessed from both sides
- If nursing care is provided, the bed can be height adjusted
- Bed linen is clean and in good condition
- Bed linen is regularly changed
- Lighting above the bed is not directly in the Service User’s face
- At least one side of the bed has bedside lighting
- All lighting is covered with a suitable shade
- All bulbs work
- Curtains and blinds are good quality
- Curtains and blinds open and close properly
- Curtains and blinds darken the room properly
- Mirrors are safely located and fixed
- Mirrors facilitate dressing, shaving, making-up etc.
- There is at least one good chair for the Service User
- There is at least one good chair for guests

- Table facilities are domestic in character
- Table facilities operate at chair/bed height
- Flooring is in good condition and not “taped-up”
- Flooring is suitable to the circumstances
- There are no unpleasant flooring odours
- Rugs are not permitted for trip hazard reasons
- Sufficient drawers for storing clothes neatly
- Drawers are in good condition
- Drawers are domestic in character
- Hanging space is sufficient for the clothes to be hung
- Suitcases are not stored in the Service User’s room
- Footwear is stored in an enclosed area
- There are at least two double electrical sockets
- Those sockets are easily accessible
- There are no multi-way block adaptors
- There are no trailing cables or wires
- The room can be privately locked by the Service User
- Lockable self medication facilities exist, where needed
- Valuables can be locked away by the Service User
- There are no freestanding heaters, radiators, blowers etc.

Room Sizes

Communal Rooms:

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

<u>Room</u>	<u>Length</u>	<u>Width</u>	<u>Square Area</u>
Dining room	28ft	24ft	672ft
Front Room	26ft	18ft	468ft

Access To Health Care

All residents have access to their G.P, Dentist, Optician, Chiropodist and District Nurses either through visits to the home or pre-arranged appointments via transport, which can be arranged through the family or the home.

Privacy

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

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

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

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

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

- Health
- Social care
- Law
- Finance

Practical Privacy:

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

Service Users' can lock their own private areas (albeit we are able to access them in emergencies).

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

Service Users' may have the private use of the telephone whenever they want.

Service Users' can dine and entertain privately as they so choose

A separate room is available other than the main lounge and dining room, for quiet space or private consultations.

Confidentiality

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

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

Only where the nature of the confidence may have a detrimental impact upon the standard of care should you consider passing it on and then only to the Registered Manager, never anyone else.

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

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

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

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

Dignity

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

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

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

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

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

Detrimentially affecting the dignity of a Service User is an act of gross misconduct and may lead to dismissal.

Quality Management

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

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

In order to achieve quality standards of care, we adopt the following:

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

Operating Hours and Contacting Us

Our office hours are 9.00am – 5.00pm Monday – Friday.

The building is manned 24 hours a day 365 days per year.

We operate an on –call system for out of hours contact.

Inspectorate Copy

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

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